

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140286	Period: From 05/01/2014 To 04/30/2015	Worksheet 5 Parts I-III Date/Time Prepared: 9/24/2015 9:15 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Date: 9/24/2015 Time: 9:15 am

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

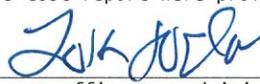
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KISHWAUKEE COMMUNITY HOSPITAL (140286) for the cost reporting period beginning 05/01/2014 and ending 04/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 9/24/2015 Time: 9:15 am
 uxM0B71wL1g50G:vtj1wHr94Kccxz0
 Hm0.k0Bdk1:jxzuX0K5n0f1Gfft02.
 6awg1rVmm70cQ6Y:
 PI: Date: 9/24/2015 Time: 9:15 am
 JFAXbk1MztHB0M7CnXaZs4U1CNL6R0
 K8Cy50Bmuu9GLJ5x5xdAA.7vk1lisma
 pDYo0rHFT20MEBT8

(Signed) 
 Officer or Administrator of Provider(s)
 KHS Vice President - Finance
 Title
 9/25/2015
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	522,789	12,993	19,174	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	522,789	12,993	19,174	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.

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:		Zip Code: 60115-			County: DEKALB			1.00
2.00	City: DEKALB	State: IL								2.00
Hospital and Hospital-Based Component Identification:										
		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	KISHWAUKEE COMMUNITY HOSPITAL	140286	16974	1	12/21/1975	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 OLTG									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									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
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)						05/01/2014	04/30/2015		20.00
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,917	847	0	0	96	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

		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 in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N		Y/N		
		1.00		2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			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	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	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	N	48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00	61.20
				1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000 64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
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
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	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
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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
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71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	71.00
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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
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76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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
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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
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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
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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
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		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/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00				
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.	N			110.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	2,846,578	118.01	
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	

	1.00	2.00	
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	Y	14H134	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)			

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: KISHWAUKEE HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES	Contractor's Number: 131	141.00
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:		142.00
143.00	City: DEKALB	State: IL	Zip Code: 60115	143.00

1.00

144.00	Y	144.00
Are provider based physicians' costs included in worksheet A?		
145.00	Y	145.00
If costs for renal services are claimed on worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		

1.00

2.00

146.00	N	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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		
147.00	N	147.00
Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		
148.00	N	148.00
Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		
149.00	N	149.00
Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		

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
161.10	CORF		N	N	N	161.10

1.00

Multicampus

165.00	N	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.		

Name	County	State	Zip Code	CBSA	FTE/Campus
0	1.00	2.00	3.00	4.00	5.00

166.00	0.00	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)		

		1.00	
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		0.50169.00
		Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	05/01/2014	04/30/2015 170.00
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)	N	171.00

		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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Description	Part A	Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	08/04/2015	Y
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
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
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

Description	Part A		Part B	Total
	Y/N	Date	Y/N	
21.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	21.00
			1.00	

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost

22.00 Have assets been relifed for Medicare purposes? If yes, see instructions	N		N	22.00
23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		N	23.00
24.00 were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	Y		Y	24.00
25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		N	25.00
26.00 were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		N	26.00
27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		N	27.00

Interest Expense

28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		N	28.00
29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y		Y	29.00
30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		N	30.00
31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		N	31.00

Purchased Services

32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N		N	32.00
33.00 If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00

Provider-Based Physicians

34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		Y	34.00
35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		Y	35.00

Y/N	Date
1.00	2.00

Home Office Costs

36.00 Were home office costs claimed on the cost report?	Y		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		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		N	38.00
39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		Y	39.00
40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		N	40.00

1.00	2.00
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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.	BRANDON	HOFMANN		41.00
42.00 Enter the employer/company name of the cost report preparer.	KISHHEALTH SYSTEM			42.00
43.00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548	BHOFMANN@KISHHEALTH.ORG		43.00

Part B
Date
4.00

PS&R Data

16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		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)	08/04/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00

3.00

Cost Report Preparer Contact Information

41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT/FIN ANALYST	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

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	86	31,390	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)		86	31,390	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		98	35,770	0.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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	101.00				0	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98			0	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

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)	7,754	1,545	15,015		1.00
2.00 HMO and other (see instructions)	1,712	96			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)	7,754	1,545	15,015		7.00
8.00 INTENSIVE CARE UNIT	1,546	240	2,740		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			1,356		13.00
14.00 Total (see instructions)	9,300	2,699	19,111	0.00	743.10 14.00
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00 16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00 17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00 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	0	0	0	0.00	0.00 22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
24.10 HOSPICE (non-distinct part)	0	0	0		24.10
25.00 CMHC - CMHC			0	0.00	0.00 25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00 25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00 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	743.10 27.00
28.00 Observation Bed Days		321	2,361		28.00
29.00 Ambulance Trips	0				29.00
30.00 Employee discount days (see instruction)			0		30.00
31.00 Employee discount days - IRF			0		31.00
32.00 Labor & delivery days (see instructions)	0	65	240		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

Component	Discharges				Total All Patients		
	Full Time	Title V	Title XVIII	Title XIX			
	Equivalents						
Nonpaid Workers	11.00	12.00	13.00	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,015	644	4,893	1.00
2.00 HMO and other (see instructions)				399	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00		0	2,015	644	4,893	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00		0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00		0	0	0	0	17.00
18.00 SUBPROVIDER	0.00		0	0	0	0	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	0.00						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
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	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							33.00

Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	43,987,290	137,347	44,124,637	1,547,141.00	28.52	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-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		929,234	0	929,234	29,240.00	31.78	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		324,406	0	324,406	5,055.00	64.18	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		908,371	0	908,371	8,152.00	111.43	13.00
14.00	Home office salaries & wage-related costs		8,890,806	0	8,890,806	134,733.00	65.99	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	wage-related costs (core) (see instructions)		13,990,903	0	13,990,903			17.00
18.00	wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		281,667	0	281,667			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		0	0	0			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
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	375	0	375	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,747,893	-159,528	6,588,365	307,768.00	21.41	27.00
28.00	Administrative & General under contract (see inst.)		512,703	0	512,703	2,425.00	211.42	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	746,983	0	746,983	59,186.00	12.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	812,792	-601,712	211,080	17,211.00	12.26	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	601,712	601,712	47,966.00	12.54	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,227,035	0	1,227,035	42,406.00	28.94	38.00
39.00	Central Services and Supply	14.00	216,590	0	216,590	11,952.00	18.12	39.00
40.00	Pharmacy	15.00	1,899,582	0	1,899,582	50,768.00	37.42	40.00

	Worksheet A Line Number	Amount Reported	Reclassificati on 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		
41.00	Medical Records & Medical Records Library	16.00	1,391,837	0	1,391,837	54,878.00	25.36	41.00
42.00	Social Service	17.00	593,593	0	593,593	15,723.00	37.75	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

Worksheet A Line Number	Amount Reported	Reclassificati on 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)	44,499,993	137,347	44,637,340	1,549,566.00	28.81 1.00
2.00	Excluded area salaries (see instructions)	929,234	0	929,234	29,240.00	31.78 2.00
3.00	Subtotal salaries (line 1 minus line 2)	43,570,759	137,347	43,708,106	1,520,326.00	28.75 3.00
4.00	Subtotal other wages & related costs (see inst.)	10,123,583	0	10,123,583	147,940.00	68.43 4.00
5.00	Subtotal wage-related costs (see inst.)	13,990,903	0	13,990,903	0.00	32.01 5.00
6.00	Total (sum of lines 3 thru 5)	67,685,245	137,347	67,822,592	1,668,266.00	40.65 6.00
7.00	Total overhead cost (see instructions)	14,149,383	-159,528	13,989,855	610,283.00	22.92 7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,238,357	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,325,428	8.00
9.00	Prescription Drug Plan	1,621,452	9.00
10.00	Dental, Hearing and Vision Plan	369,260	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	60,856	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)	411,567	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	605,229	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	3,223,616	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	80,288	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	336,517	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,272,570	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

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	324,406	14,272,570	1.00
2.00	Hospital	324,406	13,990,903	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	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	0	0	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	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	281,667	18.00

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

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

	Group	SNF Days	Swing Bed Days	SNF	Total (sum of col. 2 + 3)
	1.00	2.00	3.00	4.00	
69.00	PE2	0	0	0	0 69.00
70.00	PE1	0	0	0	0 70.00
71.00	PD2	0	0	0	0 71.00
72.00	PD1	0	0	0	0 72.00
73.00	PC2	0	0	0	0 73.00
74.00	PC1	0	0	0	0 74.00
75.00	PB2	0	0	0	0 75.00
76.00	PB1	0	0	0	0 76.00
77.00	PA2	0	0	0	0 77.00
78.00	PA1	0	0	0	0 78.00
199.00	AAA	0	0	0	0 199.00
200.00	TOTAL	0	0	0	0 200.00

CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
1.00	2.00

SNF SERVICES

201.00 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 201.00

	Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
	1.00	2.00	3.00
<p>A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)</p>			
202.00 Staffing	0	0.00	202.00
203.00 Recruitment	0	0.00	203.00
204.00 Retention of employees	0	0.00	204.00
205.00 Training	0	0.00	205.00
206.00 OTHER (SPECIFY)	0	0.00	206.00
207.00 Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	0		207.00

		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)	0.271052	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	9,338,915	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	64,165,979	6.00
7.00	Medicaid cost (line 1 times line 6)	17,392,317	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)	8,053,402	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
Uncompensated care (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	58,635	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,053,402	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		3.00	Total (col. 1 + col. 2)
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,831,086	2,137,383
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,580,528	579,342
22.00	Partial payment by patients approved for charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,580,528	579,342
		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	7,929,721	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	260,823	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	7,668,898	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,078,670	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,238,540	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	12,291,942	31.00

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	1 Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		10,278,053	10,278,053	-491,653	9,786,400	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,927,024	3,927,024	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	375	14,091,450	14,091,825	-137,347	13,954,478	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	6,747,893	34,617,444	41,365,337	-772,304	40,593,033	5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	416,723	416,723	0	416,723	8.00
9.00 00900 HOUSEKEEPING	746,983	602,666	1,349,649	0	1,349,649	9.00
10.00 01000 DIETARY	812,792	1,221,819	2,034,611	-1,506,228	528,383	10.00
11.00 01100 CAFETERIA	0	0	0	1,506,228	1,506,228	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	0	175,867	175,867	0	175,867	12.01
13.00 01300 NURSING ADMINISTRATION	1,227,035	77,670	1,304,705	92,889	1,397,594	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	216,590	1,134,514	1,351,104	-228,971	1,122,133	14.00
15.00 01500 PHARMACY	1,899,582	3,779,138	5,678,720	-3,333,747	2,344,973	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,391,837	479,651	1,871,488	0	1,871,488	16.00
17.00 01700 SOCIAL SERVICE	593,593	42,786	636,379	0	636,379	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,932,953	2,862,696	10,795,649	-1,688,599	9,107,050	30.00
31.00 03100 INTENSIVE CARE UNIT	2,383,561	238,228	2,621,789	-17,591	2,604,198	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	388,101	388,101	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,407,508	7,758,672	9,166,180	-4,066,892	5,099,288	50.00
50.01 05001 AMBULATORY SERVICES	727,880	81,971	809,851	160,100	969,951	50.01
50.02 05002 ENDOSCOPY	400,704	263,566	664,270	62,363	726,633	50.02
51.00 05100 RECOVERY ROOM	393,213	40,148	433,361	0	433,361	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,711,259	1,711,259	52.00
53.00 05300 ANESTHESIOLOGY	0	564,425	564,425	0	564,425	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,672,700	5,204,347	8,877,047	-1,356,960	7,520,087	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,471,307	9,335,906	10,807,213	183,909	10,991,122	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,289,029	3,594,397	5,883,426	0	5,883,426	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,252,217	120,313	1,372,530	31,222	1,403,752	65.00
66.00 06600 PHYSICAL THERAPY	2,002,972	890,378	2,893,350	16,909	2,910,259	66.00
67.00 06700 OCCUPATIONAL THERAPY	199,259	20,720	219,979	0	219,979	67.00
68.00 06800 SPEECH PATHOLOGY	0	183,285	183,285	0	183,285	68.00
69.00 06900 ELECTROCARDIOLOGY	437,457	65,543	503,000	9,024	512,024	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	223,295	223,295	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,564,000	5,564,000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,333,747	3,333,747	73.00
76.00 03950 SLEEP LAB	0	320,941	320,941	49,503	370,444	76.00
76.97 07697 CARDIAC REHABILITATION	421,516	22,179	443,695	301,947	745,642	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	259,439	23,996	283,435	0	283,435	90.00
91.00 09100 EMERGENCY	3,358,062	4,910,504	8,268,566	35,190	8,303,756	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	811,599	525,838	1,337,437	0	1,337,437	93.00
93.01 04951 OUTSIDE SERVICES	0	329,043	329,043	0	329,043	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	3,435,371	3,435,371	-3,435,371	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	43,058,056	107,710,248	150,768,304	561,047	151,329,351	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,091	133,795	210,886	0	210,886	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	81,913	81,913	0	81,913	194.00
194.01 07951 COMMUNITY WELLNESS	643,969	538,291	1,182,260	8,179	1,190,439	194.01

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	1 Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
	1.00	2.00	3.00	4.00	5.00
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	208,174	1,324,749	1,532,923	-569,226	963,697 194.02
200.00 TOTAL (SUM OF LINES 118-199)	43,987,290	109,788,996	153,776,286	0	153,776,286 200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-365,616	9,420,784	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	1,634,905	5,561,929	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	326,274	14,280,752	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-10,125,662	30,467,371	5.00
7.00	00700 OPERATION OF PLANT	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	416,723	8.00
9.00	00900 HOUSEKEEPING	-24,170	1,325,479	9.00
10.00	01000 DIETARY	-3,869	524,514	10.00
11.00	01100 CAFETERIA	-648,786	857,442	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201 MAINTENANCE OF PLANT	0	175,867	12.01
13.00	01300 NURSING ADMINISTRATION	-2,993	1,394,601	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,122,133	14.00
15.00	01500 PHARMACY	-110,094	2,234,879	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-3,877	1,867,611	16.00
17.00	01700 SOCIAL SERVICE	-40,000	596,379	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,040,556	7,066,494	30.00
31.00	03100 INTENSIVE CARE UNIT	0	2,604,198	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	388,101	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-71,650	5,027,638	50.00
50.01	05001 AMBULATORY SERVICES	0	969,951	50.01
50.02	05002 ENDOSCOPY	0	726,633	50.02
51.00	05100 RECOVERY ROOM	0	433,361	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-9,246	1,702,013	52.00
53.00	05300 ANESTHESIOLOGY	-297,295	267,130	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-226,218	7,293,869	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-2,032,403	8,958,719	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-4,688	5,878,738	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,403,752	65.00
66.00	06600 PHYSICAL THERAPY	-405,440	2,504,819	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	219,979	67.00
68.00	06800 SPEECH PATHOLOGY	0	183,285	68.00
69.00	06900 ELECTROCARDIOLOGY	0	512,024	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-39,105	184,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,564,000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,333,747	73.00
76.00	03950 SLEEP LAB	-8	370,436	76.00
76.97	07697 CARDIAC REHABILITATION	-81,095	664,547	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	283,435	90.00
91.00	09100 EMERGENCY	-4,689,568	3,614,188	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OUTPATIENT COUNSELING	-344,206	993,231	93.00
93.01	04951 OUTSIDE SERVICES	0	329,043	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-19,605,366	131,723,985	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	210,886	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 HOME OFFICE COSTS	-81,913	0	194.00
194.01	07951 COMMUNITY WELLNESS	-458,903	731,536	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	-85,040	878,657	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-20,231,222	133,545,064	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	601,712	904,516	1.00
	TOTALS		601,712	904,516	
B - SCHEDULING COSTS					
1.00	OPERATING ROOM	50.00	72,990	497	1.00
2.00	AMBULATORY SERVICES	50.01	159,016	1,084	2.00
3.00	ENDOSCOPY	50.02	64,869	442	3.00
	TOTALS		296,875	2,023	
C - NURSERY DELIVERY AND LABOR					
1.00	NURSERY	43.00	344,892	43,209	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,229,043	153,977	2.00
	TOTALS		1,573,935	197,186	
D - MEDICAL SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	228,971	1.00
	TOTALS		0	228,971	
E - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,435,371	1.00
	TOTALS		0	3,435,371	
F - DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,927,024	1.00
	TOTALS		0	3,927,024	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,333,747	1.00
	TOTALS		0	3,333,747	
H - ROUTINE OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	34,613	3,459	1.00
	TOTALS		34,613	3,459	
I - CLASSIFICATION OF ONCOLOGY COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	47,704	1.00
	TOTALS		0	47,704	
J - PROFESSIONAL BUILDING COSTS					
1.00	COMMUNITY WELLNESS	194.01	0	8,179	1.00
	TOTALS		0	8,179	
K - MOB COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	123,829	1.00
2.00	NURSING ADMINISTRATION	13.00	0	73,389	2.00
3.00	RESPIRATORY THERAPY	65.00	0	10,741	3.00
4.00	SLEEP LAB	76.00	0	40,503	4.00
5.00	CARDIAC REHABILITATION	76.97	0	300,795	5.00
6.00	EMERGENCY	91.00	0	12,728	6.00
	TOTALS		0	561,985	
L - KISH HEALTHCARE BUILDING COSTS					
1.00	EMERGENCY	91.00	0	22,462	1.00
	TOTALS		0	22,462	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,564,000	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
	TOTALS		0	5,564,000	
N - PTO ACCRUAL SALARIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	137,347	0	1.00
	TOTALS		137,347	0	
O - MEDICAL DIRECTOR FEES					
1.00	PHYSICAL THERAPY	66.00	0	964	1.00
2.00	OPERATING ROOM	50.00	0	3,985	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,164	3.00
4.00	PHYSICAL THERAPY	66.00	0	15,945	4.00
5.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	15,000	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,024	6.00
7.00	ELECTROCARDIOLOGY	69.00	0	9,024	7.00
8.00	CARDIAC REHABILITATION	76.97	0	1,152	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	20,481	9.00
10.00	RESPIRATORY THERAPY	65.00	0	20,481	10.00
11.00	OPERATING ROOM	50.00	0	8,278	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	44,450	12.00
13.00	OPERATING ROOM	50.00	0	36,750	13.00
14.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	8,400	14.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00	NURSING ADMINISTRATION	13.00	0	19,500	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	231,613	16.00	
17.00	SLEEP LAB	76.00	0	9,000	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	326,075	18.00	
	TOTALS		0	782,286		
500.00	Grand Total: Increases		2,644,482	19,018,913	500.00	

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA						
1.00	DIETARY	10.00	601,712	904,516	0	1.00
	TOTALS		601,712	904,516		
B - SCHEDULING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	296,875	2,023	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		296,875	2,023		
C - NURSERY DELIVERY AND LABOR						
1.00	ADULTS & PEDIATRICS	30.00	344,892	43,209	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,229,043	153,977	0	2.00
	TOTALS		1,573,935	197,186		
D - MEDICAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	228,971	0	1.00
	TOTALS		0	228,971		
E - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	3,435,371	11	1.00
	TOTALS		0	3,435,371		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,927,024	9	1.00
	TOTALS		0	3,927,024		
G - DRUGS						
1.00	PHARMACY	15.00	0	3,333,747	0	1.00
	TOTALS		0	3,333,747		
H - ROUTINE OBSERVATION						
1.00	INTENSIVE CARE UNIT	31.00	34,613	3,459	0	1.00
	TOTALS		34,613	3,459		
I - CLASSIFICATION OF ONCOLOGY COSTS						
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	47,704	0	1.00
	TOTALS		0	47,704		
J - PROFESSIONAL BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	8,179	0	1.00
	TOTALS		0	8,179		
K - MOB COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	561,985	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		0	561,985		
L - KISH HEALTHCARE BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	22,462	0	1.00
	TOTALS		0	22,462		
M - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	4,189,392	0	1.00
2.00	ENDOSCOPY	50.02	0	2,948	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,365,984	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,676	0	4.00
	TOTALS		0	5,564,000		
N - PTO ACCRUAL SALARIES						
1.00	EMPLOYEE BENEFITS	4.00	0	137,347	0	1.00
	TOTALS		0	137,347		
O - MEDICAL DIRECTOR FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	782,286	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
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
15.00		0.00	0	0	0	15.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
	TOTALS		0	782,286			
500.00	Grand Total: Decreases		2,507,135	19,156,260		500.00	

	Beginning Balances	Acquisitions			Total	Disposals and Retirements	
		Purchases	Donation				
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,061,965	0	0	0	1,710	1.00
2.00	Land Improvements	12,424,249	1,710	0	1,710	0	2.00
3.00	Buildings and Fixtures	102,803,394	15,016	0	15,016	297,032	3.00
4.00	Building Improvements	657,466	0	0	0	0	4.00
5.00	Fixed Equipment	666,936	32,720	0	32,720	0	5.00
6.00	Movable Equipment	53,897,653	1,964,697	0	1,964,697	529,277	6.00
7.00	HIT designated Assets	409,464	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	176,921,127	2,014,143	0	2,014,143	828,019	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	176,921,127	2,014,143	0	2,014,143	828,019	10.00
	Ending Balance	6.00	Fully Depreciated Assets	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,060,255	0				1.00
2.00	Land Improvements	12,425,959	0				2.00
3.00	Buildings and Fixtures	102,521,378	0				3.00
4.00	Building Improvements	657,466	0				4.00
5.00	Fixed Equipment	699,656	0				5.00
6.00	Movable Equipment	55,333,073	0				6.00
7.00	HIT designated Assets	409,464	0				7.00
8.00	Subtotal (sum of lines 1-7)	178,107,251	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	178,107,251	0				10.00

SUMMARY OF CAPITAL

Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00 NEW CAP REL COSTS-BLDG & FIXT	10,278,053	0	0	0	0	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00 Total (sum of lines 1-2)	10,278,053	0	0	0	0	3.00

SUMMARY OF CAPITAL

Cost Center Description	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
	14.00	15.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	10,278,053	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00 Total (sum of lines 1-2)	0	10,278,053	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	103,878,501	0	103,878,501	0.650782	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	55,742,537	0	55,742,537	0.349218	0 2.00
3.00	Total (sum of lines 1-2)	159,621,038	0	159,621,038	1.000000	0 3.00

		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL	
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,985,413	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,561,929	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,547,342	0 3.00

		SUMMARY OF CAPITAL				
Cost Center Description		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)
		11.00	12.00	13.00	14.00	15.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,435,371	0	0	0	9,420,784 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,561,929 2.00
3.00	Total (sum of lines 1-2)	3,435,371	0	0	0	14,982,713 3.00

Expense Classification on Worksheet A
To/From Which the Amount is to be Adjusted

Line #	Cost Center Description	Basis/Code (2)		Amount	Cost Center	Line #	wkst. A-7	Ref.
		1.00	2.00					
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B		-656,072	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B		-39,105	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00	Television and radio service (chapter 21)			0		0.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2		-9,416,580			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		-2,324,764			0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B		-648,786	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00	Sale of drugs to other than patients			0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B		-3,877	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines			0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Expense Classification on Worksheet A
To/From which the Amount is to be Adjusted

Cost Center Description	Basis/Code (2)		Amount	Cost Center	Line #	Wkst. A-7	Ref.
	1.00	2.00					
33.00 PHYSICIAN RECRUITMENT & AMORTIZATION	A		-974,898	ADMINISTRATIVE & GENERAL	5.00		0 33.00
33.01 IHA DUES	A		-29,504	ADMINISTRATIVE & GENERAL	5.00		0 33.01
33.02 AHA DUES	A		-3,342	ADMINISTRATIVE & GENERAL	5.00		0 33.02
33.03 PHYSICIAN BILLING	A		-46,119	ADMINISTRATIVE & GENERAL	5.00		0 33.03
33.04 ACCELERATED DEPR ADJUSTMENT	A		-6,556	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.04
33.05 ACCELERATED DEPR ADJUSTMENT	A		467,278	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 33.05
33.06 TALBOT PROPERTIES DEPRECIATION	A		-713	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.06
33.07 WINDMILL PROPERTIES DEPRECIATION	A		-11,945	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.07
33.08 ROUTE 23 BUILDING DEPRECIATION	A		-83,245	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.08
33.09 PROFESSIONAL BUILDING DEPRECIATION	A		-57,561	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.09
33.10 HAUSER ROSS BUILDING DEPRECIATION	A		-105,617	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.10
33.11 HAUSER ROSS MME - DEPRECIATION	A		-7,889	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 33.11
33.12 HOME OFFICE BUILDING DEPRECIATION	A		-121,136	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.12
33.13 PROFESSIONAL BLDG HOME OFFICE COSTS	A		-17,659	OTHER NONREIMBURSABLE COST CENTERS	194.02		0 33.13
33.14 KISHHEALTHCARE BLDG HOME OFFICE COST	A		-21,836	OTHER NONREIMBURSABLE COST CENTERS	194.02		0 33.14
33.15 TALBOT PROPERTIES EXPENSES	A		-39,668	ADMINISTRATIVE & GENERAL	5.00		0 33.15
33.16 WINDMILL PROPERTIES EXPENSES	A		-81,908	ADMINISTRATIVE & GENERAL	5.00		0 33.16
33.17 PROPERTY TAX	A		-11,773	ADMINISTRATIVE & GENERAL	5.00		0 33.17
33.18 PROPERTY TAX	A		-27,579	RADIOLOGY-THERAPEUTIC	55.00		0 33.18
33.19 PROPERTY TAX - TALBOT PROPERTIES	A		-11,019	ADMINISTRATIVE & GENERAL	5.00		0 33.19
33.20 PROPERTY TAX - LAND DEVELOPMENT	A		-9,125	ADMINISTRATIVE & GENERAL	5.00		0 33.20
33.21 PROPERTY TAX - PROF BUILDING	A		-45,545	OTHER NONREIMBURSABLE COST CENTERS	194.02		0 33.21
33.22 PROPERTY TAX - 2475 BETHANY BLDG	A		-25,304	HOME OFFICE COSTS	194.00		0 33.22
33.23 PROPERTY TAX - WINDMILL	A		-26,967	ADMINISTRATIVE & GENERAL	5.00		0 33.23
33.24 COMMUNITY RELATIONS	A		-349,728	ADMINISTRATIVE & GENERAL	5.00		0 33.24
33.25 ER MEDICAL MALPRACTICE - ADMIN PHYS	A		-310,872	ADMINISTRATIVE & GENERAL	5.00		0 33.25
33.26 HOSPITALIST MALPRACTICE	A		-41,515	ADMINISTRATIVE & GENERAL	5.00		0 33.26
33.27 CONTRIBUTIONS	A		-33,717	ADMINISTRATIVE & GENERAL	5.00		0 33.27
33.28 CONTRIBUTIONS	A		-8	SLEEP LAB	76.00		0 33.28
33.29 CONTRIBUTIONS	A		-9,612	EMERGENCY	91.00		0 33.29
33.30 CONTRIBUTIONS	A		-40,000	SOCIAL SERVICE	17.00		0 33.30
33.31 CONTRIBUTIONS	A		-458,903	COMMUNITY WELLNESS	194.01		0 33.31
33.32 MISC INCOME CME OTHER REVENUE	B		-12,310	ADMINISTRATIVE & GENERAL	5.00		0 33.32
33.33 MISC INCOME	B		-4,544	ADMINISTRATIVE & GENERAL	5.00		0 33.33
33.34 MISC INCOME	B		-2,658	ADMINISTRATIVE & GENERAL	5.00		0 33.34
33.35 MISC INCOME - MED STAFF CRDTLNG	B		-4,300	ADMINISTRATIVE & GENERAL	5.00		0 33.35
33.36 MISC INCOME - HOUSEKEEPING	B		-24,170	HOUSEKEEPING	9.00		0 33.36
33.37 MISC INCOME - DIETARY	B		-1,182	DIETARY	10.00		0 33.37
33.38 MISC INCOME - DIETARY	B		-2,575	DIETARY	10.00		0 33.38
34.00 MISC INCOME - HAUSER ROSS RENTAL	B		-203,982	ADMINISTRATIVE & GENERAL	5.00		0 34.00
34.01 MISC INCOME	B		-2,138	NURSING ADMINISTRATION	13.00		0 34.01
34.02 MISC INCOME	B		-116	PHARMACY	15.00		0 34.02
34.03 MISC INCOME - PHARMACY REBATES	B		-109,978	PHARMACY	15.00		0 34.03
34.04 MISC INCOME - DIABETES COMMNTY EDUC	B		-855	NURSING ADMINISTRATION	13.00		0 34.04
34.05 MISC INCOME - SURGICAL SPLLY REBATES	B		-71,650	OPERATING ROOM	50.00		0 34.05
34.06 MISC INCOME	B		-6,912	RADIOLOGY-DIAGNOSTIC	54.00		0 34.06
34.07 MISC INCOME	B		-6,340	RADIOLOGY-THERAPEUTIC	55.00		0 34.07
34.08 MISC INCOME	B		-404,022	PHYSICAL THERAPY	66.00		0 34.08
34.09 MISC INCOME	B		-1,418	PHYSICAL THERAPY	66.00		0 34.09

Expense Classification on worksheet A
 To/From which the Amount is to be Adjusted

Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	wkst. A-7 Ref.	
					1.00	2.00
34.10 MISC INCOME	B	-81,095	CARDIAC REHABILITATION	76.97		0 34.10
34.11 MISC INCOME - EMS	B	-138,621	EMERGENCY	91.00		0 34.11
35.00 HOME OFFICE COSTS	A	-56,609	HOME OFFICE COSTS	194.00		0 35.00
36.00 FINES & PENALTIES	A	-20,302	ADMINISTRATIVE & GENERAL	5.00		0 36.00
37.00 PROVIDER TAX	A	-3,403,628	ADMINISTRATIVE & GENERAL	5.00		0 37.00
38.00 DINNERS ON THE TOWN	A	-5,030	ADULTS & PEDIATRICS	30.00		0 38.00
39.00 HOSPICE COSTS	A	-33,506	ADULTS & PEDIATRICS	30.00		0 39.00
40.00 SALES TAX EXPENSE	A	-112	DIETARY	10.00		0 40.00
41.00		0		0.00		0 41.00
42.00		0		0.00		0 42.00
43.00		0		0.00		0 43.00
44.00		0		0.00		0 44.00
45.00		0		0.00		0 45.00
50.00 TOTAL (sum of lines 1 thru 49)		-20,231,222				50.00
(Transfer to Worksheet A, column 6, line 200.)						

- (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.

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL HOME OFFICE EXPENSE	13,749,290	18,253,073	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX HOME OFFICE EXPENSE	677,229	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI HOME OFFICE EXPENSE	1,175,516	0	3.00
4.00	4.00	EMPLOYEE BENEFITS HEALTH INSURANCE	8,673,848	8,347,574	4.00
5.00	0	0	24,275,883	26,600,647	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.

Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
Related Organization(s) and/or Home Office				

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	A	0.00	KISHHEALTH SYS	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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.

	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	-4,503,783	0	1.00
2.00	677,229	9	2.00
3.00	1,175,516	9	3.00
4.00	326,274	0	4.00
5.00	-2,324,764		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	HEALTH CARE	6.00
7.00		7.00
8.00		8.00
9.00		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.

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours
1.00	2.00	3.00	4.00	5.00	6.00	7.00
1.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	2,002,020	2,002,020	0	0	0 1.00
2.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	328,239	9,246	318,993	196,400	4,257 2.00
3.00	53.00 AGGREGATE-ANESTHESIOLOGY	297,295	297,295	0	0	0 3.00
4.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	217,796	217,796	0	0	0 4.00
5.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,510	1,510	0	0	0 5.00
6.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	229,163	229,163	0	0	0 6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	1,428,840	1,428,840	0	0	0 7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	340,481	340,481	0	0	0 8.00
9.00	60.00 AGGREGATE-LABORATORY	4,688	4,688	0	0	0 9.00
10.00	91.00 AGGREGATE-EMERGENCY	4,416,335	4,416,335	0	0	0 10.00
11.00	91.00 AGGREGATE-EMERGENCY	125,000	125,000	0	0	0 11.00
12.00	93.00 AGGREGATE-OUTPATIENT COUNSELING	344,206	344,206	0	0	0 12.00
200.00		9,735,573	9,416,580	318,993		4,257 200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance
1.00	2.00	8.00	9.00	12.00	13.00	14.00
1.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0 1.00
2.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	401,959	20,098	0	0	0 2.00
3.00	53.00 AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0 3.00
4.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 4.00
5.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 5.00
6.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0 6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0 7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0 8.00
9.00	60.00 AGGREGATE-LABORATORY	0	0	0	0	0 9.00
10.00	91.00 AGGREGATE-EMERGENCY	0	0	0	0	0 10.00
11.00	91.00 AGGREGATE-EMERGENCY	0	0	0	0	0 11.00
12.00	93.00 AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0 12.00
200.00		401,959	20,098	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	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,002,020 1.00
2.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	401,959	0	9,246 2.00
3.00	53.00 AGGREGATE-ANESTHESIOLOGY	0	0	0	297,295 3.00
4.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	217,796 4.00
5.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,510 5.00
6.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	229,163 6.00
7.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,428,840 7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	340,481 8.00
9.00	60.00 AGGREGATE-LABORATORY	0	0	0	4,688 9.00
10.00	91.00 AGGREGATE-EMERGENCY	0	0	0	4,416,335 10.00
11.00	91.00 AGGREGATE-EMERGENCY	0	0	0	125,000 11.00
12.00	93.00 AGGREGATE-OUTPATIENT COUNSELING	0	0	0	344,206 12.00
200.00		0	401,959	0	9,416,580 200.00

Cost Center Description	CAPITAL RELATED COSTS				Subtotal
	Net Expenses for Cost Allocation (from wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
		0	1.00	2.00	
					4A
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	9,420,784	9,420,784			1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	5,561,929		5,561,929		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	14,280,752	0	1,599	14,282,351	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	30,467,371	1,061,215	1,080,147	2,132,547	34,741,280 5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	416,723	43,162	0	0	459,885 8.00
9.00 00900 HOUSEKEEPING	1,325,479	222,397	24,662	241,787	1,814,325 9.00
10.00 01000 DIETARY	524,514	118,452	25,990	68,323	737,279 10.00
11.00 01100 CAFETERIA	857,442	337,631	74,089	194,765	1,463,927 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
12.01 01201 MAINTENANCE OF PLANT	175,867	816,649	18,577	0	1,011,093 12.01
13.00 01300 NURSING ADMINISTRATION	1,394,601	43,366	25,877	397,173	1,861,017 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,122,133	153,134	49,543	70,107	1,394,917 14.00
15.00 01500 PHARMACY	2,234,879	149,048	7,500	614,866	3,006,293 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,867,611	76,363	0	450,517	2,394,491 16.00
17.00 01700 SOCIAL SERVICE	596,379	22,577	0	192,137	811,093 17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	7,066,494	1,673,653	361,813	2,069,522	11,171,482 30.00
31.00 03100 INTENSIVE CARE UNIT	2,604,198	280,014	103,907	760,319	3,748,438 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	388,101	55,318	2,440	111,636	557,495 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	5,027,638	537,043	776,023	479,215	6,819,919 50.00
50.01 05001 AMBULATORY SERVICES	969,951	334,005	3,600	287,075	1,594,631 50.01
50.02 05002 ENDOSCOPY	726,633	28,808	184,347	150,699	1,090,487 50.02
51.00 05100 RECOVERY ROOM	433,361	97,816	41,426	127,277	699,880 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,702,013	183,526	0	397,823	2,283,362 52.00
53.00 05300 ANESTHESIOLOGY	267,130	10,931	59,372	0	337,433 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,293,869	741,410	1,746,664	1,188,798	10,970,741 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,958,719	593,945	68,838	476,240	10,097,742 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	5,878,738	391,417	479,676	740,924	7,490,755 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	1,403,752	54,348	67,738	405,324	1,931,162 65.00
66.00 06600 PHYSICAL THERAPY	2,504,819	15,017	13,156	648,332	3,181,324 66.00
67.00 06700 OCCUPATIONAL THERAPY	219,979	0	0	64,497	284,476 67.00
68.00 06800 SPEECH PATHOLOGY	183,285	0	0	0	183,285 68.00
69.00 06900 ELECTROCARDIOLOGY	512,024	67,322	21,595	141,598	742,539 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	184,190	0	0	0	184,190 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,564,000	0	0	0	5,564,000 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,333,747	0	0	0	3,333,747 73.00
76.00 03950 SLEEP LAB	370,436	0	0	0	370,436 76.00
76.97 07697 CARDIAC REHABILITATION	664,547	0	25,650	136,438	826,635 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	283,435	19,359	0	83,977	386,771 90.00
91.00 09100 EMERGENCY	3,614,188	939,954	247,732	1,086,954	5,888,828 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950 OUTPATIENT COUNSELING	993,231	0	12,471	262,702	1,268,404 93.00
93.01 04951 OUTSIDE SERVICES	329,043	0	0	0	329,043 93.01
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,723,985	9,067,880	5,524,432	13,981,572	131,032,805 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,886	33,099	9,149	24,953	278,087 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			Subtotal
		NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
	0	1.00	2.00	4.00	4A
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950 HOME OFFICE COSTS	0	215,400	14,822	0	230,222 194.00
194.01 07951 COMMUNITY WELLNESS	731,536	104,405	4,102	208,443	1,048,486 194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	878,657	0	9,424	67,383	955,464 194.02
200.00 Cross Foot Adjustments					0 200.00
201.00 Negative Cost Centers		0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	133,545,064	9,420,784	5,561,929	14,282,351	133,545,064 202.00

Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL	34,741,280					5.00
7.00 00700 OPERATION OF PLANT	0	0				7.00
8.00 00800 LAUNDRY & LINEN SERVICE	161,704	0	621,589			8.00
9.00 00900 HOUSEKEEPING	637,951	0	0	2,452,276		9.00
10.00 01000 DIETARY	259,241	0	0	32,428	1,028,948	10.00
11.00 01100 CAFETERIA	514,745	0	0	92,432	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	355,520	0	0	214,466	0	12.01
13.00 01300 NURSING ADMINISTRATION	654,369	0	0	33,561	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	490,479	0	0	41,923	0	14.00
15.00 01500 PHARMACY	1,057,070	0	0	40,804	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	841,949	0	0	20,905	0	16.00
17.00 01700 SOCIAL SERVICE	285,196	0	0	6,181	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,928,096	0	219,032	458,187	870,158	30.00
31.00 03100 INTENSIVE CARE UNIT	1,318,022	0	37,846	76,658	158,790	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	196,026	0	8,440	15,144	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,398,013	0	20,493	147,024	0	50.00
50.01 05001 AMBULATORY SERVICES	560,703	0	65,128	91,439	0	50.01
50.02 05002 ENDOSCOPY	383,436	0	0	7,887	0	50.02
51.00 05100 RECOVERY ROOM	246,091	0	6,466	26,779	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	802,873	0	30,065	50,243	0	52.00
53.00 05300 ANESTHESIOLOGY	118,648	0	0	2,992	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,857,521	0	63,778	202,972	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,550,558	0	4,918	5,076	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,633,892	0	0	107,156	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	679,033	0	0	18,053	0	65.00
66.00 06600 PHYSICAL THERAPY	1,118,614	0	3,244	4,111	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	100,027	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	64,446	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	261,091	0	3,071	18,430	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,765	0	2,020	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,956,408	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,172,209	0	0	0	0	73.00
76.00 03950 SLEEP LAB	130,252	0	0	11,970	0	76.00
76.97 07697 CARDIAC REHABILITATION	290,661	0	3,625	88,894	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	135,996	0	3,071	5,300	0	90.00
91.00 09100 EMERGENCY	2,070,624	0	150,392	198,455	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OUTPATIENT COUNSELING	445,995	0	0	0	0	93.00
93.01 04951 OUTSIDE SERVICES	115,698	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,857,922	0	621,589	2,019,470	1,028,948	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,781	0	0	15,606	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	80,950	0	0	343,311	0	194.00
194.01 07951 COMMUNITY WELLNESS	368,668	0	0	28,582	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	335,959	0	0	45,307	0	194.02
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	34,741,280	0	621,589	2,452,276	1,028,948	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	MAINTENANCE OF PLANT 12.01	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	2,071,104					11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0				12.00
12.01 01201 MAINTENANCE OF PLANT	0		1,581,079			12.01
13.00 01300 NURSING ADMINISTRATION	68,805	0	11,596	2,629,348		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	18,855	0	40,949	0	1,987,123	14.00
15.00 01500 PHARMACY	80,973	0	39,856	0	15,219	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	85,833	0	20,420	0	17	16.00
17.00 01700 SOCIAL SERVICE	24,957	0	6,037	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	340,774	0	447,542	1,029,571	65,202	30.00
31.00 03100 INTENSIVE CARE UNIT	105,930	0	74,877	320,044	18,455	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	15,785	0	14,792	47,692	4,055	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	72,277	0	143,608	218,367	529,153	50.00
50.01 05001 AMBULATORY SERVICES	45,639	0	89,314	137,887	6,395	50.01
50.02 05002 ENDOSCOPY	16,480	0	7,704	49,789	33,841	50.02
51.00 05100 RECOVERY ROOM	15,018	0	26,156	45,374	3,807	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	56,272	0	49,076	170,013	14,455	52.00
53.00 05300 ANESTHESIOLOGY	0	0	2,923	0	25,637	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	168,451	0	198,256	0	213,395	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	65,115	0	4,958	0	31,922	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	143,530	0	104,667	0	46,085	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	65,188	0	14,533	0	11,313	65.00
66.00 06600 PHYSICAL THERAPY	96,613	0	4,016	0	3,588	66.00
67.00 06700 OCCUPATIONAL THERAPY	7,637	0	0	0	17	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	17,064	0	18,002	0	1,169	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	36,055	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	898,394	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950 SLEEP LAB	0	0	0	0	124	76.00
76.97 07697 CARDIAC REHABILITATION	20,865	0	0	0	960	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	13,520	0	5,177	0	1,474	90.00
91.00 09100 EMERGENCY	160,120	0	190,170	483,764	25,524	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OUTPATIENT COUNSELING	41,985	0	0	126,847	496	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,747,686	0	1,514,629	2,629,348	1,986,752	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,062	0	8,851	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	276,391	0	57,599	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	31,936	0	0	0	55	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	6,029	0	0	0	316	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	2,071,104	0	1,581,079	2,629,348	1,987,123	202.00

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	15.00	16.00	17.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
12.01 01201 MAINTENANCE OF PLANT					12.01
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	4,240,215				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,363,615			16.00
17.00 01700 SOCIAL SERVICE	0	0	1,133,464		17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	221,386	890,532	19,641,962	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	50,367	162,508	6,071,935	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	12,553	80,424	952,406	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	356,677	0	10,705,531	0 50.00
50.01 05001 AMBULATORY SERVICES	0	13,124	0	2,604,260	0 50.01
50.02 05002 ENDOSCOPY	0	55,834	0	1,645,458	0 50.02
51.00 05100 RECOVERY ROOM	0	14,154	0	1,083,725	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	44,733	0	3,501,092	0 52.00
53.00 05300 ANESTHESIOLOGY	0	67,328	0	554,961	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	700,988	0	16,376,102	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,834,794	268,054	0	16,863,137	0 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	462,309	0	10,988,394	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	102,992	0	2,822,274	0 65.00
66.00 06600 PHYSICAL THERAPY	0	37,856	0	4,449,366	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,582	0	397,739	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,161	0	249,892	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	36,270	0	1,097,636	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,816	0	2,816	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,101	0	337,131	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	173,945	0	8,592,747	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,405,421	468,764	0	6,380,141	0 73.00
76.00 03950 SLEEP LAB	0	13,649	0	526,431	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	6,273	0	1,237,913	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	12,149	0	563,458	0 90.00
91.00 09100 EMERGENCY	0	177,746	0	9,345,623	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950 OUTPATIENT COUNSELING	0	2,941	0	1,886,668	0 93.00
93.01 04951 OUTSIDE SERVICES	0	2,863	0	447,604	0 93.01
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,240,215	3,363,615	1,133,464	129,326,402	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	409,387	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	988,473	0 194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part I
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	15.00	16.00	17.00	24.00	25.00
194.01 07951 COMMUNITY WELLNESS	0	0	0	1,477,727	0 194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,343,075	0 194.02
200.00 Cross Foot Adjustments				0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	4,240,215	3,363,615	1,133,464	133,545,064	0 202.00

Cost Center Description	Total	
	26.00	
GENERAL SERVICE COST CENTERS		
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00 00500 ADMINISTRATIVE & GENERAL		5.00
7.00 00700 OPERATION OF PLANT		7.00
8.00 00800 LAUNDRY & LINEN SERVICE		8.00
9.00 00900 HOUSEKEEPING		9.00
10.00 01000 DIETARY		10.00
11.00 01100 CAFETERIA		11.00
12.00 01200 MAINTENANCE OF PERSONNEL		12.00
12.01 01201 MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 03000 ADULTS & PEDIATRICS	19,641,962	30.00
31.00 03100 INTENSIVE CARE UNIT	6,071,935	31.00
40.00 04000 SUBPROVIDER - IPF	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	41.00
42.00 04200 SUBPROVIDER	0	42.00
43.00 04300 NURSERY	952,406	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 05000 OPERATING ROOM	10,705,531	50.00
50.01 05001 AMBULATORY SERVICES	2,604,260	50.01
50.02 05002 ENDOSCOPY	1,645,458	50.02
51.00 05100 RECOVERY ROOM	1,083,725	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,501,092	52.00
53.00 05300 ANESTHESIOLOGY	554,961	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,376,102	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	16,863,137	55.00
57.00 05700 CT SCAN	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	59.00
60.00 06000 LABORATORY	10,988,394	60.00
60.01 06001 BLOOD LABORATORY	0	60.01
65.00 06500 RESPIRATORY THERAPY	2,822,274	65.00
66.00 06600 PHYSICAL THERAPY	4,449,366	66.00
67.00 06700 OCCUPATIONAL THERAPY	397,739	67.00
68.00 06800 SPEECH PATHOLOGY	249,892	68.00
69.00 06900 ELECTROCARDIOLOGY	1,097,636	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,816	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	337,131	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,592,747	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,380,141	73.00
76.00 03950 SLEEP LAB	526,431	76.00
76.97 07697 CARDIAC REHABILITATION	1,237,913	76.97
OUTPATIENT SERVICE COST CENTERS		
88.00 08800 RURAL HEALTH CLINIC	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 09000 CLINIC	563,458	90.00
91.00 09100 EMERGENCY	9,345,623	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00 04950 OUTPATIENT COUNSELING	1,886,668	93.00
93.01 04951 OUTSIDE SERVICES	447,604	93.01
OTHER REIMBURSABLE COST CENTERS		
99.10 09910 CORF	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS		
109.00 10900 PANCREAS ACQUISITION	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	110.00
111.00 11100 ISLET ACQUISITION	0	111.00
113.00 11300 INTEREST EXPENSE		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	129,326,402	118.00
NONREIMBURSABLE COST CENTERS		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	409,387	190.00
191.00 19100 RESEARCH	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00 07950 HOME OFFICE COSTS	988,473	194.00
194.01 07951 COMMUNITY WELLNESS	1,477,727	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,343,075	194.02
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00

Cost Center Description		Total	
202.00	TOTAL (sum lines 118-201)	133,545,064	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period: From 05/01/2014 To 04/30/2015

Worksheet B Part II Date/Time Prepared: 9/24/2015 9:13 am

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	1,599	1,599	1,599	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	1,015,600	1,061,215	1,080,147	3,156,962	250	5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	43,162	0	43,162	0	8.00
9.00 00900 HOUSEKEEPING	0	222,397	24,662	247,059	27	9.00
10.00 01000 DIETARY	1,421	118,452	25,990	145,863	8	10.00
11.00 01100 CAFETERIA	4,051	337,631	74,089	415,771	22	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	0	816,649	18,577	835,226	0	12.01
13.00 01300 NURSING ADMINISTRATION	71,772	43,366	25,877	141,015	44	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	56,220	153,134	49,543	258,897	8	14.00
15.00 01500 PHARMACY	347,724	149,048	7,500	504,272	68	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	120,140	76,363	0	196,503	50	16.00
17.00 01700 SOCIAL SERVICE	0	22,577	0	22,577	21	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,567	1,673,653	361,813	2,046,033	230	30.00
31.00 03100 INTENSIVE CARE UNIT	2,557	280,014	103,907	386,478	85	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	55,318	2,440	57,758	12	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	26,243	537,043	776,023	1,339,309	53	50.00
50.01 05001 AMBULATORY SERVICES	0	334,005	3,600	337,605	32	50.01
50.02 05002 ENDOSCOPY	0	28,808	184,347	213,155	17	50.02
51.00 05100 RECOVERY ROOM	0	97,816	41,426	139,242	14	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	183,526	0	183,526	44	52.00
53.00 05300 ANESTHESIOLOGY	0	10,931	59,372	70,303	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	53,388	741,410	1,746,664	2,541,462	132	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	62,077	593,945	68,838	724,860	53	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	79,504	391,417	479,676	950,597	82	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	10,775	54,348	67,738	132,861	45	65.00
66.00 06600 PHYSICAL THERAPY	528,546	15,017	13,156	556,719	72	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	7	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,448	67,322	21,595	93,365	16	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950 SLEEP LAB	39,611	0	0	39,611	0	76.00
76.97 07697 CARDIAC REHABILITATION	294,167	0	25,650	319,817	15	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	19,359	0	19,359	9	90.00
91.00 09100 EMERGENCY	12,448	939,954	247,732	1,200,134	121	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	98,949	0	12,471	111,420	29	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,840,208	9,067,880	5,524,432	17,432,520	1,566	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,964	33,099	9,149	55,212	3	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	2.00		
194.00 07950 HOME OFFICE COSTS	0	215,400	14,822	230,222	0 194.00
194.01 07951 COMMUNITY WELLNESS	6,058	104,405	4,102	114,565	23 194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	90,382	0	9,424	99,806	7 194.02
200.00 Cross Foot Adjustments				0	200.00
201.00 Negative Cost Centers		0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	2,949,612	9,420,784	5,561,929	17,932,325	1,599 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:

From 05/01/2014

To 04/30/2015

Worksheet B

Part II

Date/Time Prepared:

9/24/2015 9:13 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	3,157,212					5.00
7.00	00700 OPERATION OF PLANT	0	0				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	14,695	0	57,857			8.00
9.00	00900 HOUSEKEEPING	57,975	0	0	305,061		9.00
10.00	01000 DIETARY	23,559	0	0	4,034	173,464	10.00
11.00	01100 CAFETERIA	46,778	0	0	11,498	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201 MAINTENANCE OF PLANT	32,308	0	0	26,679	0	12.01
13.00	01300 NURSING ADMINISTRATION	59,467	0	0	4,175	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	44,573	0	0	5,215	0	14.00
15.00	01500 PHARMACY	96,063	0	0	5,076	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	76,514	0	0	2,601	0	16.00
17.00	01700 SOCIAL SERVICE	25,918	0	0	769	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	357,008	0	20,387	56,999	146,695	30.00
31.00	03100 INTENSIVE CARE UNIT	119,778	0	3,523	9,536	26,769	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	17,814	0	786	1,884	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	217,924	0	1,908	18,290	0	50.00
50.01	05001 AMBULATORY SERVICES	50,955	0	6,062	11,375	0	50.01
50.02	05002 ENDOSCOPY	34,845	0	0	981	0	50.02
51.00	05100 RECOVERY ROOM	22,364	0	602	3,331	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	72,963	0	2,798	6,250	0	52.00
53.00	05300 ANESTHESIOLOGY	10,782	0	0	372	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	350,559	0	5,936	25,250	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	322,663	0	458	631	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	239,360	0	0	13,330	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	61,708	0	0	2,246	0	65.00
66.00	06600 PHYSICAL THERAPY	101,656	0	302	511	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,090	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	5,857	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	23,727	0	286	2,293	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,886	0	188	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	177,792	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	106,527	0	0	0	0	73.00
76.00	03950 SLEEP LAB	11,837	0	0	1,489	0	76.00
76.97	07697 CARDIAC REHABILITATION	26,414	0	337	11,058	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	12,359	0	286	659	0	90.00
91.00	09100 EMERGENCY	188,172	0	13,998	24,688	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950 OUTPATIENT COUNSELING	40,531	0	0	0	0	93.00
93.01	04951 OUTSIDE SERVICES	10,514	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,076,935	0	57,857	251,220	173,464	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,886	0	0	1,941	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE COSTS	7,357	0	0	42,708	0	194.00
194.01	07951 COMMUNITY WELLNESS	33,503	0	0	3,556	0	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	30,531	0	0	5,636	0	194.02
200.00	Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period: Worksheet B
 From 05/01/2014 Part II
 To 04/30/2015 Date/Time Prepared:
 9/24/2015 9:13 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	3,157,212	0	57,857	305,061	173,464	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA	474,069					11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0				12.00
12.01 01201 MAINTENANCE OF PLANT	0		894,213			12.01
13.00 01300 NURSING ADMINISTRATION	15,749	0	6,559	227,009		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,316	0	23,159	0	336,168	14.00
15.00 01500 PHARMACY	18,535	0	22,541	0	2,575	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	19,647	0	11,549	0	3	16.00
17.00 01700 SOCIAL SERVICE	5,713	0	3,414	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	78,001	0	253,118	88,889	11,031	30.00
31.00 03100 INTENSIVE CARE UNIT	24,247	0	42,348	27,631	3,122	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,613	0	8,366	4,118	686	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	16,544	0	81,220	18,853	89,519	50.00
50.01 05001 AMBULATORY SERVICES	10,447	0	50,514	11,905	1,082	50.01
50.02 05002 ENDOSCOPY	3,772	0	4,357	4,299	5,725	50.02
51.00 05100 RECOVERY ROOM	3,438	0	14,793	3,917	644	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,880	0	27,756	14,678	2,445	52.00
53.00 05300 ANESTHESIOLOGY	0	0	1,653	0	4,337	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	38,558	0	112,128	0	36,101	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	14,905	0	2,804	0	5,400	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	32,854	0	59,197	0	7,797	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	14,921	0	8,219	0	1,914	65.00
66.00 06600 PHYSICAL THERAPY	22,114	0	2,271	0	607	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,748	0	0	0	3	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,906	0	10,182	0	198	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,100	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	151,982	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950 SLEEP LAB	0	0	0	0	21	76.00
76.97 07697 CARDIAC REHABILITATION	4,776	0	0	0	162	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	3,095	0	2,928	0	249	90.00
91.00 09100 EMERGENCY	36,651	0	107,555	41,767	4,318	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OUTPATIENT COUNSELING	9,610	0	0	10,952	84	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	400,040	0	856,631	227,009	336,105	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,074	0	5,006	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	63,265	0	32,576	0	0	194.00
194.01 07951 COMMUNITY WELLNESS	7,310	0	0	0	9	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,380	0	0	0	54	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period: Worksheet B
 From 05/01/2014 Part II
 To 04/30/2015 Date/Time Prepared:
 9/24/2015 9:13 am

Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	11.00	12.00	12.01	13.00	14.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	474,069	0	894,213	227,009	336,168	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period: From 05/01/2014 To 04/30/2015
Worksheet B Part II
Date/Time Prepared: 9/24/2015 9:13 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	15.00	16.00	17.00	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
12.01 01201 MAINTENANCE OF PLANT					12.01
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	649,130				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	306,867			16.00
17.00 01700 SOCIAL SERVICE	0	0	58,412		17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	20,192	45,892	3,124,475	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	4,594	8,375	656,486	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	1,145	4,145	100,327	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	32,531	0	1,816,151	0 50.00
50.01 05001 AMBULATORY SERVICES	0	1,197	0	481,174	0 50.01
50.02 05002 ENDOSCOPY	0	5,092	0	272,243	0 50.02
51.00 05100 RECOVERY ROOM	0	1,291	0	189,636	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,080	0	327,420	0 52.00
53.00 05300 ANESTHESIOLOGY	0	6,141	0	93,588	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	64,021	0	3,174,147	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	433,977	24,448	0	1,530,199	0 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	42,165	0	1,345,382	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	9,393	0	231,307	0 65.00
66.00 06600 PHYSICAL THERAPY	0	3,453	0	687,705	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	509	0	11,357	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	197	0	6,054	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,308	0	137,281	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	257	0	257	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,569	0	16,743	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,865	0	345,639	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	215,153	42,754	0	364,434	0 73.00
76.00 03950 SLEEP LAB	0	1,245	0	54,203	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	572	0	363,151	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	1,108	0	40,052	0 90.00
91.00 09100 EMERGENCY	0	16,211	0	1,633,615	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950 OUTPATIENT COUNSELING	0	268	0	172,894	0 93.00
93.01 04951 OUTSIDE SERVICES	0	261	0	10,775	0 93.01
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	649,130	306,867	58,412	17,186,695	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	73,122	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950 HOME OFFICE COSTS	0	0	0	376,128	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet B
Part II
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	15.00	16.00	17.00	24.00	25.00
194.01 07951 COMMUNITY WELLNESS	0	0	0	158,966	0 194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	137,414	0 194.02
200.00 Cross Foot Adjustments				0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	649,130	306,867	58,412	17,932,325	0 202.00

Cost Center Description	Total	
	26.00	
GENERAL SERVICE COST CENTERS		
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00 00500 ADMINISTRATIVE & GENERAL		5.00
7.00 00700 OPERATION OF PLANT		7.00
8.00 00800 LAUNDRY & LINEN SERVICE		8.00
9.00 00900 HOUSEKEEPING		9.00
10.00 01000 DIETARY		10.00
11.00 01100 CAFETERIA		11.00
12.00 01200 MAINTENANCE OF PERSONNEL		12.00
12.01 01201 MAINTENANCE OF PLANT		12.01
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
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 03000 ADULTS & PEDIATRICS	3,124,475	30.00
31.00 03100 INTENSIVE CARE UNIT	656,486	31.00
40.00 04000 SUBPROVIDER - IPF	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	41.00
42.00 04200 SUBPROVIDER	0	42.00
43.00 04300 NURSERY	100,327	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 05000 OPERATING ROOM	1,816,151	50.00
50.01 05001 AMBULATORY SERVICES	481,174	50.01
50.02 05002 ENDOSCOPY	272,243	50.02
51.00 05100 RECOVERY ROOM	189,636	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	327,420	52.00
53.00 05300 ANESTHESIOLOGY	93,588	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,174,147	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,530,199	55.00
57.00 05700 CT SCAN	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	59.00
60.00 06000 LABORATORY	1,345,382	60.00
60.01 06001 BLOOD LABORATORY	0	60.01
65.00 06500 RESPIRATORY THERAPY	231,307	65.00
66.00 06600 PHYSICAL THERAPY	687,705	66.00
67.00 06700 OCCUPATIONAL THERAPY	11,357	67.00
68.00 06800 SPEECH PATHOLOGY	6,054	68.00
69.00 06900 ELECTROCARDIOLOGY	137,281	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	257	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,743	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	345,639	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	364,434	73.00
76.00 03950 SLEEP LAB	54,203	76.00
76.97 07697 CARDIAC REHABILITATION	363,151	76.97
OUTPATIENT SERVICE COST CENTERS		
88.00 08800 RURAL HEALTH CLINIC	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 09000 CLINIC	40,052	90.00
91.00 09100 EMERGENCY	1,633,615	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00 04950 OUTPATIENT COUNSELING	172,894	93.00
93.01 04951 OUTSIDE SERVICES	10,775	93.01
OTHER REIMBURSABLE COST CENTERS		
99.10 09910 CORF	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS		
109.00 10900 PANCREAS ACQUISITION	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	110.00
111.00 11100 ISLET ACQUISITION	0	111.00
113.00 11300 INTEREST EXPENSE		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,186,695	118.00
NONREIMBURSABLE COST CENTERS		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,122	190.00
191.00 19100 RESEARCH	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00 07950 HOME OFFICE COSTS	376,128	194.00
194.01 07951 COMMUNITY WELLNESS	158,966	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	137,414	194.02
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

KISHWAUKEE COMMUNITY HOSPITAL

Provider CCN: 140286

In Lieu of Form CMS-2552-10

Period: Worksheet B
From 05/01/2014 Part II
To 04/30/2015 Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description		Total	
202.00	TOTAL (sum lines 118-201)	17,932,325	202.00

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	1.00	2.00	4.00	5A	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	184,436				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		3,885,804			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	1,117	44,124,262		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	20,776	754,637	6,588,365	-34,741,280	98,803,784 5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	845	0	0	0	459,885 8.00
9.00 00900 HOUSEKEEPING	4,354	17,230	746,983	0	1,814,325 9.00
10.00 01000 DIETARY	2,319	18,158	211,080	0	737,279 10.00
11.00 01100 CAFETERIA	6,610	51,762	601,712	0	1,463,927 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
12.01 01201 MAINTENANCE OF PLANT	15,988	12,979	0	0	1,011,093 12.01
13.00 01300 NURSING ADMINISTRATION	849	18,079	1,227,035	0	1,861,017 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,998	34,613	216,590	0	1,394,917 14.00
15.00 01500 PHARMACY	2,918	5,240	1,899,582	0	3,006,293 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,495	0	1,391,837	0	2,394,491 16.00
17.00 01700 SOCIAL SERVICE	442	0	593,593	0	811,093 17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	32,766	252,778	6,393,631	0	11,171,482 30.00
31.00 03100 INTENSIVE CARE UNIT	5,482	72,594	2,348,948	0	3,748,438 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	1,083	1,705	344,892	0	557,495 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	10,514	542,163	1,480,498	0	6,819,919 50.00
50.01 05001 AMBULATORY SERVICES	6,539	2,515	886,896	0	1,594,631 50.01
50.02 05002 ENDOSCOPY	564	128,793	465,573	0	1,090,487 50.02
51.00 05100 RECOVERY ROOM	1,915	28,942	393,213	0	699,880 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,593	0	1,229,043	0	2,283,362 52.00
53.00 05300 ANESTHESIOLOGY	214	41,480	0	0	337,433 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,515	1,220,295	3,672,700	0	10,970,741 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	11,628	48,093	1,471,307	0	10,097,742 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	7,663	335,122	2,289,029	0	7,490,755 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	1,064	47,325	1,252,217	0	1,931,162 65.00
66.00 06600 PHYSICAL THERAPY	294	9,191	2,002,972	0	3,181,324 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	199,259	0	284,476 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	183,285 68.00
69.00 06900 ELECTROCARDIOLOGY	1,318	15,087	437,457	0	742,539 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	184,190 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,564,000 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,333,747 73.00
76.00 03950 SLEEP LAB	0	0	0	0	370,436 76.00
76.97 07697 CARDIAC REHABILITATION	0	17,920	421,516	0	826,635 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	379	0	259,439	0	386,771 90.00
91.00 09100 EMERGENCY	18,402	173,076	3,358,062	0	5,888,828 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04950 OUTPATIENT COUNSELING	0	8,713	811,599	0	1,268,404 93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	329,043 93.01
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	177,527	3,859,607	43,195,028	-34,741,280	96,291,525 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	6,392	77,091	0	278,087 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00

Cost Center Description	CAPITAL RELATED COSTS					Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)				
	1.00	2.00	4.00	5A	5.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		0	0	192.00
194.00 07950 HOME OFFICE COSTS	4,217	10,355	0		0	230,222	194.00
194.01 07951 COMMUNITY WELLNESS	2,044	2,866	643,969		0	1,048,486	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	6,584	208,174		0	955,464	194.02
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)	9,420,784	5,561,929	14,282,351			34,741,280	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	51.078878	1.431346	0.323685			0.351619	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			1,599			3,157,212	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000036			0.031954	205.00

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT	0					7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	53,838				8.00
9.00 00900 HOUSEKEEPING	0	0	175,368			9.00
10.00 01000 DIETARY	0	0	2,319	17,755		10.00
11.00 01100 CAFETERIA	0	0	6,610	0	56,680	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	0	0	15,337	0	0	12.01
13.00 01300 NURSING ADMINISTRATION	0	0	2,400	0	1,883	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	2,998	0	516	14.00
15.00 01500 PHARMACY	0	0	2,918	0	2,216	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,495	0	2,349	16.00
17.00 01700 SOCIAL SERVICE	0	0	442	0	683	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	18,971	32,766	15,015	9,326	30.00
31.00 03100 INTENSIVE CARE UNIT	0	3,278	5,482	2,740	2,899	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	731	1,083	0	432	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	1,775	10,514	0	1,978	50.00
50.01 05001 AMBULATORY SERVICES	0	5,641	6,539	0	1,249	50.01
50.02 05002 ENDOSCOPY	0	0	564	0	451	50.02
51.00 05100 RECOVERY ROOM	0	560	1,915	0	411	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,604	3,593	0	1,540	52.00
53.00 05300 ANESTHESIOLOGY	0	0	214	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,524	14,515	0	4,610	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	426	363	0	1,782	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	7,663	0	3,928	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	1,291	0	1,784	65.00
66.00 06600 PHYSICAL THERAPY	0	281	294	0	2,644	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	209	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	266	1,318	0	467	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	175	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950 SLEEP LAB	0	0	856	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	314	6,357	0	571	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	266	379	0	370	90.00
91.00 09100 EMERGENCY	0	13,026	14,192	0	4,382	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OUTPATIENT COUNSELING	0	0	0	0	1,149	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	53,838	144,417	17,755	47,829	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,116	0	248	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	0	24,551	0	7,564	194.00
194.01 07951 COMMUNITY WELLNESS	0	0	2,044	0	874	194.01

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	3,240	0	165	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	0	621,589	2,452,276	1,028,948	2,071,104	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	11.545544	13.983600	57.952577	36.540296	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	57,857	305,061	173,464	474,069	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	1.074650	1.739548	9.769868	8.363956	205.00

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0					12.00
12.01 01201 MAINTENANCE OF PLANT	0	115,756				12.01
13.00 01300 NURSING ADMINISTRATION	0	849	23,817			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	2,998	0	12,306,784		14.00
15.00 01500 PHARMACY	0	2,918	0	94,256	10,058,052	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,495	0	105	0	16.00
17.00 01700 SOCIAL SERVICE	0	442	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	32,766	9,326	403,814	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	5,482	2,899	114,298	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	1,083	432	25,116	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	10,514	1,978	3,277,177	0	50.00
50.01 05001 AMBULATORY SERVICES	0	6,539	1,249	39,608	0	50.01
50.02 05002 ENDOSCOPY	0	564	451	209,584	0	50.02
51.00 05100 RECOVERY ROOM	0	1,915	411	23,576	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,593	1,540	89,521	0	52.00
53.00 05300 ANESTHESIOLOGY	0	214	0	158,778	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	14,515	0	1,321,608	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	363	0	197,704	6,724,305	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	7,663	0	285,419	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	1,064	0	70,065	0	65.00
66.00 06600 PHYSICAL THERAPY	0	294	0	22,219	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	107	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,318	0	7,239	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	223,295	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,564,000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	3,333,747	73.00
76.00 03950 SLEEP LAB	0	0	0	768	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,946	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	379	0	9,131	0	90.00
91.00 09100 EMERGENCY	0	13,923	4,382	158,077	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OUTPATIENT COUNSELING	0	0	1,149	3,073	0	93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	110,891	23,817	12,304,484	10,058,052	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	648	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	4,217	0	0	0	194.00

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	12.00	12.01	13.00	14.00	15.00	
194.01 07951 COMMUNITY WELLNESS	0	0	0	341	0	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,959	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,581,079	2,629,348	1,987,123	4,240,215	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	13.658722	110.397951	0.161466	0.421574	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	894,213	227,009	336,168	649,130	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	7.724982	9.531385	0.027316	0.064538	205.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
	16.00	17.00	
GENERAL SERVICE COST CENTERS			
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
12.01 01201 MAINTENANCE OF PLANT			12.01
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	477,128,340		16.00
17.00 01700 SOCIAL SERVICE	0	19,111	17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	31,402,276	15,015	30.00
31.00 03100 INTENSIVE CARE UNIT	7,144,239	2,740	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	1,780,572	1,356	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	50,592,547	0	50.00
50.01 05001 AMBULATORY SERVICES	1,861,544	0	50.01
50.02 05002 ENDOSCOPY	7,919,715	0	50.02
51.00 05100 RECOVERY ROOM	2,007,709	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,345,167	0	52.00
53.00 05300 ANESTHESIOLOGY	9,550,074	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	99,450,443	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	38,021,849	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	65,575,782	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	14,608,796	0	65.00
66.00 06600 PHYSICAL THERAPY	5,369,709	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	791,840	0	67.00
68.00 06800 SPEECH PATHOLOGY	306,456	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,144,668	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	399,429	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,106,480	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	24,673,087	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	66,491,290	0	73.00
76.00 03950 SLEEP LAB	1,936,077	0	76.00
76.97 07697 CARDIAC REHABILITATION	889,838	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	1,723,215	0	90.00
91.00 09100 EMERGENCY	25,212,207	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00 04950 OUTPATIENT COUNSELING	417,181	0	93.00
93.01 04951 OUTSIDE SERVICES	406,150	0	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	111.00
113.00 11300 INTEREST EXPENSE			113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	477,128,340	19,111	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	0	194.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
194.01 07951 COMMUNITY WELLNESS	16.00	17.00	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,363,615	1,133,464	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.007050	59.309508	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	306,867	58,412	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000643	3.056460	205.00

Cost Center Description	Title XVIII		Hospital		Total Costs	PPS
	Total Cost (from Wkst. B. Part I, col. 26)	Therapy Limit Adj.	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	19,641,962		19,641,962	0	19,641,962	30.00
31.00 03100 INTENSIVE CARE UNIT	6,071,935		6,071,935	0	6,071,935	31.00
40.00 04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	952,406		952,406	0	952,406	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,705,531		10,705,531	0	10,705,531	50.00
50.01 05001 AMBULATORY SERVICES	2,604,260		2,604,260	0	2,604,260	50.01
50.02 05002 ENDOSCOPY	1,645,458		1,645,458	0	1,645,458	50.02
51.00 05100 RECOVERY ROOM	1,083,725		1,083,725	0	1,083,725	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,501,092		3,501,092	0	3,501,092	52.00
53.00 05300 ANESTHESIOLOGY	554,961		554,961	0	554,961	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,376,102		16,376,102	0	16,376,102	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	16,863,137		16,863,137	0	16,863,137	55.00
57.00 05700 CT SCAN	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000 LABORATORY	10,988,394		10,988,394	0	10,988,394	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	2,822,274	0	2,822,274	0	2,822,274	65.00
66.00 06600 PHYSICAL THERAPY	4,449,366	0	4,449,366	0	4,449,366	66.00
67.00 06700 OCCUPATIONAL THERAPY	397,739	0	397,739	0	397,739	67.00
68.00 06800 SPEECH PATHOLOGY	249,892	0	249,892	0	249,892	68.00
69.00 06900 ELECTROCARDIOLOGY	1,097,636		1,097,636	0	1,097,636	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,816		2,816	0	2,816	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	337,131		337,131	0	337,131	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,592,747		8,592,747	0	8,592,747	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,380,141		6,380,141	0	6,380,141	73.00
76.00 03950 SLEEP LAB	526,431		526,431	0	526,431	76.00
76.97 07697 CARDIAC REHABILITATION	1,237,913		1,237,913	0	1,237,913	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	563,458		563,458	0	563,458	90.00
91.00 09100 EMERGENCY	9,345,623		9,345,623	0	9,345,623	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,668,898		2,668,898	0	2,668,898	92.00
93.00 04950 OUTPATIENT COUNSELING	1,886,668		1,886,668	0	1,886,668	93.00
93.01 04951 OUTSIDE SERVICES	447,604		447,604	0	447,604	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0		0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	131,995,300	0	131,995,300	0	131,995,300	200.00
201.00 Less Observation Beds	2,668,898		2,668,898	0	2,668,898	201.00
202.00 Total (see instructions)	129,326,402	0	129,326,402	0	129,326,402	202.00

Cost Center Description	Title XVIII Hospital			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS
	Charges					
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,862,438		27,862,438			30.00
31.00 03100 INTENSIVE CARE UNIT	7,144,239		7,144,239			31.00
40.00 04000 SUBPROVIDER - IPF	0		0			40.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	1,780,572		1,780,572			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	20,843,127	29,749,420	50,592,547	0.211603	0.000000	50.00
50.01 05001 AMBULATORY SERVICES	13,399	1,848,145	1,861,544	1.398978	0.000000	50.01
50.02 05002 ENDOSCOPY	1,125,649	6,794,066	7,919,715	0.207767	0.000000	50.02
51.00 05100 RECOVERY ROOM	693,607	1,314,102	2,007,709	0.539782	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,272,289	72,878	6,345,167	0.551773	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	2,535,510	7,014,564	9,550,074	0.058111	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,755,366	73,695,077	99,450,443	0.164666	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	38,021,849	38,021,849	0.443512	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	19,202,573	46,373,209	65,575,782	0.167568	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	12,928,932	1,679,864	14,608,796	0.193190	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	988,061	4,381,648	5,369,709	0.828605	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	255,765	536,075	791,840	0.502297	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	91,432	215,024	306,456	0.815425	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	1,277,132	3,867,536	5,144,668	0.213354	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	180,179	219,250	399,429	0.007050	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,789,252	3,317,228	7,106,480	0.047440	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,009,937	9,663,150	24,673,087	0.348264	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	44,298,526	22,192,764	66,491,290	0.095955	0.000000	73.00
76.00 03950 SLEEP LAB	0	1,936,077	1,936,077	0.271906	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	2,210	887,628	889,838	1.391167	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	20,253	1,702,962	1,723,215	0.326981	0.000000	90.00
91.00 09100 EMERGENCY	4,197,524	21,014,683	25,212,207	0.370678	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	761,444	2,778,394	3,539,838	0.753960	0.000000	92.00
93.00 04950 OUTPATIENT COUNSELING	0	417,181	417,181	4.522421	0.000000	93.00
93.01 04951 OUTSIDE SERVICES	390,491	15,659	406,150	1.102066	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	197,419,907	279,708,433	477,128,340			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	197,419,907	279,708,433	477,128,340			202.00

Cost Center Description	PPS Inpatient Ratio	Title XVIII	Hospital	PPS
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
40.00 04000 SUBPROVIDER - IPF				40.00
41.00 04100 SUBPROVIDER - IRF				41.00
42.00 04200 SUBPROVIDER				42.00
43.00 04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0.211603			50.00
50.01 05001 AMBULATORY SERVICES	1.398978			50.01
50.02 05002 ENDOSCOPY	0.207767			50.02
51.00 05100 RECOVERY ROOM	0.539782			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.551773			52.00
53.00 05300 ANESTHESIOLOGY	0.058111			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164666			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.443512			55.00
57.00 05700 CT SCAN	0.000000			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00 06000 LABORATORY	0.167568			60.00
60.01 06001 BLOOD LABORATORY	0.000000			60.01
65.00 06500 RESPIRATORY THERAPY	0.193190			65.00
66.00 06600 PHYSICAL THERAPY	0.828605			66.00
67.00 06700 OCCUPATIONAL THERAPY	0.502297			67.00
68.00 06800 SPEECH PATHOLOGY	0.815425			68.00
69.00 06900 ELECTROCARDIOLOGY	0.213354			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.007050			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047440			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348264			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095955			73.00
76.00 03950 SLEEP LAB	0.271906			76.00
76.97 07697 CARDIAC REHABILITATION	1.391167			76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0.326981			90.00
91.00 09100 EMERGENCY	0.370678			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.753960			92.00
93.00 04950 OUTPATIENT COUNSELING	4.522421			93.00
93.01 04951 OUTSIDE SERVICES	1.102066			93.01
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF				99.10
101.00 10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS				
109.00 10900 PANCREAS ACQUISITION				109.00
110.00 11000 INTESTINAL ACQUISITION				110.00
111.00 11100 ISLET ACQUISITION				111.00
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

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital	
			Total Costs	RCE	Costs	Cost
			3.00	Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	19,641,962		19,641,962	0	19,641,962	30.00
31.00 03100 INTENSIVE CARE UNIT	6,071,935		6,071,935	0	6,071,935	31.00
40.00 04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	952,406		952,406	0	952,406	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,705,531		10,705,531	0	10,705,531	50.00
50.01 05001 AMBULATORY SERVICES	2,604,260		2,604,260	0	2,604,260	50.01
50.02 05002 ENDOSCOPY	1,645,458		1,645,458	0	1,645,458	50.02
51.00 05100 RECOVERY ROOM	1,083,725		1,083,725	0	1,083,725	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,501,092		3,501,092	0	3,501,092	52.00
53.00 05300 ANESTHESIOLOGY	554,961		554,961	0	554,961	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,376,102		16,376,102	0	16,376,102	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	16,863,137		16,863,137	0	16,863,137	55.00
57.00 05700 CT SCAN	0		0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00 06000 LABORATORY	10,988,394		10,988,394	0	10,988,394	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	2,822,274	0	2,822,274	0	2,822,274	65.00
66.00 06600 PHYSICAL THERAPY	4,449,366	0	4,449,366	0	4,449,366	66.00
67.00 06700 OCCUPATIONAL THERAPY	397,739	0	397,739	0	397,739	67.00
68.00 06800 SPEECH PATHOLOGY	249,892	0	249,892	0	249,892	68.00
69.00 06900 ELECTROCARDIOLOGY	1,097,636		1,097,636	0	1,097,636	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,816		2,816	0	2,816	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	337,131		337,131	0	337,131	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,592,747		8,592,747	0	8,592,747	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	6,380,141		6,380,141	0	6,380,141	73.00
76.00 03950 SLEEP LAB	526,431		526,431	0	526,431	76.00
76.97 07697 CARDIAC REHABILITATION	1,237,913		1,237,913	0	1,237,913	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	563,458		563,458	0	563,458	90.00
91.00 09100 EMERGENCY	9,345,623		9,345,623	0	9,345,623	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,668,898		2,668,898	0	2,668,898	92.00
93.00 04950 OUTPATIENT COUNSELING	1,886,668		1,886,668	0	1,886,668	93.00
93.01 04951 OUTSIDE SERVICES	447,604		447,604	0	447,604	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0		0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	131,995,300	0	131,995,300	0	131,995,300	200.00
201.00 Less Observation Beds	2,668,898		2,668,898	0	2,668,898	201.00
202.00 Total (see instructions)	129,326,402	0	129,326,402	0	129,326,402	202.00

Cost Center Description	Title XIX		Hospital		TEFRA Inpatient Ratio	Cost
	Charges			Cost or Other Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,862,438		27,862,438			30.00
31.00 03100 INTENSIVE CARE UNIT	7,144,239		7,144,239			31.00
40.00 04000 SUBPROVIDER - IPF	0		0			40.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	1,780,572		1,780,572			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	20,843,127	29,749,420	50,592,547	0.211603	0.000000	50.00
50.01 05001 AMBULATORY SERVICES	13,399	1,848,145	1,861,544	1.398978	0.000000	50.01
50.02 05002 ENDOSCOPY	1,125,649	6,794,066	7,919,715	0.207767	0.000000	50.02
51.00 05100 RECOVERY ROOM	693,607	1,314,102	2,007,709	0.539782	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,272,289	72,878	6,345,167	0.551773	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	2,535,510	7,014,564	9,550,074	0.058111	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25,755,366	73,695,077	99,450,443	0.164666	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	38,021,849	38,021,849	0.443512	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	19,202,573	46,373,209	65,575,782	0.167568	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	12,928,932	1,679,864	14,608,796	0.193190	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	988,061	4,381,648	5,369,709	0.828605	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	255,765	536,075	791,840	0.502297	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	91,432	215,024	306,456	0.815425	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	1,277,132	3,867,536	5,144,668	0.213354	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	180,179	219,250	399,429	0.007050	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,789,252	3,317,228	7,106,480	0.047440	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	15,009,937	9,663,150	24,673,087	0.348264	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	44,298,526	22,192,764	66,491,290	0.095955	0.000000	73.00
76.00 03950 SLEEP LAB	0	1,936,077	1,936,077	0.271906	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	2,210	887,628	889,838	1.391167	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 09000 CLINIC	20,253	1,702,962	1,723,215	0.326981	0.000000	90.00
91.00 09100 EMERGENCY	4,197,524	21,014,683	25,212,207	0.370678	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	761,444	2,778,394	3,539,838	0.753960	0.000000	92.00
93.00 04950 OUTPATIENT COUNSELING	0	417,181	417,181	4.522421	0.000000	93.00
93.01 04951 OUTSIDE SERVICES	390,491	15,659	406,150	1.102066	0.000000	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00 Subtotal (see instructions)	197,419,907	279,708,433	477,128,340			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	197,419,907	279,708,433	477,128,340			202.00

Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
40.00 04000 SUBPROVIDER - IPF				40.00
41.00 04100 SUBPROVIDER - IRF				41.00
42.00 04200 SUBPROVIDER				42.00
43.00 04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0.000000			50.00
50.01 05001 AMBULATORY SERVICES	0.000000			50.01
50.02 05002 ENDOSCOPY	0.000000			50.02
51.00 05100 RECOVERY ROOM	0.000000			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00 05300 ANESTHESIOLOGY	0.000000			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00 05700 CT SCAN	0.000000			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00 06000 LABORATORY	0.000000			60.00
60.01 06001 BLOOD LABORATORY	0.000000			60.01
65.00 06500 RESPIRATORY THERAPY	0.000000			65.00
66.00 06600 PHYSICAL THERAPY	0.000000			66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00 06800 SPEECH PATHOLOGY	0.000000			68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00 03950 SLEEP LAB	0.000000			76.00
76.97 07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00 09000 CLINIC	0.000000			90.00
91.00 09100 EMERGENCY	0.000000			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00 04950 OUTPATIENT COUNSELING	0.000000			93.00
93.01 04951 OUTSIDE SERVICES	0.000000			93.01
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF				99.10
101.00 10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS				
109.00 10900 PANCREAS ACQUISITION				109.00
110.00 11000 INTESTINAL ACQUISITION				110.00
111.00 11100 ISLET ACQUISITION				111.00
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: 140286

Period: From 05/01/2014 To 04/30/2015
 Worksheet D Part I
 Date/Time Prepared: 9/24/2015 9:13 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	3,124,475	0	3,124,475	17,376	179.82	30.00
31.00 INTENSIVE CARE UNIT	656,486		656,486	2,740	239.59	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	100,327		100,327	1,356	73.99	43.00
200.00 Total (lines 30-199)	3,881,288		3,881,288	21,472		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	7,754	1,394,324	30.00			
31.00 INTENSIVE CARE UNIT	1,546	370,406	31.00			
40.00 SUBPROVIDER - IPF	0	0	40.00			
41.00 SUBPROVIDER - IRF	0	0	41.00			
42.00 SUBPROVIDER	0	0	42.00			
43.00 NURSERY	0	0	43.00			
200.00 Total (lines 30-199)	9,300	1,764,730	200.00			

Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,816,151	50,592,547	0.035898	9,997,330	358,884 50.00
50.01 05001 AMBULATORY SERVICES	481,174	1,861,544	0.258481	9,751	2,520 50.01
50.02 05002 ENDOSCOPY	272,243	7,919,715	0.034375	710,154	24,412 50.02
51.00 05100 RECOVERY ROOM	189,636	2,007,709	0.094454	324,285	30,630 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	327,420	6,345,167	0.051601	17,681	912 52.00
53.00 05300 ANESTHESIOLOGY	93,588	9,550,074	0.009800	1,247,084	12,221 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,174,147	99,450,443	0.031917	14,826,526	473,218 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,530,199	38,021,849	0.040245	0	0 55.00
57.00 05700 CT SCAN	0	0	0.000000	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0 59.00
60.00 06000 LABORATORY	1,345,382	65,575,782	0.020516	10,663,873	218,780 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	231,307	14,608,796	0.015833	8,846,158	140,061 65.00
66.00 06600 PHYSICAL THERAPY	687,705	5,369,709	0.128071	676,631	86,657 66.00
67.00 06700 OCCUPATIONAL THERAPY	11,357	791,840	0.014343	161,061	2,310 67.00
68.00 06800 SPEECH PATHOLOGY	6,054	306,456	0.019755	73,998	1,462 68.00
69.00 06900 ELECTROCARDIOLOGY	137,281	5,144,668	0.026684	763,904	20,384 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	257	399,429	0.000643	107,849	69 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,743	7,106,480	0.002356	2,096,874	4,940 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	345,639	24,673,087	0.014009	8,028,204	112,467 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	364,434	66,491,290	0.005481	20,586,132	112,833 73.00
76.00 03950 SLEEP LAB	54,203	1,936,077	0.027996	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	363,151	889,838	0.408109	1,134	463 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00 09000 CLINIC	40,052	1,723,215	0.023243	14,149	329 90.00
91.00 09100 EMERGENCY	1,633,615	25,212,207	0.064795	2,342,944	151,811 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	424,544	3,539,838	0.119933	459,278	55,083 92.00
93.00 04950 OUTPATIENT COUNSELING	172,894	417,181	0.414434	0	0 93.00
93.01 04951 OUTSIDE SERVICES	10,775	406,150	0.026530	262,594	6,967 93.01
200.00 Total (lines 50-199)	13,729,951	440,341,091		82,217,594	1,817,413 200.00

Cost Center Description	Title XVIII			Hospital	PPS
	Nursing School	Allied Health	All Other	Swing-Bed	Total Costs
	Cost	Cost	Medical	Adjustment	(sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	0	0	0	0 43.00
200.00 Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description	Total Patient Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	17,376	0.00	7,754	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,740	0.00	1,546	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	1,356	0.00	0	0	43.00
200.00 Total (lines 30-199)	21,472		9,300	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet D
Part IV
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	Title XVIII				Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	Hospital All Other Medical Education Cost	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	0 50.00
50.01 05001 AMBULATORY SERVICES	0	0	0	0	0 50.01
50.02 05002 ENDOSCOPY	0	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03950 SLEEP LAB	0	0	0	0	0 76.00
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
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0 90.00
91.00 09100 EMERGENCY	0	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950 OUTPATIENT COUNSELING	0	0	0	0	0 93.00
93.01 04951 OUTSIDE SERVICES	0	0	0	0	0 93.01
200.00 Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet D
Part IV
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital	
		Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	50,592,547	0.000000	0.000000	9,997,330 50.00
50.01 05001 AMBULATORY SERVICES	0	1,861,544	0.000000	0.000000	9,751 50.01
50.02 05002 ENDOSCOPY	0	7,919,715	0.000000	0.000000	710,154 50.02
51.00 05100 RECOVERY ROOM	0	2,007,709	0.000000	0.000000	324,285 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,345,167	0.000000	0.000000	17,681 52.00
53.00 05300 ANESTHESIOLOGY	0	9,550,074	0.000000	0.000000	1,247,084 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	99,450,443	0.000000	0.000000	14,826,526 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	38,021,849	0.000000	0.000000	0 55.00
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	65,575,782	0.000000	0.000000	10,663,873 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
65.00 06500 RESPIRATORY THERAPY	0	14,608,796	0.000000	0.000000	8,846,158 65.00
66.00 06600 PHYSICAL THERAPY	0	5,369,709	0.000000	0.000000	676,631 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	791,840	0.000000	0.000000	161,061 67.00
68.00 06800 SPEECH PATHOLOGY	0	306,456	0.000000	0.000000	73,998 68.00
69.00 06900 ELECTROCARDIOLOGY	0	5,144,668	0.000000	0.000000	763,904 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	399,429	0.000000	0.000000	107,849 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,106,480	0.000000	0.000000	2,096,874 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	24,673,087	0.000000	0.000000	8,028,204 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66,491,290	0.000000	0.000000	20,586,132 73.00
76.00 03950 SLEEP LAB	0	1,936,077	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	889,838	0.000000	0.000000	1,134 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	1,723,215	0.000000	0.000000	14,149 90.00
91.00 09100 EMERGENCY	0	25,212,207	0.000000	0.000000	2,342,944 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,539,838	0.000000	0.000000	459,278 92.00
93.00 04950 OUTPATIENT COUNSELING	0	417,181	0.000000	0.000000	0 93.00
93.01 04951 OUTSIDE SERVICES	0	406,150	0.000000	0.000000	262,594 93.01
200.00 Total (lines 50-199)	0	440,341,091			82,217,594 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period: 05/01/2014 To 04/30/2015
 Worksheet D Part IV
 Date/Time Prepared: 9/24/2015 9:13 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	PPS
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5,683,557	0	50.00
50.01	05001 AMBULATORY SERVICES	0	524,844	0	50.01
50.02	05002 ENDOSCOPY	0	1,778,588	0	50.02
51.00	05100 RECOVERY ROOM	0	225,048	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,565	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,520,183	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,549,703	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,341,927	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	7,769,992	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	695,592	0	65.00
66.00	06600 PHYSICAL THERAPY	0	225,544	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	21,977	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,094	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,051,979	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	66,575	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	904,176	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,870,799	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,771,178	0	73.00
76.00	03950 SLEEP LAB	0	529,052	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	364,891	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	647,146	0	90.00
91.00	09100 EMERGENCY	0	2,755,492	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	926,157	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	35,913	0	93.00
93.01	04951 OUTSIDE SERVICES	0	8,579	0	93.01
200.00	Total (lines 50-199)	0	70,287,551	0	200.00

Cost Center Description	Title XVIII Hospital PPS					
	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges		Costs	
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.211603	5,683,557	0	0	1,202,658	50.00
50.01 05001 AMBULATORY SERVICES	1.398978	524,844	0	0	734,245	50.01
50.02 05002 ENDOSCOPY	0.207767	1,778,588	0	0	369,532	50.02
51.00 05100 RECOVERY ROOM	0.539782	225,048	0	0	121,477	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.551773	2,565	0	0	1,415	52.00
53.00 05300 ANESTHESIOLOGY	0.058111	1,520,183	0	0	88,339	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164666	20,549,703	0	0	3,383,837	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.443512	14,341,927	0	0	6,360,817	55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.167568	7,769,992	0	0	1,302,002	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.193190	695,592	0	0	134,381	65.00
66.00 06600 PHYSICAL THERAPY	0.828605	225,544	0	0	186,887	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.502297	21,977	0	0	11,039	67.00
68.00 06800 SPEECH PATHOLOGY	0.815425	16,094	0	0	13,123	68.00
69.00 06900 ELECTROCARDIOLOGY	0.213354	1,051,979	0	0	224,444	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.007050	66,575	0	0	469	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047440	904,176	0	0	42,894	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348264	2,870,799	0	0	999,796	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095955	6,771,178	0	140,269	649,728	73.00
76.00 03950 SLEEP LAB	0.271906	529,052	0	0	143,852	76.00
76.97 07697 CARDIAC REHABILITATION	1.391167	364,891	0	0	507,624	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.326981	647,146	0	0	211,604	90.00
91.00 09100 EMERGENCY	0.370678	2,755,492	0	0	1,021,400	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.753960	926,157	0	0	698,285	92.00
93.00 04950 OUTPATIENT COUNSELING	4.522421	35,913	0	0	162,414	93.00
93.01 04951 OUTSIDE SERVICES	1.102066	8,579	0	0	9,455	93.01
200.00 Subtotal (see instructions)		70,287,551	0	140,269	18,581,717	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		70,287,551	0	140,269	18,581,717	202.00

		Title XVIII		Hospital	PPS
Cost Center Description	Costs		6.00	7.00	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0		50.00
50.01	05001 AMBULATORY SERVICES	0	0		50.01
50.02	05002 ENDOSCOPY	0	0		50.02
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,460		73.00
76.00	03950 SLEEP LAB	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04950 OUTPATIENT COUNSELING	0	0		93.00
93.01	04951 OUTSIDE SERVICES	0	0		93.01
200.00	Subtotal (see instructions)	0	13,460		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	13,460		202.00

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			17,376 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			17,376 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)			15,015 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)			7,754 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)			19,641,962 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)			19,641,962 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)			19,641,962 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)			1,130.41 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,765,199 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)			8,765,199 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140286

Period: From 05/01/2014 To 04/30/2015
 worksheet D-1
 Date/Time Prepared: 9/24/2015 9:13 am

Cost Center Description	Title XVIII Hospital PPS				
	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
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	6,071,935	2,740	2,216.03	1,546	3,425,982
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					
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					15,718,008
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,909,189
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,764,730
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					1,817,413
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,582,143
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,327,046
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					2,361
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,130.41
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,668,898

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

worksheet D-1
Date/Time Prepared:
9/24/2015 9:13 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	3,124,475	19,641,962	0.159071	2,668,898	424,544 90.00
91.00 Nursing School cost	0	19,641,962	0.000000	2,668,898	0 91.00
92.00 Allied health cost	0	19,641,962	0.000000	2,668,898	0 92.00
93.00 All other Medical Education	0	19,641,962	0.000000	2,668,898	0 93.00

Cost Center Description	Title XVIII Ratio of Cost To Charges	Hospital		PPS Inpatient Program Costs (col. 1 x col. 2)
		Inpatient Program Charges		
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS		12,824,675		30.00
31.00 03100 INTENSIVE CARE UNIT		3,995,322		31.00
40.00 04000 SUBPROVIDER - IPF		0		40.00
41.00 04100 SUBPROVIDER - IRF		0		41.00
42.00 04200 SUBPROVIDER		0		42.00
43.00 04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0.211603	9,997,330	2,115,465	50.00
50.01 05001 AMBULATORY SERVICES	1.398978	9,751	13,641	50.01
50.02 05002 ENDOSCOPY	0.207767	710,154	147,547	50.02
51.00 05100 RECOVERY ROOM	0.539782	324,285	175,043	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.551773	17,681	9,756	52.00
53.00 05300 ANESTHESIOLOGY	0.058111	1,247,084	72,469	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164666	14,826,526	2,441,425	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.443512	0	0	55.00
57.00 05700 CT SCAN	0.000000	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00 06000 LABORATORY	0.167568	10,663,873	1,786,924	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.193190	8,846,158	1,708,989	65.00
66.00 06600 PHYSICAL THERAPY	0.828605	676,631	560,660	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.502297	161,061	80,900	67.00
68.00 06800 SPEECH PATHOLOGY	0.815425	73,998	60,340	68.00
69.00 06900 ELECTROCARDIOLOGY	0.213354	763,904	162,982	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.007050	107,849	760	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047440	2,096,874	99,476	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348264	8,028,204	2,795,934	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095955	20,586,132	1,975,342	73.00
76.00 03950 SLEEP LAB	0.271906	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.391167	1,134	1,578	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00 09000 CLINIC	0.326981	14,149	4,626	90.00
91.00 09100 EMERGENCY	0.370678	2,342,944	868,478	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.753960	459,278	346,277	92.00
93.00 04950 OUTPATIENT COUNSELING	4.522421	0	0	93.00
93.01 04951 OUTSIDE SERVICES	1.102066	262,594	289,396	93.01
200.00 Total (sum of lines 50-94 and 96-98)		82,217,594	15,718,008	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)		82,217,594		202.00

Cost Center Description	Title XIX	Hospital		Cost
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS		2,468,743		30.00
31.00 03100 INTENSIVE CARE UNIT		628,532		31.00
40.00 04000 SUBPROVIDER - IPF		0		40.00
41.00 04100 SUBPROVIDER - IRF		0		41.00
42.00 04200 SUBPROVIDER		0		42.00
43.00 04300 NURSERY		550,288		43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0.211603	838,924	177,519	50.00
50.01 05001 AMBULATORY SERVICES	1.398978	0	0	50.01
50.02 05002 ENDOSCOPY	0.207767	83,911	17,434	50.02
51.00 05100 RECOVERY ROOM	0.539782	34,652	18,705	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.551773	2,507,176	1,383,392	52.00
53.00 05300 ANESTHESIOLOGY	0.058111	165,420	9,613	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.164666	2,212,673	364,352	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.443512	0	0	55.00
57.00 05700 CT SCAN	0.000000	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00 06000 LABORATORY	0.167568	1,869,062	313,195	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.193190	867,495	167,591	65.00
66.00 06600 PHYSICAL THERAPY	0.828605	32,596	27,009	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.502297	8,155	4,096	67.00
68.00 06800 SPEECH PATHOLOGY	0.815425	2,084	1,699	68.00
69.00 06900 ELECTROCARDIOLOGY	0.213354	98,180	20,947	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.007050	19,325	136	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.047440	329,751	15,643	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.348264	437,189	152,257	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.095955	3,998,317	383,659	73.00
76.00 03950 SLEEP LAB	0.271906	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.391167	158	220	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00 09000 CLINIC	0.326981	1,415	463	90.00
91.00 09100 EMERGENCY	0.370678	449,163	166,495	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.753960	70,188	52,919	92.00
93.00 04950 OUTPATIENT COUNSELING	4.522421	0	0	93.00
93.01 04951 OUTSIDE SERVICES	1.102066	41,085	45,278	93.01
200.00 Total (sum of lines 50-94 and 96-98)		14,066,919	3,322,622	200.00
201.00 Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00 Net Charges (line 200 minus line 201)		14,066,919		202.00

	Title XVIII		Hospital	PPS
	0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00			0	1.00
1.01		6,555,163		1.01
1.02		9,425,606		1.02
1.03		0		1.03
1.04		0		1.04
2.00		1,018,312		2.00
2.01		0		2.01
2.02		0		2.02
3.00		0		3.00
4.00		91.53		4.00
Indirect Medical Education Adjustment				
5.00		0.00		5.00
6.00		0.00		6.00
7.00		0.00		7.00
7.01		0.00		7.01
8.00		0.00		8.00
8.01		0.00		8.01
8.02		0.00		8.02
9.00		0.00		9.00
10.00		0.00		10.00
11.00		0.00		11.00
12.00		0.00		12.00
13.00		0.00		13.00
14.00		0.00		14.00
15.00		0.00		15.00
16.00		0.00		16.00
17.00		0.00		17.00
18.00		0.00		18.00
19.00		0.000000		19.00
20.00		0.000000		20.00
21.00		0.000000		21.00
22.00		0		22.00
22.01		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00		0.00		23.00
24.00		0.00		24.00
25.00		0.00		25.00
26.00		0.000000		26.00
27.00		0.000000		27.00
28.00		0		28.00
28.01		0		28.01
29.00		0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet E
Part A
Date/Time Prepared:
9/24/2015 9:13 am

	Title XVIII		Hospital		PPS
	0	1.00	1.01	2.00	
29.01 Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0		29.01
Disproportionate Share Adjustment					
30.00 Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			1.75		30.00
31.00 Percentage of Medicaid patient days (see instructions)			14.78		31.00
32.00 Sum of lines 30 and 31			16.53		32.00
33.00 Allowable disproportionate share percentage (see instructions)			3.49		33.00
34.00 Disproportionate share adjustment (see instructions)			139,433		34.00
			Prior to October 1	On/After October 1	
	0	1.00	1.01	2.00	
Uncompensated Care Adjustment					
35.00 Total uncompensated care amount (see instructions)			9,046,380,143	7,647,644,885	35.00
35.01 Factor 3 (see instructions)			0.000099589	0.000079540	35.01
35.02 Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			900,919	608,294	35.02
35.03 Pro rata share of the hospital uncompensated care payment amount (see instructions)			377,645	353,311	35.03
36.00 Total uncompensated care (sum of columns 1 and 2 on line 35.03)			730,956		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00 Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0		40.00
41.00 Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	0	41.00
41.01 Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	0	41.01
42.00 Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00		42.00
43.00 Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0		43.00
44.00 Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000		44.00
45.00 Average weekly cost for dialysis treatments (see instructions)			0.00	0.00	45.00
46.00 Total additional payment (line 45 times line 44 times line 41.01)			0		46.00
47.00 Subtotal (see instructions)			17,869,470		47.00
48.00 Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0		48.00
49.00 Total payment for inpatient operating costs (see instructions)			17,869,470		49.00
50.00 Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)			1,469,840		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			1,705		54.00
55.00 Net organ acquisition cost (wkst. D-4 Pt. III, col. 1, line 69)			0		55.00
56.00 Cost of physicians' services in a teaching hospital (see instructions)			0		56.00
57.00 Routine service other pass through costs (from wkst. D, Pt. III, column 9, lines 30 through 35).			0		57.00
58.00 Ancillary service other pass through costs from wkst. D, Pt. IV, col. 11 line 200)			0		58.00
59.00 Total (sum of amounts on lines 49 through 58)			19,341,015		59.00
60.00 Primary payer payments			3,784		60.00
61.00 Total amount payable for program beneficiaries (line 59 minus line 60)			19,337,231		61.00
62.00 Deductibles billed to program beneficiaries			1,764,276		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140286

Period:
From 05/01/2014
To 04/30/2015

Worksheet E
Part A
Date/Time Prepared:
9/24/2015 9:13 am

	Title XVIII		Hospital	PPS
	0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00		34,759		63.00
64.00		204,107		64.00
65.00		132,670		65.00
66.00		142,494		66.00
67.00		17,670,866		67.00
68.00		0		68.00
69.00		0		69.00
70.00		0		70.00
70.50		0		70.50
70.89		0		70.89
70.90		0		70.90
70.91		0		70.91
70.92		0		70.92
70.93		49,177		70.93
70.94		-70,498		70.94
70.95		0		70.95
70.96	0	0		70.96
70.97	0	0		70.97
70.98		0		70.98
70.99		0		70.99
71.00		17,649,545		71.00
71.01		352,991		71.01
72.00		16,773,765		72.00
73.00		0		73.00
74.00		522,789		74.00
75.00		531,573		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00		0		90.00
91.00		0		91.00
92.00		0		92.00
93.00		0		93.00
94.00		0.00		94.00
95.00		0		95.00
96.00		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140286

Period: Worksheet E
 From 05/01/2014 Part A
 To 04/30/2015 Date/Time Prepared:
 9/24/2015 9:13 am

	Title XVIII		Hospital	PPS
	Prior to 10/1	1.00		
			1.01	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		0 101.00
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

		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		13,460	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,581,717	2.00
3.00	PPS payments		11,651,042	3.00
4.00	Outlier payment (see instructions)		293,664	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from 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)		13,460	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140,269	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		140,269	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		140,269	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		126,809	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		13,460	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, 8 and 9)		11,944,706	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		2,410,687	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} (for CAH, see instructions)		9,547,479	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)		9,547,479	30.00
31.00	Primary payer payments		817	31.00
32.00	Subtotal (line 30 minus line 31)		9,546,662	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)		197,158	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		128,153	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		152,047	36.00
37.00	Subtotal (see instructions)		9,674,815	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,674,815	40.00
40.01	Sequestration adjustment (see instructions)		193,496	40.01
41.00	Interim payments		9,468,326	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		12,993	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		193,496	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

		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		16,702,886		9,437,558	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) <u>Program to Provider</u>					3.00
3.01	ADJUSTMENTS TO PROVIDER	12/19/2014	70,879	12/19/2014	30,768	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
	<u>Provider to Program</u>					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		70,879		30,768	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)		16,773,765		9,468,326	4.00
	<u>TO BE COMPLETED BY CONTRACTOR</u>					
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) <u>Program to Provider</u>					5.00
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	<u>Provider to Program</u>					
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		522,789		12,993	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		17,296,554		9,481,319	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			8.00

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		4,893	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		9,300	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		1,712	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		17,755	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		477,128,340	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		7,968,469	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		866,972	8.00
9.00	Sequestration adjustment amount (see instructions)		17,339	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		849,633	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		830,459	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		19,174	32.00

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

Provider CCN: 140286

Period: From 05/01/2014 To 04/30/2015

Worksheet G

Date/Time Prepared: 9/24/2015 9:13 am

	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	14,142,359	0	0	0	1.00
2.00 Temporary investments	117,803,884	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	83,292,530	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-56,671,626	0	0	0	6.00
7.00 Inventory	3,745,229	0	0	0	7.00
8.00 Prepaid expenses	2,372,437	0	0	0	8.00
9.00 Other current assets	2,522,953	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	167,207,766	0	0	0	11.00
FIXED ASSETS					
12.00 Land	6,060,255	0	0	0	12.00
13.00 Land improvements	12,425,959	0	0	0	13.00
14.00 Accumulated depreciation	-6,891,479	0	0	0	14.00
15.00 Buildings	103,178,845	0	0	0	15.00
16.00 Accumulated depreciation	-40,023,998	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	699,656	0	0	0	19.00
20.00 Accumulated depreciation	-531,277	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	55,742,537	0	0	0	23.00
24.00 Accumulated depreciation	-47,201,956	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)	83,458,542	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	74,780,580	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	2,910,553	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	77,691,133	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	328,357,441	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	34,563,309	0	0	0	37.00
38.00 Salaries, wages, and fees payable	6,709,764	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	3,290,121	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	44,563,194	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	57,555,000	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	2,735,172	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	60,290,172	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	104,853,366	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	223,504,075				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)	223,504,075	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	328,357,441	0	0	0	60.00

	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		225,273,686			0
2.00 Net income (loss) (from Wkst. G-3, line 29)		20,783,588			0
3.00 Total (sum of line 1 and line 2)		246,057,274			0
4.00 OTHER	169,210		0		0
5.00 ADDITIONAL EXCESS REV OVER EXP	35,088		0		0
6.00	0		0		0
7.00	0		0		0
8.00	0		0		0
9.00	0		0		0
10.00 Total additions (sum of line 4-9)		204,298			0
11.00 Subtotal (line 3 plus line 10)		246,261,572			0
12.00 INVESTMENT IN/TRANSFR OF FUNDS/OTHER	22,757,497		0		0
13.00 OTHER	0		0		0
14.00	0		0		0
15.00	0		0		0
16.00	0		0		0
17.00	0		0		0
18.00 Total deductions (sum of lines 12-17)		22,757,497			0
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		223,504,075			0

	Endowment Fund	Plant Fund	
	6.00	7.00	8.00
1.00 Fund balances at beginning of period	0		0
2.00 Net income (loss) (from Wkst. G-3, line 29)			
3.00 Total (sum of line 1 and line 2)	0		0
4.00 OTHER		0	
5.00 ADDITIONAL EXCESS REV OVER EXP		0	
6.00		0	
7.00		0	
8.00		0	
9.00		0	
10.00 Total additions (sum of line 4-9)	0		0
11.00 Subtotal (line 3 plus line 10)	0		0
12.00 INVESTMENT IN/TRANSFR OF FUNDS/OTHER		0	
13.00 OTHER		0	
14.00		0	
15.00		0	
16.00		0	
17.00		0	
18.00 Total deductions (sum of lines 12-17)	0		0
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0

Cost Center Description	Inpatient 1.00	Outpatient 2.00	Total 3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	27,862,438		27,862,438	1.00
2.00 SUBPROVIDER - IPF	0		0	2.00
3.00 SUBPROVIDER - IRF	0		0	3.00
4.00 SUBPROVIDER	0		0	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)	27,862,438		27,862,438	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	7,144,239		7,144,239	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)	7,144,239		7,144,239	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	35,006,677		35,006,677	17.00
18.00 Ancillary services	155,262,946	253,779,553	409,042,499	18.00
19.00 Outpatient services	5,369,712	25,928,879	31,298,591	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY		0	0	22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
24.10 CORF	0	0	0	24.10
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 NURSERY / LAB GROSS UP / NON REIMB	5,416,418	8,600,666	14,017,084	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	201,055,753	288,309,098	489,364,851	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		153,776,286		29.00
30.00 FOUNDATION COSTS	2,568			30.00
31.00 HAUSER ROSS BUILDING COSTS	346,225			31.00
32.00 ROUNDING	1			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)		348,794		36.00
37.00 ROUNDING	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)		154,125,080		43.00

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	489,364,851	1.00
2.00	Less contractual allowances and discounts on patients' accounts	324,229,233	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,135,618	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	154,125,080	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,010,538	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	9,835,785	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,610,855	24.00
24.01	OTHER GAINS/LOSSES	284,622	24.01
24.02	ROUNDING	0	24.02
25.00	Total other income (sum of lines 6-24)	12,731,262	25.00
26.00	Total (line 5 plus line 25)	23,741,800	26.00
27.00	UNREALIZED GAINS/LOSSES	2,958,212	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	2,958,212	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	20,783,588	29.00

		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,277,600	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		192,240	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)		49.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,469,840	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