

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: 141340 Period: From 05/01/2014 To 04/30/2015 Worksheet 5 Parts I-III Date/Time Prepared: 9/22/2015 5:03 pm

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report Date: 9/22/2015 Time: 5:03 pm
 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.

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

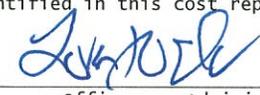
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR 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 VALLEY WEST COMMUNITY HOSPITAL (141340) 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: 9/22/2015 Time: 5:03 pm
 mBR6NL5bzb8krIBbHAb35ZU.:1JE80
 Hgxc60WTUub.TRRFRmGUu81qeFXRHG
 9TPF0lk4zMOF9UQQ
 PI: Date: 9/22/2015 Time: 5:03 pm
 BM0gu:T5:Vdxu.SI49YI3XN1NSXot0
 F0jkk0iQK0bk7ugIPOBwg6Pgk:yybm
 ERYF0f148e0j2XR6

(Signed) 
 officer or Administrator of Provider(s)
 KHS Vice President - Finance
 Title
 9/23/2015
 Date

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	250,009	663,880	42,737	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	Total	0	250,009	663,880	42,737	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: 1302 N. MAIN STREET	PO Box:		State: IL			Zip Code: 60548-		County: DEKALB		1.00
2.00	City: SANDWICH	Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			2.00
		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	VALLEY WEST COMMUNITY HOSPITAL		141340	16974	1	08/02/2004	N	O	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										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
17.20	Hospital-Based (OPT) I										17.20
17.30	Hospital-Based (OOT) I										17.30
17.40	Hospital-Based (OSP) I										17.40
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.							N	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							N	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.	0	0	0	0	0	0	0	0	24.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days					
	1.00	2.00	3.00	4.00	5.00	6.00	25.00				
25.00	0	0	0	0	0	0	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.											
					Urban/Rural S	Date of Geogr					
					1.00	2.00					
26.00					1		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.											
27.00					1		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.											
35.00					0		35.00				
If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.											
					Beginning:	Ending:					
					1.00	2.00					
36.00							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.											
37.00					0		37.00				
If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.											
38.00							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.											
					Y/N	Y/N					
					1.00	2.00					
39.00					N	N	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)											
40.00					N	N	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)											
					V	XVIII	XIX				
					1.00	2.00	3.00				
Prospective Payment System (PPS)-Capital											
45.00					N	N	N	45.00			
Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)											
46.00					N	N	N	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.											
47.00					N	N	N	47.00			
Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.											
48.00					N	N	N	48.00			
Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.											
Teaching Hospitals											
56.00					N			56.00			
Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.											
57.00								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.											
58.00					N			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.											
59.00					N			59.00			
Are costs claimed on line 100 of worksheet A? If yes, complete Wkst. D-2, Pt. I.											
60.00					N			60.00			
Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)											
					Y/N	IME	Direct GME				
					1.00	2.00	3.00	4.00			
								IME			
								Direct GME			
61.00					N			0.00	0.00	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)											
61.01						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)											
61.02						0.00	0.00				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)											

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.03			0.00	0.00		61.03
Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						
61.04		0.00	0.00			61.04
Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						
61.05		0.00	0.00			61.05
Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						
61.06		0.00	0.00			61.06
Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						

	Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME Count	
	1.00	2.00	3.00	4.00	5.00	
61.10				0.00	0.00	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.						
61.20				0.00	0.00	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.						

				1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00					0.00 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)					
62.01					0.00 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)					
Teaching Hospitals that Claim Residents in Nonprovider Settings					
63.00				N	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)					

		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			0.00	0.00	0.000000 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)					

	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	

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00
							1.00 2.00 3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N	70.00
71.00	If line 70 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
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

		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, 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
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
		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	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	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	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	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	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)?			Y	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. 8, 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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		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
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	Losses	Insurance	
	1.00	2.00	3.00	
118.01 List amounts of malpractice premiums and paid losses:	0	0	1,516,831	118.01
		1.00	2.00	
118.02 Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00 DO NOT USE THIS LINE				119.00
120.00 Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00 Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information				
125.00 Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00 If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00 If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00 If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00 If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00 If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00 If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00 If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00 If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00 If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers				
140.00 Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H134	140.00
	1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00 Name: KISHHEALTH SYSTEM	Contractor's Name: NGS		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 Are provider based physicians' costs included in Worksheet A?			Y	144.00
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.			Y	145.00
			1.00	
			2.00	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
	Part A	Part B	Title V	Title XIX
	1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00 Hospital	N	N	N	N
156.00 Subprovider - IPF	N	N	N	N
157.00 Subprovider - IRF	N	N	N	N
158.00 SUBPROVIDER				
159.00 SNF	N	N	N	N
160.00 HOME HEALTH AGENCY	N	N	N	N
161.00 CMHC		N	N	N
161.10 CORF		N	N	N
161.20 OPT		N	N	N
161.30 OOT		N	N	N

	Part A	Part B	Title V	Title XIX	
161.40OSP	1.00	2.00	3.00	4.00	161.40
		N	N	N	

1.00

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

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

166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions) 0.00 166.00

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) 53,965 168.00

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) 0.00 169.00

Beginning	Ending
1.00	2.00

170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy) 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
		Y/N		
		1.00		
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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/25/2015	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.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

Description	Part A		Part B	
	Y/N	Date	Y/N	
0	1.00	2.00	3.00	
21.00 Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
			1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00 Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00 Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00 were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00 Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00 Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00 Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense				
28.00 Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00 Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00 Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00 Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services				
32.00 Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
Provider-Based Physicians				
34.00 Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00 If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			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	36.00
37.00 If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00 If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00 If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00 If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
			1.00	
			2.00	
Cost Report Preparer Contact Information				
41.00 Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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)	08/25/2015	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.	REIMBURSEMENT SPECIALIST/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	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	21	7,665	55,799.11		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)		21	7,665	55,799.11		0 7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	2,813.34		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)		25	9,125	58,612.45		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF						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
25.20 CMHC - OPT	99.20					0 25.20
25.30 CMHC - OOT	99.30					0 25.30
25.40 CMHC - OSP	99.40					0 25.40
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)		25				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)	1,178	336	2,226			1.00
2.00 HMO and other (see instructions)	149	0				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,178	336	2,226			7.00
8.00 INTENSIVE CARE UNIT	104	18	174			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		57	354			13.00
14.00 Total (see instructions)	1,282	411	2,754	0.00	187.20	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						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						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
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	187.20	27.00
28.00 Observation Bed Days		0	527			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	0	55			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 Equivalents	Title V	Title XVIII	Title XIX			
	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	458	162	975	1.00
2.00 HMO and other (see instructions)				47	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	458	162	975	14.00	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	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
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
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

		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)		0.364031		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,908,234		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		20,125,153		6.00
7.00	Medicaid cost (line 1 times line 6)		7,326,180		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)		2,417,946		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		14,281		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,417,946		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,221,772	567,136	1,788,908	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	444,763	206,455	651,218	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	444,763	206,455	651,218	23.00
		1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		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)		2,568,371		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		470,706		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,097,665		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		763,615		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,414,833		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,832,779		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A

Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		2,998,521	2,998,521	-1,190,985	1,807,536	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,285,302	1,285,302	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	3,585,686	3,585,686	0	3,585,686	4.00
5.01 00540 NONPATIENT TELEPHONES	0	551,573	551,573	0	551,573	5.01
5.02 00550 DATA PROCESSING	0	279,628	279,628	0	279,628	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	101,266	8,097	109,363	0	109,363	5.03
5.04 00570 ADMITTING	466,112	5,751	471,863	0	471,863	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	72,840	230,494	303,334	0	303,334	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	702,951	7,740,493	8,443,444	-64,537	8,378,907	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	283,326	1,253,953	1,537,279	0	1,537,279	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	82,914	82,914	0	82,914	8.00
9.00 00900 HOUSEKEEPING	287,876	171,432	459,308	0	459,308	9.00
10.00 01000 DIETARY	380,171	180,142	560,313	-445,621	114,692	10.00
11.00 01100 CAFETERIA	0	0	0	445,621	445,621	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	95,024	1,035,884	1,130,908	19	1,130,927	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	49,748	260,345	310,093	-100,281	209,812	14.00
15.00 01500 PHARMACY	522,697	644,954	1,167,651	-601,884	565,767	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	355,271	138,541	493,812	0	493,812	16.00
17.00 01700 SOCIAL SERVICE	163,303	266	163,569	31,308	194,877	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,357,927	203,715	2,561,642	-332,934	2,228,708	30.00
31.00 03100 INTENSIVE CARE UNIT	221,479	739	222,218	-901	221,317	31.00
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	402,036	402,036	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,095,584	1,731,082	2,826,666	-1,096,150	1,730,516	50.00
51.00 05100 RECOVERY ROOM	118,067	10,785	128,852	0	128,852	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	138,555	138,555	52.00
53.00 05300 ANESTHESIOLOGY	0	314,550	314,550	0	314,550	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,032,023	1,254,419	2,286,442	0	2,286,442	54.00
55.00 05480 ONCOLOGY	141,578	1,008,891	1,150,469	991	1,151,460	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	688,550	889,000	1,577,550	-652	1,576,898	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	16,772	16,772	64.00
65.00 06500 RESPIRATORY THERAPY	396,254	52,826	449,080	3,904	452,984	65.00
66.00 06600 PHYSICAL THERAPY	101,391	1,712	103,103	0	103,103	66.00
66.01 06601 O/P PHYSICAL THERAPY	306,594	84,782	391,376	0	391,376	66.01
69.00 06900 ELECTROCARDIOLOGY	13,851	514	14,365	0	14,365	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	764,042	764,042	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	429,566	429,566	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	532,272	532,272	73.00
76.00 03020 CLINICAL NUTRITION	70,606	694	71,300	11	71,311	76.00
76.01 03950 SLEEP LAB	0	59,497	59,497	4,050	63,547	76.01
76.97 07697 CARDIAC REHABILITATION	111,659	10,501	122,160	107,027	229,187	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	37,088	3,123	40,211	9,879	50,090	90.00
91.00 09100 EMERGENCY	1,287,926	2,339,467	3,627,393	95,268	3,722,661	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A

Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
113.00 11300 INTEREST EXPENSE		79,214	79,214	-79,214		0 113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,461,162	27,214,185	38,675,347	353,464		39,028,811 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	-1,427	-1,427	0		-1,427 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	542,532	542,532	-368,441		174,091 192.00
194.00 07950 COMMUNITY WELLNESS	283,566	156,496	440,062	14,977		455,039 194.00
200.00 TOTAL (SUM OF LINES 118-199)	11,744,728	27,911,786	39,656,514	0		39,656,514 200.00

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	152,564	1,960,100	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	229,257	1,514,559	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	232,953	3,818,639	4.00
5.01	00540 NONPATIENT TELEPHONES	0	551,573	5.01
5.02	00550 DATA PROCESSING	0	279,628	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	109,363	5.03
5.04	00570 ADMITTING	0	471,863	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-16,662	286,672	5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	-1,721,471	6,657,436	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-8,360	1,528,919	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	82,914	8.00
9.00	00900 HOUSEKEEPING	0	459,308	9.00
10.00	01000 DIETARY	-3,952	110,740	10.00
11.00	01100 CAFETERIA	-102,751	342,870	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-1,034,460	96,467	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-9,191	200,621	14.00
15.00	01500 PHARMACY	0	565,767	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-14,825	478,987	16.00
17.00	01700 SOCIAL SERVICE	0	194,877	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-182,032	2,046,676	30.00
31.00	03100 INTENSIVE CARE UNIT	0	221,317	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	402,036	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-34,800	1,695,716	50.00
51.00	05100 RECOVERY ROOM	0	128,852	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	138,555	52.00
53.00	05300 ANESTHESIOLOGY	-253,250	61,300	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-136,614	2,149,828	54.00
55.00	03480 ONCOLOGY	-320,568	830,892	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	1,576,898	60.00
64.00	06400 INTRAVENOUS THERAPY	0	16,772	64.00
65.00	06500 RESPIRATORY THERAPY	0	452,984	65.00
66.00	06600 PHYSICAL THERAPY	0	103,103	66.00
66.01	06601 O/P PHYSICAL THERAPY	-5,467	385,909	66.01
69.00	06900 ELECTROCARDIOLOGY	0	14,365	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-5,379	758,663	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	429,566	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-11,824	520,448	73.00
76.00	03020 CLINICAL NUTRITION	-460	70,851	76.00
76.01	03950 SLEEP LAB	0	63,547	76.01
76.97	07697 CARDIAC REHABILITATION	0	229,187	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	50,090	90.00
91.00	09100 EMERGENCY	-1,755,667	1,966,994	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
99.20	09920 OPT	0	0	99.20
99.30	09930 OOT	0	0	99.30
99.40	09940 OSP	0	0	99.40
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)	-5,002,959	34,025,852	118.00

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,114	2,687	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	174,091	192.00
194.00 07950 COMMUNITY WELLNESS	-109,520	345,519	194.00
200.00 TOTAL (SUM OF LINES 118-199)	-5,108,365	34,548,149	200.00

	Cost Center	Increases			
		Line #	Salary		
	2.00	3.00	4.00	5.00	
A - NURSING ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	19	0	1.00
	TOTALS		19	0	
B - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	532,272	1.00
	TOTALS		0	532,272	
C - NURSERY AND DELIVERY AND LABOR ROOM					
1.00	NURSERY	43.00	371,378	30,658	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	127,989	10,566	2.00
	TOTALS		499,367	41,224	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,193,608	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	16,772	2.00
	TOTALS		0	1,210,380	
E - EQUIPMENT LEASE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	94,317	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	94,317	
F - CAFETERIA					
1.00	CAFETERIA	11.00	302,353	143,268	1.00
	TOTALS		302,353	143,268	
G - INTEREST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	79,214	1.00
	TOTALS		0	79,214	
H - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,190,985	1.00
	TOTALS		0	1,190,985	
I - EMPLOYEE BENEFITS					
1.00		0.00	0	0	1.00
	TOTALS		0	0	
J - EMPLOYEE BENEFIT ALLOCATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,822	1.00
	TOTALS		0	5,822	
K - CONTINUITY OF CARE					
1.00	SOCIAL SERVICE	17.00	45,322	81,254	1.00
	TOTALS		45,322	81,254	
L - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	19,256	7,485	1.00
	TOTALS		19,256	7,485	
M - OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	5,078	17	1.00
	TOTALS		5,078	17	
N - MOB RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	209,806	1.00
2.00	CLINICAL NUTRITION	76.00	0	26,752	2.00
3.00	CARDIAC REHABILITATION	76.97	0	107,027	3.00
4.00	CLINIC	90.00	0	9,879	4.00
5.00	COMMUNITY WELLNESS	194.00	0	14,977	5.00
	TOTALS		0	368,441	
O - ON CALL SOCIAL SERVICE					
1.00	EMERGENCY	91.00	95,113	155	1.00
	TOTALS		95,113	155	
P - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	429,566	1.00
	TOTALS		0	429,566	
Q - MEDICAL DIRECTOR RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	176,171	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,194	2.00
3.00	OPERATING ROOM	50.00	0	34,800	3.00
4.00	OPERATING ROOM	50.00	0	2,447	4.00
5.00	ONCOLOGY	55.00	0	6,813	5.00
6.00	RESPIRATORY THERAPY	65.00	0	4,194	6.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
7.00	SLEEP LAB	76.01	0	4,050	7.00	
	TOTALS		0	232,669		
500.00	Grand Total: Increases		966,508	4,417,069	500.00	

		Decreases			
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.
	6.00	7.00	8.00	9.00	10.00
A - NURSING ADMINISTRATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	19	0	0
	TOTALS		19	0	
B - DRUGS SOLD					
1.00	PHARMACY	15.00	0	532,272	0
	TOTALS		0	532,272	
C - NURSERY AND DELIVERY AND LABOR ROOM					
1.00	ADULTS & PEDIATRICS	30.00	499,367	41,224	0
2.00		0.00	0	0	0
	TOTALS		499,367	41,224	
D - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	80,397	0
2.00	OPERATING ROOM	50.00	0	1,129,983	0
	TOTALS		0	1,210,380	
E - EQUIPMENT LEASE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115	10
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,884	0
3.00	PHARMACY	15.00	0	69,612	0
4.00	ADULTS & PEDIATRICS	30.00	0	350	0
5.00	OPERATING ROOM	50.00	0	3,414	0
6.00	LABORATORY	60.00	0	652	0
7.00	RESPIRATORY THERAPY	65.00	0	290	0
	TOTALS		0	94,317	
F - CAFETERIA					
1.00	DIETARY	10.00	302,353	143,268	0
	TOTALS		302,353	143,268	
G - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	79,214	0
	TOTALS		0	79,214	
H - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,190,985	9
	TOTALS		0	1,190,985	
I - EMPLOYEE BENEFITS					
1.00		0.00	0	0	0
	TOTALS		0	0	
J - EMPLOYEE BENEFIT ALLOCATION					
1.00	ONCOLOGY	55.00	0	5,822	0
	TOTALS		0	5,822	
K - CONTINUITY OF CARE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	45,322	81,254	0
	TOTALS		45,322	81,254	
L - ROUTINE DIABETES					
1.00	CLINICAL NUTRITION	76.00	19,256	7,485	0
	TOTALS		19,256	7,485	
M - OBSERVATION					
1.00	INTENSIVE CARE UNIT	31.00	5,078	17	0
	TOTALS		5,078	17	
N - MOB RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	368,441	0
2.00		0.00	0	0	0
3.00		0.00	0	0	0
4.00		0.00	0	0	0
5.00		0.00	0	0	0
	TOTALS		0	368,441	
O - ON CALL SOCIAL SERVICE					
1.00	SOCIAL SERVICE	17.00	95,113	155	0
	TOTALS		95,113	155	
P - IMPLANTABLE DEVICES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	429,566	0
	TOTALS		0	429,566	
Q - MEDICAL DIRECTOR RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	232,669	0
2.00		0.00	0	0	0
3.00		0.00	0	0	0
4.00		0.00	0	0	0
5.00		0.00	0	0	0
6.00		0.00	0	0	0
7.00		0.00	0	0	0

		Decreases			
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00	
TOTALS		0	232,669		
500.00	Grand Total: Decreases		966,508	4,417,069	500.00

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,279,463	0	0	0	1.00
2.00	Land Improvements	2,367,492	0	0	0	2.00
3.00	Buildings and Fixtures	22,553,283	546,576	0	546,576	3.00
4.00	Building Improvements	420,249	0	0	0	4.00
5.00	Fixed Equipment	8,787,412	528,605	0	528,605	5.00
6.00	Movable Equipment	12,726,146	313,301	0	313,301	6.00
7.00	HIT designated Assets	208,625	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	48,342,670	1,388,482	0	1,388,482	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	48,342,670	1,388,482	0	1,388,482	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,279,463	0			1.00
2.00	Land Improvements	2,367,492	0			2.00
3.00	Buildings and Fixtures	23,099,859	0			3.00
4.00	Building Improvements	420,249	0			4.00
5.00	Fixed Equipment	9,312,496	0			5.00
6.00	Movable Equipment	12,840,532	0			6.00
7.00	HIT designated Assets	208,625	0			7.00
8.00	Subtotal (sum of lines 1-7)	49,528,716	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	49,528,716	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	2,998,521	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)	2,998,521	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	2,998,521	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00 Total (sum of lines 1-2)	0	2,998,521	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part III
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance
		1.00	2.00	3.00	4.00	5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	32,832,604	0	32,832,604	0.717037	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,049,157	92,499	12,956,658	0.282963	0 2.00
3.00	Total (sum of lines 1-2)	45,881,761	92,499	45,789,262	1.000000	0 3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL	
		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	1,960,100	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,420,242	94,317 2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,380,342	94,317 3.00
Cost Center Description		SUMMARY OF CAPITAL				
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of 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	0	0	0	0	1,960,100 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,514,559 2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,474,659 3.00

		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	3.00	4.00	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0 NEW CAP REL COSTS-BLDG & FIXT	1.00	0 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)		0		0.00	0 4.00	
5.00 Refunds and rebates of expenses (chapter 8)	B	-9,191	CENTRAL SERVICES & SUPPLY	14.00	0 5.00	
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00	
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00	
8.00 Television and radio service (chapter 21)	A	-8,360	OPERATION OF PLANT	7.00	0 8.00	
9.00 Parking lot (chapter 21)		0		0.00	0 9.00	
10.00 Provider-based physician adjustment	A-8-2	-3,671,317			0 10.00	
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,590	RADIOLOGY-DIAGNOSTIC	54.00	0 11.00	
12.00 Related organization transactions (chapter 10)	A-8-1	635,526			0 12.00	
13.00 Laundry and linen service		0		0.00	0 13.00	
14.00 Cafeteria-employees and guests	B	-102,751	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	B	-115	DRUGS CHARGED TO PATIENTS	73.00	0 17.00	
18.00 Sale of medical records and abstracts	B	-14,825	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 NONPHYSICIAN ANESTHETISTS	19.00	28.00	
29.00 Physicians' assistant		0		0.00	0 29.00	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00	
30.99 Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00	30.99	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00	

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A		Line #	wkst. A-7	Ref.
				To/From	Which the Amount is to be Adjusted			
1.00	2.00	3.00	4.00	5.00				
33.00	OTHER REVENUE	B	-4,367	O/P PHYSICAL THERAPY		66.01		0 33.00
34.00	MEDICAL STAFF CREDENTIALING	B	-4,200	OTHER ADMINISTRATIVE AND		5.06		0 34.00
	OTHR REV			GENERAL				
35.00	OTHER REVENUE	B	-5,379	MEDICAL SUPPLIES CHARGED TO		71.00		0 35.00
				PATIENTS				
36.00	INTEREST INCOME	B	-79,214	OTHER ADMINISTRATIVE AND		5.06		0 36.00
				GENERAL				
37.00	OTHER REVENUE	B	-172	OTHER ADMINISTRATIVE AND		5.06		0 37.00
				GENERAL				
38.00	PHARMACY REBATES	B	-11,709	DRUGS CHARGED TO PATIENTS		73.00		0 38.00
39.00	DIABETES COMMUNITY EDUCATION	B	-460	CLINICAL NUTRITION		76.00		0 39.00
39.01	MISC PT REVENUE	B	-1,100	O/P PHYSICAL THERAPY		66.01		0 39.01
39.02	OTHER REVENUE	B	-2,500	NURSING ADMINISTRATION		13.00		0 39.02
39.03	OTHER REVENUE	B	-104	OTHER ADMINISTRATIVE AND		5.06		0 39.03
				GENERAL				
40.00	PROVIDER TAX	A	-941,848	OTHER ADMINISTRATIVE AND		5.06		0 40.00
				GENERAL				
41.00	PHYSICIAN RECRUITMENT	A	-372,786	OTHER ADMINISTRATIVE AND		5.06		0 41.00
				GENERAL				
41.01	LOBBYIST PORTION OF DUES	A	-590	OTHER ADMINISTRATIVE AND		5.06		0 41.01
				GENERAL				
42.00	LOBBYIST PORTION OF DUES	A	-16,927	OTHER ADMINISTRATIVE AND		5.06		0 42.00
				GENERAL				
43.00	PROPERTY TAX	A	-3,701	OTHER ADMINISTRATIVE AND		5.06		0 43.00
				GENERAL				
44.00	DEPRECIATION TO STRAIGHTLINE	A	-27,149	NEW CAP REL COSTS-BLDG &		1.00		9 44.00
				FIXT				
44.01	DEPRECIATION TO STRAIGHTLINE	A	-22,987	NEW CAP REL COSTS-MVBLE		2.00		9 44.01
				EQUIP				
44.02	CONTRIBUTIONS	A	-8,799	OTHER ADMINISTRATIVE AND		5.06		0 44.02
				GENERAL				
44.03	CONTRIBUTIONS	A	-2,915	EMERGENCY		91.00		0 44.03
44.04	CONTRIBUTIONS	A	-109,520	COMMUNITY WELLNESS		194.00		0 44.04
44.05	MARKETING	A	-116,919	OTHER ADMINISTRATIVE AND		5.06		0 44.05
				GENERAL				
44.06	PENALTIES	A	-121	OTHER ADMINISTRATIVE AND		5.06		0 44.06
				GENERAL				
44.07	PHYSICIAN BILLING	A	-16,662	CASHIERING/ACCOUNTS		5.05		0 44.07
				RECEIVABLE				
44.08	PHYSICIAN MALPRACTICE	A	-58,448	OTHER ADMINISTRATIVE AND		5.06		0 44.08
				GENERAL				
44.09	PHYSICIAN MALPRACTICE	A	-72,920	OTHER ADMINISTRATIVE AND		5.06		0 44.09
				GENERAL				
44.10	MATERNITY GIFTS - DINNERS ON THE TOW	A	-4,375	ADULTS & PEDIATRICS		30.00		0 44.10
45.00	KHS MU ASSET RECORDED AT VW	A	-6,953	NEW CAP REL COSTS-MVBLE		2.00		9 45.00
				EQUIP				
45.01	KHS MU ASSET DEPR EXP EXCLUDED	A	102,666	NEW CAP REL COSTS-MVBLE		2.00		9 45.01
				EQUIP				
45.02	MU ASSET OFFSET	A	-144,259	NEW CAP REL COSTS-MVBLE		2.00		9 45.02
				EQUIP				
45.03	HOSPICE COSTS	A	-1,486	ADULTS & PEDIATRICS		30.00		0 45.03
45.04	MEALS ON WHEELS COST	A	-3,952	DIETARY		10.00		0 45.04
45.05	ADD BACK DONATED INV RCD EXPENSE	A	4,114	GIFT, FLOWER, COFFEE SHOP & CANTEEN		190.00		0 45.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-5,108,365					50.00

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

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	5.06	OTHER ADMINISTRATIVE AND GEN HOME OFFICE ADMINISTRATIVE	3,648,592	3,693,314	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX HOME OFFICE CAPITAL	179,713	0	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI HOME OFFICE CAPITAL	300,790	0	3.00
4.00	55.00	ONCOLOGY ONCOLOGY BUILDING RENT	49,058	82,266	4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT EMPLOYEE HEALTH INSURANCE	2,303,323	2,070,370	4.01
4.02	60.00	LABORATORY KH REF LAB WORK	62,871	62,871	4.02
4.03	0.00		0	0	4.03
5.00	0		6,544,347	5,908,821	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	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	A	0.00	KISHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A	0.00	HEALTH VENTURES	51.00	7.00
8.00	A	0.00	KISHWAUKEE HOSP	100.00	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	-44,722	0	1.00
2.00	179,713	9	2.00
3.00	300,790	9	3.00
4.00	-33,208	0	4.00
4.01	232,953	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
5.00	635,526		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	HEALTHCARE	6.00
7.00	HEALTHCARE RENT	7.00
8.00	HEALTHCARE	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.

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	200.00
1.00	13.00	AGGREGATE-NURSING ADMINISTRATION	1,031,960	1,031,960	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	176,171	176,171	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	34,800	34,800	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	253,250	253,250	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	67,524	67,524	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	67,500	67,500	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	287,360	287,360	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	2,229,941	1,752,752	477,189	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	0	0	10.00
200.00			4,148,506	3,671,317	477,189	0	0	0	0	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00	16.00	17.00	18.00	
1.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	0	0	0	10.00
200.00			0	0	0	0	0	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00	20.00
1.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,031,960	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	176,171	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	34,800	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	253,250	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	67,524	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	67,500	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	287,360	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,752,752	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	3,671,317	200.00

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,960,100	1,960,100			1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,514,559		1,514,559		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,818,639	15,729	12,154	3,846,522	4.00
5.01 00540 NONPATIENT TELEPHONES	551,573	17,048	13,173	0	581,794 5.01
5.02 00550 DATA PROCESSING	279,628	25,094	19,390	0	4,973 5.02
5.03 00560 PURCHASING RECEIVING AND STORES	109,363	0	0	33,166	7,459 5.03
5.04 00570 ADMITTING	471,863	29,673	22,928	152,657	12,431 5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	286,672	3,699	2,858	23,856	2,486 5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	6,657,436	118,354	91,452	215,375	67,130 5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700 OPERATION OF PLANT	1,528,919	325,543	251,544	92,792	7,459 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	82,914	13,582	10,494	0	2,486 8.00
9.00 00900 HOUSEKEEPING	459,308	36,606	28,285	94,283	2,486 9.00
10.00 01000 DIETARY	110,740	16,971	13,113	25,486	7,459 10.00
11.00 01100 CAFETERIA	342,870	65,994	50,993	99,024	2,486 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300 NURSING ADMINISTRATION	96,467	22,636	17,491	31,128	2,486 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	200,621	72,099	55,711	16,293	4,973 14.00
15.00 01500 PHARMACY	565,767	29,414	22,728	171,189	14,918 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	478,987	17,850	13,793	116,355	19,890 16.00
17.00 01700 SOCIAL SERVICE	194,877	0	0	37,176	0 17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	2,046,676	314,007	242,632	616,661	87,020 30.00
31.00 03100 INTENSIVE CARE UNIT	221,317	44,729	34,562	70,874	14,918 31.00
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	402,036	10,581	8,176	121,630	2,486 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	1,695,716	260,897	201,593	358,816	101,939 50.00
51.00 05100 RECOVERY ROOM	128,852	41,366	31,963	38,668	2,486 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	138,555	12,133	9,375	41,918	2,486 52.00
53.00 05300 ANESTHESIOLOGY	61,300	8,640	6,676	0	17,404 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,149,828	174,931	135,169	337,999	62,157 54.00
55.00 03480 ONCOLOGY	830,892	0	0	46,368	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	1,576,898	68,219	52,712	225,508	34,808 60.00
64.00 06400 INTRAVENOUS THERAPY	16,772	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	452,984	16,557	12,793	129,778	7,459 65.00
66.00 06600 PHYSICAL THERAPY	103,103	24,757	19,130	33,207	4,973 66.00
66.01 06601 O/P PHYSICAL THERAPY	385,909	0	0	100,413	0 66.01
69.00 06900 ELECTROCARDIOLOGY	14,365	5,795	4,478	4,536	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	758,663	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	429,566	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	520,448	0	0	0	0 73.00
76.00 03020 CLINICAL NUTRITION	70,851	0	0	16,818	7,459 76.00
76.01 03950 SLEEP LAB	63,547	15,832	12,234	0	4,973 76.01
76.97 07697 CARDIAC REHABILITATION	229,187	0	0	36,570	7,459 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	50,090	0	0	12,147	0 90.00
91.00 09100 EMERGENCY	1,966,994	106,247	82,097	452,960	39,781 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
99.20 09920 OPT	0	0	0	0	0 99.20
99.30 09930 OOT	0	0	0	0	0 99.30
99.40 09940 OSP	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	34,025,852	1,914,983	1,479,697	3,753,651	556,930	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,687	16,945	13,093	0	0	4,973 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	174,091	3,337	2,579	0	0	4,973 192.00
194.00 07950 COMMUNITY WELLNESS	345,519	24,835	19,190	92,871	0	14,918 194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	34,548,149	1,960,100	1,514,559	3,846,522	581,794	202.00

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 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
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	329,085					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	4,274	154,262				5.03
5.04	00570 ADMITTING	12,821	234	702,607			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	6,411	0	0	325,982		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	36,328	3	0	0	7,186,078	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	4,274	8	0	0	2,210,539	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	109,476	8.00
9.00	00900 HOUSEKEEPING	2,137	1,130	0	0	624,235	9.00
10.00	01000 DIETARY	4,274	321	0	0	178,364	10.00
11.00	01100 CAFETERIA	0	1,249	0	0	562,616	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	2,137	0	0	0	172,345	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	9,468	0	0	359,165	14.00
15.00	01500 PHARMACY	10,685	317	0	0	815,018	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	23,506	0	0	0	670,381	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	232,053	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	38,464	4,633	129,802	19,476	3,499,371	30.00
31.00	03100 INTENSIVE CARE UNIT	6,411	30	14,461	1,855	409,157	31.00
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	8,548	809	12,271	1,574	568,111	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	51,283	7,111	38,044	23,657	2,739,056	50.00
51.00	05100 RECOVERY ROOM	0	309	8,257	4,226	256,127	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,274	279	17,178	2,243	228,441	52.00
53.00	05300 ANESTHESIOLOGY	0	1,466	12,990	7,919	116,395	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,780	5,326	87,476	86,347	3,067,013	54.00
55.00	03480 ONCOLOGY	8,548	673	0	12,208	898,689	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	25,643	28,851	93,639	52,628	2,158,906	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,222	34,690	10,296	62,980	64.00
65.00	06500 RESPIRATORY THERAPY	2,137	725	32,215	7,569	662,217	65.00
66.00	06600 PHYSICAL THERAPY	4,274	13	4,692	739	194,888	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	284	0	2,644	489,250	66.01
69.00	06900 ELECTROCARDIOLOGY	2,137	20	84	369	31,784	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	55,351	57,383	22,717	894,114	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,293	11,307	7,842	480,008	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	224	112,172	26,386	659,230	73.00
76.00	03020 CLINICAL NUTRITION	2,137	0	7	216	97,488	76.00
76.01	03950 SLEEP LAB	0	0	0	1,335	97,921	76.01
76.97	07697 CARDIAC REHABILITATION	4,274	47	0	324	277,861	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	2,137	0	0	411	64,785	90.00
91.00	09100 EMERGENCY	32,054	2,863	35,939	33,001	2,751,936	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
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

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal
		5.02	5.03	5.04	5.05	SA.05
118.00	SUBTOTALS (SUM OF LINES 1-117)	326,948	154,259	702,607	325,982	33,825,998 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,137	0	0	0	39,835 190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	184,980 192.00
194.00	07950 COMMUNITY WELLNESS	0	3	0	0	497,336 194.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	329,085	154,262	702,607	325,982	34,548,149 202.00

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
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
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING						5.02
5.03	00560 PURCHASING RECEIVING AND STORES						5.03
5.04	00570 ADMITTING						5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	7,186,078					5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	580,552	0	2,791,091			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	28,752	0	26,603	164,831		8.00
9.00	00900 HOUSEKEEPING	163,942	0	71,700	0	859,877	9.00
10.00	01000 DIETARY	46,844	0	33,241	0	10,145	10.00
11.00	01100 CAFETERIA	147,759	0	129,263	0	39,452	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	45,263	0	44,338	0	13,532	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	94,327	0	141,222	0	43,102	14.00
15.00	01500 PHARMACY	214,047	0	57,614	0	17,584	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	176,061	0	34,963	0	10,671	16.00
17.00	01700 SOCIAL SERVICE	60,944	0	0	0	0	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	919,044	0	615,049	59,965	187,722	30.00
31.00	03100 INTENSIVE CARE UNIT	107,456	0	87,611	3,661	26,740	31.00
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	149,202	0	20,725	5,084	6,325	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	719,356	0	511,023	11,026	155,969	50.00
51.00	05100 RECOVERY ROOM	67,266	0	81,024	0	24,729	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	59,995	0	23,765	7,247	7,253	52.00
53.00	05300 ANESTHESIOLOGY	30,569	0	16,924	929	5,165	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	805,487	0	342,641	26,476	104,577	54.00
55.00	03480 ONCOLOGY	236,022	0	0	0	38,014	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	566,991	0	133,621	0	40,782	60.00
64.00	06400 INTRAVENOUS THERAPY	16,540	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	173,917	0	32,430	9,762	9,898	65.00
66.00	06600 PHYSICAL THERAPY	51,183	0	48,493	364	14,800	66.00
66.01	06601 O/P PHYSICAL THERAPY	128,491	0	0	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	8,347	0	11,350	0	3,464	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	234,820	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	126,064	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	173,133	0	0	0	0	73.00
76.00	03020 CLINICAL NUTRITION	25,603	0	0	0	0	76.00
76.01	03950 SLEEP LAB	25,717	0	31,011	0	9,465	76.01
76.97	07697 CARDIAC REHABILITATION	72,974	0	0	145	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	17,014	0	0	438	0	90.00
91.00	09100 EMERGENCY	722,738	0	208,108	39,734	63,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,996,420	0	2,702,719	164,831	832,905	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,462	0	33,190	0	10,130	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	48,581	0	6,537	0	1,995	192.00
194.00	07950 COMMUNITY WELLNESS	130,615	0	48,645	0	14,847	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,186,078	0	2,791,091	164,831	859,877	202.00

Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	268,594					10.00
11.00 01100 CAFETERIA	0	879,090				11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 01300 NURSING ADMINISTRATION	0	6,923	0	282,401		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	6,730	0	0	644,546	14.00
15.00 01500 PHARMACY	0	35,424	0	0	1,439	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	42,433	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	6,543	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	249,121	168,089	0	102,853	21,050	30.00
31.00 03100 INTENSIVE CARE UNIT	19,473	12,751	0	7,802	138	31.00
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	32,076	0	19,627	3,674	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	96,495	0	59,045	32,312	50.00
51.00 05100 RECOVERY ROOM	0	7,987	0	4,887	1,405	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	11,055	0	6,764	1,266	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	6,663	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	93,676	0	0	24,200	54.00
55.00 03480 ONCOLOGY	0	13,673	0	0	3,057	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	82,535	0	0	131,099	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	5,552	64.00
65.00 06500 RESPIRATORY THERAPY	0	35,579	0	0	3,296	65.00
66.00 06600 PHYSICAL THERAPY	0	8,447	0	0	60	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	32,335	0	0	1,292	66.01
69.00 06900 ELECTROCARDIOLOGY	0	1,233	0	0	90	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	251,503	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	142,195	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,016	73.00
76.00 03020 CLINICAL NUTRITION	0	4,280	0	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	9,980	0	0	215	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	3,475	0	0	0	90.00
91.00 09100 EMERGENCY	0	133,066	0	81,423	13,010	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	268,594	844,785	0	282,401	644,532	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		1 190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
194.00	07950 COMMUNITY WELLNESS	0	34,305	0	0		13 194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	268,594	879,090	0	282,401	644,546	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period: From 05/01/2014 To 04/30/2015
 worksheet B Part I
 Date/Time Prepared: 9/22/2015 5:00 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	15.00	16.00	17.00	19.00	20.00
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
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
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
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	1,141,126				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	934,509			16.00
17.00 01700 SOCIAL SERVICE	0	0	299,540		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	55,829	277,823	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	5,317	21,717	0	31.00
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	0	4,512	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	67,812	0	0	50.00
51.00 05100 RECOVERY ROOM	0	12,113	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	6,431	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	22,701	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	247,584	0	0	54.00
55.00 03480 ONCOLOGY	591,332	34,995	0	0	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	0	150,860	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	29,515	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	21,698	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	2,119	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	7,580	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	1,059	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	65,118	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,480	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	549,794	75,636	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	620	0	0	76.00
76.01 03950 SLEEP LAB	0	3,826	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	928	0	0	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	0	1,178	0	0	90.00
91.00 09100 EMERGENCY	0	94,598	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	99.40
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

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,141,126	934,509	299,540	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
194.00 07950 COMMUNITY WELLNESS	0	0	0	0	0	0 194.00
200.00 Cross Foot Adjustments				0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,141,126	934,509	299,540	0	0	0 202.00

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM		
	21.00	22.00	23.00		
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
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
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
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	6,155,916	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	701,823	0 31.00
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	809,336	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	4,392,094	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0	455,538	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	352,217	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	199,346	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,711,654	0 54.00
55.00 05480 ONCOLOGY	0	0	0	1,815,782	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	3,264,794	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	114,587	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	948,797	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	320,354	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	658,948	0 66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	57,327	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	1,445,555	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	770,747	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,458,809	0 73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	127,991	0 76.00
76.01 03950 SLEEP LAB	0	0	0	167,940	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	362,103	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	86,890	0 90.00
91.00 09100 EMERGENCY	0	0	0	4,108,129	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
99.20 09920 OPT	0	0	0	0	0 99.20
99.30 09930 OOT	0	0	0	0	0 99.30
99.40 09940 OSP	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	33,486,677		0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	93,618		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	242,093		0 192.00
194.00 07950 COMMUNITY WELLNESS	0	0	0	725,761		0 194.00
200.00 Cross Foot Adjustments	0	0	0	0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	34,548,149		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
5.01 00540 NONPATIENT TELEPHONES		5.01
5.02 00550 DATA PROCESSING		5.02
5.03 00560 PURCHASING RECEIVING AND STORES		5.03
5.04 00570 ADMITTING		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00 00600 MAINTENANCE & REPAIRS		6.00
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
13.00 01300 NURSING ADMINISTRATION		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY		14.00
15.00 01500 PHARMACY		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY		16.00
17.00 01700 SOCIAL SERVICE		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00 02000 NURSING SCHOOL		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 03000 ADULTS & PEDIATRICS	6,155,916	30.00
31.00 03100 INTENSIVE CARE UNIT	701,823	31.00
41.00 04100 SUBPROVIDER - IRF	0	41.00
42.00 04200 SUBPROVIDER	0	42.00
43.00 04300 NURSERY	809,336	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 05000 OPERATING ROOM	4,392,094	50.00
51.00 05100 RECOVERY ROOM	455,538	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	352,217	52.00
53.00 05300 ANESTHESIOLOGY	199,346	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,711,654	54.00
55.00 03480 ONCOLOGY	1,815,782	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	3,264,794	60.00
64.00 06400 INTRAVENOUS THERAPY	114,587	64.00
65.00 06500 RESPIRATORY THERAPY	948,797	65.00
66.00 06600 PHYSICAL THERAPY	320,354	66.00
66.01 06601 O/P PHYSICAL THERAPY	658,948	66.01
69.00 06900 ELECTROCARDIOLOGY	57,327	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,555	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	770,747	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,458,809	73.00
76.00 03020 CLINICAL NUTRITION	127,991	76.00
76.01 03950 SLEEP LAB	167,940	76.01
76.97 07697 CARDIAC REHABILITATION	362,103	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	86,890	90.00
91.00 09100 EMERGENCY	4,108,129	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS		
99.10 09910 CORF	0	99.10
99.20 09920 OPT	0	99.20
99.30 09930 OOT	0	99.30
99.40 09940 OSP	0	99.40
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)	33,486,677	118.00

Cost Center Description	Total	
	26.00	
NONREIMBURSABLE COST CENTERS		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,618	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	242,093	192.00
194.00 07950 COMMUNITY WELLNESS	725,761	194.00
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118-201)	34,548,149	202.00

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		
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	15,729	12,154	27,883	27,883 4.00
5.01 00540 NONPATIENT TELEPHONES	0	17,048	13,173	30,221	0 5.01
5.02 00550 DATA PROCESSING	1,295	25,094	19,390	45,779	0 5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	240 5.03
5.04 00570 ADMITTING	0	29,673	22,928	52,601	1,107 5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	3,699	2,858	6,557	173 5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	364,748	118,354	91,452	574,554	1,561 5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700 OPERATION OF PLANT	0	325,543	251,544	577,087	673 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	13,582	10,494	24,076	0 8.00
9.00 00900 HOUSEKEEPING	0	36,606	28,285	64,891	683 9.00
10.00 01000 DIETARY	1,177	16,971	13,113	31,261	185 10.00
11.00 01100 CAFETERIA	4,574	65,994	50,993	121,561	718 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300 NURSING ADMINISTRATION	0	22,636	17,491	40,127	226 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	72,099	55,711	127,810	118 14.00
15.00 01500 PHARMACY	0	29,414	22,728	52,142	1,241 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	26,370	17,850	13,793	58,013	843 16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	269 17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	314,007	242,632	556,639	4,470 30.00
31.00 03100 INTENSIVE CARE UNIT	0	44,729	34,562	79,291	514 31.00
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	10,581	8,176	18,757	882 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	260,897	201,593	462,490	2,601 50.00
51.00 05100 RECOVERY ROOM	0	41,366	31,963	73,329	280 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,133	9,375	21,508	304 52.00
53.00 05300 ANESTHESIOLOGY	0	8,640	6,676	15,316	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	174,931	135,169	310,100	2,450 54.00
55.00 03480 ONCOLOGY	49,058	0	0	49,058	336 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	68,219	52,712	120,931	1,635 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	16,557	12,793	29,350	941 65.00
66.00 06600 PHYSICAL THERAPY	0	24,757	19,130	43,887	241 66.00
66.01 06601 O/P PHYSICAL THERAPY	61,355	0	0	61,355	728 66.01
69.00 06900 ELECTROCARDIOLOGY	0	5,795	4,478	10,273	33 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 03020 CLINICAL NUTRITION	17,206	0	0	17,206	122 76.00
76.01 03950 SLEEP LAB	0	15,832	12,234	28,066	0 76.01
76.97 07697 CARDIAC REHABILITATION	68,893	0	0	68,893	265 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	6,344	0	0	6,344	88 90.00
91.00 09100 EMERGENCY	0	106,247	82,097	188,344	3,283 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
99.20 09920 OPT	0	0	0	0	0 99.20
99.30 09930 OOT	0	0	0	0	0 99.30
99.40 09940 OSP	0	0	0	0	0 99.40
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	2.00	2A	4.00
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)	601,020	1,914,983	1,479,697	3,995,700	27,210 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,945	13,093	30,038	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	107,684	3,337	2,579	113,600	0 192.00
194.00 07950 COMMUNITY WELLNESS	9,655	24,835	19,190	53,680	673 194.00
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)	718,359	1,960,100	1,514,559	4,193,018	27,883 202.00

Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 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
5.01 00540 NONPATIENT TELEPHONES	30,221					5.01
5.02 00550 DATA PROCESSING	258	46,037				5.02
5.03 00560 PURCHASING RECEIVING AND STORES	387	598	1,225			5.03
5.04 00570 ADMITTING	646	1,794	2	56,150		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	129	897	0	0	7,756	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	3,487	5,082	0	0	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	387	598	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	129	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	129	299	9	0	0	9.00
10.00 01000 DIETARY	387	598	3	0	0	10.00
11.00 01100 CAFETERIA	129	0	10	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	129	299	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	258	0	75	0	0	14.00
15.00 01500 PHARMACY	775	1,495	3	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,033	3,288	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,520	5,381	37	10,374	462	30.00
31.00 03100 INTENSIVE CARE UNIT	775	897	0	1,156	44	31.00
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	129	1,196	6	981	37	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,301	7,173	57	3,040	561	50.00
51.00 05100 RECOVERY ROOM	129	0	2	660	100	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	129	598	2	1,373	53	52.00
53.00 05300 ANESTHESIOLOGY	904	0	12	1,038	188	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,229	3,886	42	6,990	2,076	54.00
55.00 03480 ONCOLOGY	0	1,196	5	0	289	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	1,808	3,587	229	7,483	1,247	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	10	2,772	244	64.00
65.00 06500 RESPIRATORY THERAPY	387	299	6	2,574	179	65.00
66.00 06600 PHYSICAL THERAPY	258	598	0	375	18	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	2	0	63	66.01
69.00 06900 ELECTROCARDIOLOGY	0	299	0	7	9	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	439	4,586	538	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	249	904	186	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	2	8,964	625	73.00
76.00 03020 CLINICAL NUTRITION	387	299	0	1	5	76.00
76.01 03950 SLEEP LAB	258	0	0	0	32	76.01
76.97 07697 CARDIAC REHABILITATION	387	598	0	0	8	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	299	0	0	10	90.00
91.00 09100 EMERGENCY	2,066	4,484	23	2,872	782	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,930	45,738	1,225	56,150	7,756	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	258	299	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	258	0	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	775	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	30,221	46,037	1,225	56,150	7,756	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

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Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	584,684					5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00 00700 OPERATION OF PLANT	47,235	0	625,980			7.00
8.00 00800 LAUNDRY & LINEN SERVICE	2,339	0	5,966	32,510		8.00
9.00 00900 HOUSEKEEPING	13,339	0	16,081	0	95,431	9.00
10.00 01000 DIETARY	3,811	0	7,455	0	1,126	10.00
11.00 01100 CAFETERIA	12,022	0	28,991	0	4,378	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,683	0	9,944	0	1,502	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,675	0	31,673	0	4,784	14.00
15.00 01500 PHARMACY	17,415	0	12,921	0	1,952	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	14,325	0	7,842	0	1,184	16.00
17.00 01700 SOCIAL SERVICE	4,959	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	74,788	0	137,942	11,827	20,835	30.00
31.00 03100 INTENSIVE CARE UNIT	8,743	0	19,649	722	2,968	31.00
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	12,139	0	4,648	1,003	702	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	58,528	0	114,611	2,175	17,310	50.00
51.00 05100 RECOVERY ROOM	5,473	0	18,172	0	2,744	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,881	0	5,330	1,429	805	52.00
53.00 05300 ANESTHESIOLOGY	2,487	0	3,796	183	573	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	65,536	0	76,847	5,222	11,606	54.00
55.00 03480 ONCOLOGY	19,203	0	0	0	4,219	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	46,132	0	29,968	0	4,526	60.00
64.00 06400 INTRAVENOUS THERAPY	1,346	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	14,150	0	7,273	1,925	1,098	65.00
66.00 06600 PHYSICAL THERAPY	4,164	0	10,876	72	1,643	66.00
66.01 06601 O/P PHYSICAL THERAPY	10,454	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	679	0	2,546	0	384	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,105	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10,257	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,086	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	2,083	0	0	0	0	76.00
76.01 03950 SLEEP LAB	2,092	0	6,955	0	1,050	76.01
76.97 07697 CARDIAC REHABILITATION	5,937	0	0	29	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	1,384	0	0	86	0	90.00
91.00 09100 EMERGENCY	58,803	0	46,674	7,837	7,049	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	569,253	0	606,160	32,510	92,438	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	851	0	7,444	0	1,124	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,953	0	1,466	0	221	192.00
194.00	07950 COMMUNITY WELLNESS	10,627	0	10,910	0	1,648	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	584,684	0	625,980	32,510	95,431	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
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To 04/30/2015

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	44,826					10.00
11.00 01100 CAFETERIA	0	167,809				11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 01300 NURSING ADMINISTRATION	0	1,322	0	57,232		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	1,285	0	0	173,678	14.00
15.00 01500 PHARMACY	0	6,762	0	0	388	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	8,100	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	0	1,249	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	41,576	32,087	0	20,845	5,672	30.00
31.00 03100 INTENSIVE CARE UNIT	3,250	2,434	0	1,581	37	31.00
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	6,123	0	3,978	990	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	18,420	0	11,966	8,707	50.00
51.00 05100 RECOVERY ROOM	0	1,525	0	990	379	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	2,110	0	1,371	341	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,796	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	17,882	0	0	6,521	54.00
55.00 03480 ONCOLOGY	0	2,610	0	0	824	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	15,755	0	0	35,326	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	1,496	64.00
65.00 06500 RESPIRATORY THERAPY	0	6,792	0	0	888	65.00
66.00 06600 PHYSICAL THERAPY	0	1,612	0	0	16	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	6,172	0	0	348	66.01
69.00 06900 ELECTROCARDIOLOGY	0	235	0	0	24	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	67,768	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	38,316	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	274	73.00
76.00 03020 CLINICAL NUTRITION	0	817	0	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	1,905	0	0	58	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	663	0	0	0	90.00
91.00 09100 EMERGENCY	0	25,401	0	16,501	3,506	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,826	161,261	0	57,232	173,675	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	0	6,548	0	0	3	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	44,826	167,809	0	57,232	173,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	95,094					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	94,628				16.00
17.00 01700 SOCIAL SERVICE	0	0	6,477			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	5,655	6,007			30.00
31.00 03100 INTENSIVE CARE UNIT	0	539	470			31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
43.00 04300 NURSERY	0	457	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	6,869	0			50.00
51.00 05100 RECOVERY ROOM	0	1,227	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	651	0			52.00
53.00 05300 ANESTHESIOLOGY	0	2,299	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	25,047	0			54.00
55.00 03480 ONCOLOGY	49,278	3,545	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	15,281	0			60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,990	0			64.00
65.00 06500 RESPIRATORY THERAPY	0	2,198	0			65.00
66.00 06600 PHYSICAL THERAPY	0	215	0			66.00
66.01 06601 O/P PHYSICAL THERAPY	0	768	0			66.01
69.00 06900 ELECTROCARDIOLOGY	0	107	0			69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,596	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,277	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	45,816	7,661	0			73.00
76.00 03020 CLINICAL NUTRITION	0	63	0			76.00
76.01 03950 SLEEP LAB	0	388	0			76.01
76.97 07697 CARDIAC REHABILITATION	0	94	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	119	0			90.00
91.00 09100 EMERGENCY	0	9,582	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
99.20 09920 OPT	0	0	0			99.20
99.30 09930 OOT	0	0	0			99.30
99.40 09940 OSP	0	0	0			99.40
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

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	95,094	94,628	6,477	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00 07950 COMMUNITY WELLNESS	0	0	0			194.00
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)	95,094	94,628	6,477	0	0	0 202.00

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM		
	21.00	22.00	23.00		
	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
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
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
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS				939,117	0 30.00
31.00 03100 INTENSIVE CARE UNIT				123,070	0 31.00
41.00 04100 SUBPROVIDER - IRF				0	0 41.00
42.00 04200 SUBPROVIDER				0	0 42.00
43.00 04300 NURSERY				52,028	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM				719,809	0 50.00
51.00 05100 RECOVERY ROOM				105,010	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				40,885	0 52.00
53.00 05300 ANESTHESIOLOGY				28,592	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				537,434	0 54.00
55.00 03480 ONCOLOGY				130,563	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				283,908	0 60.00
64.00 06400 INTRAVENOUS THERAPY				8,858	0 64.00
65.00 06500 RESPIRATORY THERAPY				68,060	0 65.00
66.00 06600 PHYSICAL THERAPY				63,975	0 66.00
66.01 06601 O/P PHYSICAL THERAPY				79,890	0 66.01
69.00 06900 ELECTROCARDIOLOGY				14,596	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				99,032	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				52,189	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				77,428	0 73.00
76.00 03020 CLINICAL NUTRITION				20,983	0 76.00
76.01 03950 SLEEP LAB				38,841	0 76.01
76.97 07697 CARDIAC REHABILITATION				78,174	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				8,993	0 90.00
91.00 09100 EMERGENCY				377,207	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF				0	0 99.10
99.20 09920 OPT				0	0 99.20
99.30 09930 OOT				0	0 99.30
99.40 09940 OSP				0	0 99.40
101.00 10100 HOME HEALTH AGENCY				0	0 101.00

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
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)	0	0	0	3,948,642	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				40,014	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES				119,498	0 192.00
194.00 07950 COMMUNITY WELLNESS				84,864	0 194.00
200.00 Cross Foot Adjustments	0	0	0	0	0 200.00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	4,193,018	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
5.01 00540 NONPATIENT TELEPHONES		5.01
5.02 00550 DATA PROCESSING		5.02
5.03 00560 PURCHASING RECEIVING AND STORES		5.03
5.04 00570 ADMITTING		5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00 00600 MAINTENANCE & REPAIRS		6.00
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
13.00 01300 NURSING ADMINISTRATION		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY		14.00
15.00 01500 PHARMACY		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY		16.00
17.00 01700 SOCIAL SERVICE		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00 02000 NURSING SCHOOL		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 03000 ADULTS & PEDIATRICS	939,117	30.00
31.00 03100 INTENSIVE CARE UNIT	123,070	31.00
41.00 04100 SUBPROVIDER - IRF	0	41.00
42.00 04200 SUBPROVIDER	0	42.00
43.00 04300 NURSERY	52,028	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 05000 OPERATING ROOM	719,809	50.00
51.00 05100 RECOVERY ROOM	105,010	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	40,885	52.00
53.00 05300 ANESTHESIOLOGY	28,592	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	537,434	54.00
55.00 03480 ONCOLOGY	130,563	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	283,908	60.00
64.00 06400 INTRAVENOUS THERAPY	8,858	64.00
65.00 06500 RESPIRATORY THERAPY	68,060	65.00
66.00 06600 PHYSICAL THERAPY	63,975	66.00
66.01 06601 O/P PHYSICAL THERAPY	79,890	66.01
69.00 06900 ELECTROCARDIOLOGY	14,596	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,032	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	52,189	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	77,428	73.00
76.00 03020 CLINICAL NUTRITION	20,983	76.00
76.01 03950 SLEEP LAB	38,841	76.01
76.97 07697 CARDIAC REHABILITATION	78,174	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	8,993	90.00
91.00 09100 EMERGENCY	377,207	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS		
99.10 09910 CORF	0	99.10
99.20 09920 OPT	0	99.20
99.30 09930 QOT	0	99.30
99.40 09940 OSP	0	99.40
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)	3,948,642	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,014	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	119,498	192.00
194.00	07950 COMMUNITY WELLNESS	84,864	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	4,193,018	202.00

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)
	1.00	2.00	4.00	5.01	5.02
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	75,768				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		75,768			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	608	608	11,744,728		4.00
5.01 00540 NONPATIENT TELEPHONES	659	659	0	234	5.01
5.02 00550 DATA PROCESSING	970	970	0	2	154 5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0	101,266	3	2 5.03
5.04 00570 ADMITTING	1,147	1,147	466,112	5	6 5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	143	143	72,840	1	3 5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	4,575	4,575	657,610	27	17 5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700 OPERATION OF PLANT	12,584	12,584	283,326	3	2 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	525	525	0	1	0 8.00
9.00 00900 HOUSEKEEPING	1,415	1,415	287,876	1	1 9.00
10.00 01000 DIETARY	656	656	77,818	3	2 10.00
11.00 01100 CAFETERIA	2,551	2,551	302,353	1	0 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300 NURSING ADMINISTRATION	875	875	95,043	1	1 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,787	2,787	49,748	2	0 14.00
15.00 01500 PHARMACY	1,137	1,137	522,697	6	5 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	690	690	355,271	8	11 16.00
17.00 01700 SOCIAL SERVICE	0	0	113,512	0	0 17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	12,138	12,138	1,882,894	35	18 30.00
31.00 03100 INTENSIVE CARE UNIT	1,729	1,729	216,401	6	3 31.00
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	409	409	371,378	1	4 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	10,085	10,085	1,095,584	41	24 50.00
51.00 05100 RECOVERY ROOM	1,599	1,599	118,067	1	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	469	469	127,989	1	2 52.00
53.00 05300 ANESTHESIOLOGY	334	334	0	7	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,762	6,762	1,032,023	25	13 54.00
55.00 05480 ONCOLOGY	0	0	141,578	0	4 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	2,637	2,637	688,550	14	12 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	640	640	396,254	3	1 65.00
66.00 06600 PHYSICAL THERAPY	957	957	101,391	2	2 66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	306,594	0	0 66.01
69.00 06900 ELECTROCARDIOLOGY	224	224	13,851	0	1 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 03020 CLINICAL NUTRITION	0	0	51,350	3	1 76.00
76.01 03950 SLEEP LAB	612	612	0	2	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	0	111,659	3	2 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	37,088	0	1 90.00
91.00 09100 EMERGENCY	4,107	4,107	1,383,039	16	15 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
99.20 09920 OPT	0	0	0	0	0 99.20
99.30 09930 OOT	0	0	0	0	0 99.30
99.40 09940 OSP	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)	
	1.00	2.00	4.00	5.01	5.02	
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	74,024	74,024	11,461,162	224	153	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	655	655	0	2		1 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	129	129	0	2		0 192.00
194.00 07950 COMMUNITY WELLNESS	960	960	283,566	6		0 194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,960,100	1,514,559	3,846,522	581,794	329,085	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.869760	19.989428	0.327511	2,486.299145	2,136.915584	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			27,883	30,221	46,037	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002374	129.149573	298.941558	205.00

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE) 5.03	ADMITTING (INPATIENT CHARGES) 5.04	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE) 5.05	Reconciliation 5A.06	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) 5.06	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,117,545					5.03
5.04 00570 ADMITTING	3,208	25,429,349				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	91,988,490			5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	42	0	0	-7,186,078	27,362,071	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	110	0	0	0	2,210,539	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	109,476	8.00
9.00 00900 HOUSEKEEPING	15,508	0	0	0	624,235	9.00
10.00 01000 DIETARY	4,413	0	0	0	178,364	10.00
11.00 01100 CAFETERIA	17,144	0	0	0	562,616	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	172,345	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	129,969	0	0	0	359,165	14.00
15.00 01500 PHARMACY	4,346	0	0	0	815,018	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	670,381	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	232,053	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	63,591	4,698,063	5,495,555	0	3,499,371	30.00
31.00 03100 INTENSIVE CARE UNIT	418	523,371	523,371	0	409,157	31.00
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	11,099	444,104	444,104	0	568,111	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	97,613	1,376,916	6,675,087	0	2,739,056	50.00
51.00 05100 RECOVERY ROOM	4,245	298,851	1,192,368	0	256,127	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,825	621,725	632,998	0	228,441	52.00
53.00 05300 ANESTHESIOLOGY	20,130	470,145	2,234,578	0	116,395	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	73,107	3,165,976	24,371,059	0	3,067,013	54.00
55.00 03480 ONCOLOGY	9,234	0	3,444,750	0	898,689	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	396,045	3,389,041	14,849,920	0	2,158,906	60.00
64.00 06400 INTRAVENOUS THERAPY	16,772	1,255,505	2,905,286	0	62,980	64.00
65.00 06500 RESPIRATORY THERAPY	9,957	1,165,953	2,135,805	0	662,217	65.00
66.00 06600 PHYSICAL THERAPY	182	169,813	208,549	0	194,888	66.00
66.01 06601 O/P PHYSICAL THERAPY	3,904	0	746,149	0	489,250	66.01
69.00 06900 ELECTROCARDIOLOGY	273	3,032	104,228	0	31,784	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	759,780	2,076,851	6,409,922	0	894,114	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	429,566	409,237	2,212,799	0	480,008	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,068	4,059,775	7,445,234	0	659,230	73.00
76.00 03020 CLINICAL NUTRITION	0	260	61,017	0	97,488	76.00
76.01 03950 SLEEP LAB	0	0	376,621	0	97,921	76.01
76.97 07697 CARDIAC REHABILITATION	649	0	91,338	0	277,861	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	115,967	0	64,785	90.00
91.00 09100 EMERGENCY	39,304	1,300,731	9,311,785	0	2,751,936	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
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)	2,117,502	25,429,349	91,988,490	-7,186,078	26,639,920	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4	0	0	0	39,835	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	184,980	192.00
194.00 07950 COMMUNITY WELLNESS	39	0	0	0	497,336	194.00
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)	154,262	702,607	325,982		7,186,078	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.072849	0.027630	0.003544		0.262629	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,225	56,150	7,756		584,684	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000579	0.002208	0.000084		0.021368	205.00

Cost Center Description	MAINTENANCE & REPAIRS (SQARE FEET)	OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS	0					6.00
7.00 00700 OPERATION OF PLANT		55,082				7.00
8.00 00800 LAUNDRY & LINEN SERVICE		525	164,113			8.00
9.00 00900 HOUSEKEEPING		1,415	0	55,600		9.00
10.00 01000 DIETARY		656	0	656	2,400	10.00
11.00 01100 CAFETERIA		2,551	0	2,551	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL		0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION		875	0	875	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY		2,787	0	2,787	0	14.00
15.00 01500 PHARMACY		1,137	0	1,137	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY		690	0	690	0	16.00
17.00 01700 SOCIAL SERVICE		0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS		0	0	0	0	19.00
20.00 02000 NURSING SCHOOL		0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	12,138	59,705	12,138	2,226	30.00
31.00 03100 INTENSIVE CARE UNIT	0	1,729	3,645	1,729	174	31.00
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	409	5,062	409	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	10,085	10,978	10,085	0	50.00
51.00 05100 RECOVERY ROOM	0	1,599	0	1,599	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	469	7,215	469	0	52.00
53.00 05300 ANESTHESIOLOGY	0	334	925	334	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,762	26,361	6,762	0	54.00
55.00 03480 ONCOLOGY	0	0	0	2,458	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	2,637	0	2,637	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	640	9,719	640	0	65.00
66.00 06600 PHYSICAL THERAPY	0	957	362	957	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	224	0	224	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 03020 CLINICAL NUTRITION	0	0	0	0	0	76.00
76.01 03950 SLEEP LAB	0	612	0	612	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	144	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	436	0	0	90.00
91.00 09100 EMERGENCY	0	4,107	39,561	4,107	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	53,338	164,113	53,856	2,400	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	655	0	655	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	129	0	129	0	192.00
194.00 07950 COMMUNITY WELLNESS	0	960	0	960	0	194.00
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	2,791,091	164,831	859,877	268,594	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	50.671562	1.004375	15.465414	111.914167	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	625,980	32,510	95,431	44,826	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	11.364511	0.198095	1.716385	18.677500	205.00

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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	254,466					11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 01300 NURSING ADMINISTRATION	2,004		133,593			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,948		0	1,947,151		14.00
15.00 01500 PHARMACY	10,254		0	4,346	1,119,063	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	12,283		0	0	0	16.00
17.00 01700 SOCIAL SERVICE	1,894		0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	48,655	0	48,655	63,591	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,691	0	3,691	418	0	31.00
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	9,285	0	9,285	11,099	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	27,932	0	27,932	97,613	0	50.00
51.00 05100 RECOVERY ROOM	2,312	0	2,312	4,245	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,200	0	3,200	3,825	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	20,130	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	27,116	0	0	73,107	0	54.00
55.00 03480 ONCOLOGY	3,958	0	0	9,234	579,899	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	23,891	0	0	396,045	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	16,772	0	64.00
65.00 06500 RESPIRATORY THERAPY	10,299	0	0	9,957	0	65.00
66.00 06600 PHYSICAL THERAPY	2,445	0	0	182	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	9,360	0	0	3,904	0	66.01
69.00 06900 ELECTROCARDIOLOGY	357	0	0	273	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	759,780	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	429,566	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,068	539,164	73.00
76.00 03020 CLINICAL NUTRITION	1,239	0	0	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	2,889	0	0	649	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	1,006	0	0	0	0	90.00
91.00 09100 EMERGENCY	38,518	0	38,518	39,304	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	244,536	0	133,593	1,947,108	1,119,063	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	4		0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0 192.00
194.00 07950 COMMUNITY WELLNESS	9,930	0	0	39		0 194.00
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)	879,090	0	282,401	644,546	1,141,126	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	3.454646	0.000000	2.113891	0.331020	1.019716	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	167,809	0	57,232	173,678	95,094	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.659455	0.000000	0.428406	0.089196	0.084976	205.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
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
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
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	91,988,490					16.00
17.00 01700 SOCIAL SERVICE	0	2,400				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,495,555	2,226		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	523,371	174		0	0	31.00
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	444,104	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	6,675,087	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1,192,368	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	632,998	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	2,234,578	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,371,059	0	0	0	0	54.00
55.00 03480 ONCOLOGY	3,444,750	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	14,849,920	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	2,905,286	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,135,805	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	208,549	0	0	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	746,149	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	104,228	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	6,409,922	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,212,799	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,445,234	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	61,017	0	0	0	0	76.00
76.01 03950 SLEEP LAB	376,621	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	91,338	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	115,967	0	0	0	0	90.00
91.00 09100 EMERGENCY	9,311,785	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
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)	91,988,490	2,400	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
194.00 07950 COMMUNITY WELLNESS	0	0	0	0	0	0 194.00
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)	934,509	299,540	0	0	0	0 202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.010159	124.808333	0.000000	0.000000	0.000000	0.000000 203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	94,628	6,477	0	0	0	0 204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001029	2.698750	0.000000	0.000000	0.000000	0.000000 205.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	PRGM (ASSIGNED TIME)	
	22.00	23.00	
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
5.01 00540 NONPATIENT TELEPHONES			5.01
5.02 00550 DATA PROCESSING			5.02
5.03 00560 PURCHASING RECEIVING AND STORES			5.03
5.04 00570 ADMITTING			5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600 MAINTENANCE & REPAIRS			6.00
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
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00 02300 PARAMED ED PRGM--(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 03480 ONCOLOGY	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
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	66.01
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	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	76.00
76.01 03950 SLEEP LAB	0	0	76.01
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)			92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF	0	0	99.10
99.20 09920 OPT	0	0	99.20
99.30 09930 OOT	0	0	99.30
99.40 09940 OSP	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00 10900 PANCREAS ACQUISITION	0	0	109.00

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00	23.00	
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)	0	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950 COMMUNITY WELLNESS	0	0	194.00
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	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.000000	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	0	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000000	0.000000	205.00

Cost Center Description	Title XVIII Hospital Cost				
	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	6,155,916		6,155,916	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	701,823		701,823	0	0 31.00
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	809,336		809,336	0	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	4,392,094		4,392,094	0	0 50.00
51.00 05100 RECOVERY ROOM	455,538		455,538	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	352,217		352,217	0	0 52.00
53.00 05300 ANESTHESIOLOGY	199,346		199,346	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,711,654		4,711,654	0	0 54.00
55.00 03480 ONCOLOGY	1,815,782		1,815,782	0	0 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	3,264,794		3,264,794	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	114,587		114,587	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	948,797	0	948,797	0	0 65.00
66.00 06600 PHYSICAL THERAPY	320,354	0	320,354	0	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	658,948	0	658,948	0	0 66.01
69.00 06900 ELECTROCARDIOLOGY	57,327		57,327	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,555		1,445,555	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	770,747		770,747	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,458,809		1,458,809	0	0 73.00
76.00 03020 CLINICAL NUTRITION	127,991		127,991	0	0 76.00
76.01 03950 SLEEP LAB	167,940		167,940	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	362,103		362,103	0	0 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	86,890		86,890	0	0 90.00
91.00 09100 EMERGENCY	4,108,129		4,108,129	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,178,414		1,178,414	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0		0	0	0 99.10
99.20 09920 OPT	0		0	0	0 99.20
99.30 09930 OOT	0		0	0	0 99.30
99.40 09940 OSP	0		0	0	0 99.40
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)	34,665,091	0	34,665,091	0	0 200.00
201.00 Less Observation Beds	1,178,414		1,178,414		0 201.00
202.00 Total (see instructions)	33,486,677	0	33,486,677	0	0 202.00

Cost Center Description	Title XVIII Charges			Hospital	Cost	
	Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,587,255		4,587,255			30.00
31.00 03100 INTENSIVE CARE UNIT	523,371		523,371			31.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	444,104		444,104			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,376,916	5,298,171	6,675,087	0.657983	0.000000	50.00
51.00 05100 RECOVERY ROOM	298,851	893,517	1,192,368	0.382045	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	621,725	11,273	632,998	0.556427	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	470,145	1,764,433	2,234,578	0.089210	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,165,976	21,205,083	24,371,059	0.193330	0.000000	54.00
55.00 03480 ONCOLOGY	0	3,444,750	3,444,750	0.527116	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	3,389,041	11,460,879	14,849,920	0.219853	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	1,255,505	1,649,781	2,905,286	0.039441	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	1,165,953	969,852	2,135,805	0.444234	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	169,813	38,736	208,549	1.536109	0.000000	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	746,149	746,149	0.883132	0.000000	66.01
69.00 06900 ELECTROCARDIOLOGY	3,032	101,196	104,228	0.550015	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,076,851	4,333,071	6,409,922	0.225518	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	409,237	1,803,562	2,212,799	0.348313	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,059,775	3,385,459	7,445,234	0.195939	0.000000	73.00
76.00 03020 CLINICAL NUTRITION	260	60,757	61,017	2.097629	0.000000	76.00
76.01 03950 SLEEP LAB	0	376,621	376,621	0.445912	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	91,338	91,338	3.964429	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	0	115,967	115,967	0.749265	0.000000	90.00
91.00 09100 EMERGENCY	1,300,731	8,011,054	9,311,785	0.441175	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	110,808	797,492	908,300	1.297384	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
99.20 09920 OPT	0	0	0			99.20
99.30 09930 OOT	0	0	0			99.30
99.40 09940 OSP	0	0	0			99.40
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)	25,429,349	66,559,141	91,988,490			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	25,429,349	66,559,141	91,988,490			202.00

Title XVIII		Hospital	Cost
Cost Center Description	PPS Inpatient Ratio		
	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS			30.00
31.00 03100 INTENSIVE CARE UNIT			31.00
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
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 03480 ONCOLOGY	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
64.00 06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	0.000000		65.00
66.00 06600 PHYSICAL THERAPY	0.000000		66.00
66.01 06601 O/P PHYSICAL THERAPY	0.000000		66.01
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 03020 CLINICAL NUTRITION	0.000000		76.00
76.01 03950 SLEEP LAB	0.000000		76.01
76.97 07697 CARDIAC REHABILITATION	0.000000		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	0.000000		90.00
91.00 09100 EMERGENCY	0.000000		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10 09910 CORF			99.10
99.20 09920 OPT			99.20
99.30 09930 OOT			99.30
99.40 09940 OSP			99.40
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141340

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

Worksheet C
Part I
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Title XIX		Hospital		Total Costs	Total Costs
	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE		
				Disallowance		
1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,155,916		6,155,916	0	6,155,916	30.00
31.00 03100 INTENSIVE CARE UNIT	701,823		701,823	0	701,823	31.00
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	809,336		809,336	0	809,336	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,392,094		4,392,094	0	4,392,094	50.00
51.00 05100 RECOVERY ROOM	455,538		455,538	0	455,538	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	352,217		352,217	0	352,217	52.00
53.00 05300 ANESTHESIOLOGY	199,346		199,346	0	199,346	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,711,654		4,711,654	0	4,711,654	54.00
55.00 03480 ONCOLOGY	1,815,782		1,815,782	0	1,815,782	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	3,264,794		3,264,794	0	3,264,794	60.00
64.00 06400 INTRAVENOUS THERAPY	114,587		114,587	0	114,587	64.00
65.00 06500 RESPIRATORY THERAPY	948,797	0	948,797	0	948,797	65.00
66.00 06600 PHYSICAL THERAPY	320,354	0	320,354	0	320,354	66.00
66.01 06601 O/P PHYSICAL THERAPY	658,948	0	658,948	0	658,948	66.01
69.00 06900 ELECTROCARDIOLOGY	57,327		57,327	0	57,327	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,445,555		1,445,555	0	1,445,555	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	770,747		770,747	0	770,747	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,458,809		1,458,809	0	1,458,809	73.00
76.00 03020 CLINICAL NUTRITION	127,991		127,991	0	127,991	76.00
76.01 03950 SLEEP LAB	167,940		167,940	0	167,940	76.01
76.97 07697 CARDIAC REHABILITATION	362,103		362,103	0	362,103	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	86,890		86,890	0	86,890	90.00
91.00 09100 EMERGENCY	4,108,129		4,108,129	0	4,108,129	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,178,414		1,178,414	0	1,178,414	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0		0	0	0	99.10
99.20 09920 OPT	0		0	0	0	99.20
99.30 09930 OOT	0		0	0	0	99.30
99.40 09940 OSP	0		0	0	0	99.40
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)	34,665,091	0	34,665,091	0	34,665,091	200.00
201.00 Less Observation Beds	1,178,414		1,178,414		1,178,414	201.00
202.00 Total (see instructions)	33,486,677	0	33,486,677	0	33,486,677	202.00

Cost Center Description	Title XIX Charges			Hospital	Cost	
	Inpatient	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,587,255		4,587,255			30.00
31.00 03100 INTENSIVE CARE UNIT	523,371		523,371			31.00
41.00 04100 SUBPROVIDER - IRF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	444,104		444,104			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,376,916	5,298,171	6,675,087	0.657983	0.000000	50.00
51.00 05100 RECOVERY ROOM	298,851	893,517	1,192,368	0.382045	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	621,725	11,273	632,998	0.556427	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	470,145	1,764,433	2,234,578	0.089210	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,165,976	21,205,083	24,371,059	0.193330	0.000000	54.00
55.00 03480 ONCOLOGY	0	3,444,750	3,444,750	0.527116	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	3,389,041	11,460,879	14,849,920	0.219853	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	1,255,505	1,649,781	2,905,286	0.039441	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	1,165,953	969,852	2,135,805	0.444234	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	169,813	38,736	208,549	1.536109	0.000000	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	746,149	746,149	0.883132	0.000000	66.01
69.00 06900 ELECTROCARDIOLOGY	3,032	101,196	104,228	0.550015	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,076,851	4,333,071	6,409,922	0.225518	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	409,237	1,803,562	2,212,799	0.348313	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,059,775	3,385,459	7,445,234	0.195939	0.000000	73.00
76.00 03020 CLINICAL NUTRITION	260	60,757	61,017	2.097629	0.000000	76.00
76.01 03950 SLEEP LAB	0	376,621	376,621	0.445912	0.000000	76.01
76.97 07697 CARDIAC REHABILITATION	0	91,338	91,338	3.964429	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	0	115,967	115,967	0.749265	0.000000	90.00
91.00 09100 EMERGENCY	1,300,731	8,011,054	9,311,785	0.441175	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	110,808	797,492	908,300	1.297384	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
99.20 09920 OPT	0	0	0			99.20
99.30 09930 OOT	0	0	0			99.30
99.40 09940 OSP	0	0	0			99.40
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)	25,429,349	66,559,141	91,988,490			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	25,429,349	66,559,141	91,988,490			202.00

Cost Center Description	PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
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
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 03480 ONCOLOGY	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
64.00 06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00 06500 RESPIRATORY THERAPY	0.000000			65.00
66.00 06600 PHYSICAL THERAPY	0.000000			66.00
66.01 06601 O/P PHYSICAL THERAPY	0.000000			66.01
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 03020 CLINICAL NUTRITION	0.000000			76.00
76.01 03950 SLEEP LAB	0.000000			76.01
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
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF				99.10
99.20 09920 OPT				99.20
99.30 09930 OOT				99.30
99.40 09940 OSP				99.40
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	Title XVIII			Hospital Inpatient Program Charges	Cost	
	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)		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	719,809	6,675,087	0.107835	417,293	44,999 50.00
51.00	05100 RECOVERY ROOM	105,010	1,192,368	0.088068	88,021	7,752 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	40,885	632,998	0.064589	2,853	184 52.00
53.00	05300 ANESTHESIOLOGY	28,592	2,234,578	0.012795	135,556	1,734 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	537,434	24,371,059	0.022052	1,005,083	22,164 54.00
55.00	03480 ONCOLOGY	130,563	3,444,750	0.037902	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	283,908	14,849,920	0.019118	915,381	17,500 60.00
64.00	06400 INTRAVENOUS THERAPY	8,858	2,905,286	0.003049	521,611	1,590 64.00
65.00	06500 RESPIRATORY THERAPY	68,060	2,135,805	0.031866	678,336	21,616 65.00
66.00	06600 PHYSICAL THERAPY	63,975	208,549	0.306762	125,798	38,590 66.00
66.01	06601 Q/P PHYSICAL THERAPY	79,890	746,149	0.107070	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	14,596	104,228	0.140039	758	106 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,032	6,409,922	0.015450	772,111	11,929 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	52,189	2,212,799	0.023585	191,721	4,522 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	77,428	7,445,234	0.010400	1,755,790	18,260 73.00
76.00	03020 CLINICAL NUTRITION	20,983	61,017	0.343888	237	82 76.00
76.01	03950 SLEEP LAB	38,841	376,621	0.103130	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	78,174	91,338	0.855876	0	0 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	8,993	115,967	0.077548	0	0 90.00
91.00	09100 EMERGENCY	377,207	9,311,785	0.040509	3,137	127 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	179,773	908,300	0.197922	399	79 92.00
200.00	Total (lines 50-199)	3,014,200	86,433,760		6,614,085	191,234 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/22/2015 5:00 pm

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
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 03480 ONCOLOGY	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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	0	0 66.01
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 03020 CLINICAL NUTRITION	0	0	0	0	0 76.00
76.01 03950 SLEEP LAB	0	0	0	0	0 76.01
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
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: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Title XVIII			Hospital	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	6,675,087	0.000000	0.000000	417,293 50.00
51.00 05100 RECOVERY ROOM	0	1,192,368	0.000000	0.000000	88,021 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	632,998	0.000000	0.000000	2,853 52.00
53.00 05300 ANESTHESIOLOGY	0	2,234,578	0.000000	0.000000	135,556 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	24,371,059	0.000000	0.000000	1,005,083 54.00
55.00 03480 ONCOLOGY	0	3,444,750	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	14,849,920	0.000000	0.000000	915,381 60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,905,286	0.000000	0.000000	521,611 64.00
65.00 06500 RESPIRATORY THERAPY	0	2,135,805	0.000000	0.000000	678,336 65.00
66.00 06600 PHYSICAL THERAPY	0	208,549	0.000000	0.000000	125,798 66.00
66.01 06601 O/P PHYSICAL THERAPY	0	746,149	0.000000	0.000000	0 66.01
69.00 06900 ELECTROCARDIOLOGY	0	104,228	0.000000	0.000000	758 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,409,922	0.000000	0.000000	772,111 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,212,799	0.000000	0.000000	191,721 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,445,234	0.000000	0.000000	1,755,790 73.00
76.00 03020 CLINICAL NUTRITION	0	61,017	0.000000	0.000000	237 76.00
76.01 03950 SLEEP LAB	0	376,621	0.000000	0.000000	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	91,338	0.000000	0.000000	0 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	115,967	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	9,311,785	0.000000	0.000000	3,137 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	908,300	0.000000	0.000000	399 92.00
200.00 Total (lines 50-199)	0	86,433,760			6,614,085 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Title XVIII			Hospital	Cost
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 03480 ONCOLOGY	0	0	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	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0		66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 03020 CLINICAL NUTRITION	0	0	0		76.00
76.01 03950 SLEEP LAB	0	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	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	0	0		90.00
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Total (lines 50-199)	0	0	0		200.00

Cost Center Description	Title XVIII		Hospital		Cost	
	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	5.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.657983	0	1,451,244	0	0 50.00
51.00	05100 RECOVERY ROOM	0.382045	0	184,410	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.556427	0	1,669	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.089210	0	450,862	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.193330	0	7,049,253	0	0 54.00
55.00	03480 ONCOLOGY	0.527116	0	2,022,996	0	0 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	0.219853	0	4,634,228	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	0.039441	0	412,775	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.444234	0	473,528	0	0 65.00
66.00	06600 PHYSICAL THERAPY	1.536109	0	18,248	0	0 66.00
66.01	06601 O/P PHYSICAL THERAPY	0.883132	0	240,532	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY	0.550015	0	45,850	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225518	0	903,375	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.348313	0	343,595	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195939	0	1,064,373	0	0 73.00
76.00	03020 CLINICAL NUTRITION	2.097629	0	16,199	0	0 76.00
76.01	03950 SLEEP LAB	0.445912	0	192,005	0	0 76.01
76.97	07697 CARDIAC REHABILITATION	3.964429	0	45,435	0	0 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	0.749265	0	50,725	0	0 90.00
91.00	09100 EMERGENCY	0.441175	0	2,590,994	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.297384	0	327,366	0	0 92.00
200.00	Subtotal (see instructions)		0	22,519,662	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,519,662	0	0 202.00

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	954,894	0		50.00
51.00 05100 RECOVERY ROOM	70,453	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	929	0		52.00
53.00 05300 ANESTHESIOLOGY	40,221	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,362,832	0		54.00
55.00 03480 ONCOLOGY	1,066,354	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	1,018,849	0		60.00
64.00 06400 INTRAVENOUS THERAPY	16,280	0		64.00
65.00 06500 RESPIRATORY THERAPY	210,357	0		65.00
66.00 06600 PHYSICAL THERAPY	28,031	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	212,422	0		66.01
69.00 06900 ELECTROCARDIOLOGY	25,218	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	203,727	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	119,679	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	208,552	0		73.00
76.00 03020 CLINICAL NUTRITION	33,979	0		76.00
76.01 03950 SLEEP LAB	85,617	0		76.01
76.97 07697 CARDIAC REHABILITATION	180,124	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	38,006	0		90.00
91.00 09100 EMERGENCY	1,143,082	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	424,719	0		92.00
200.00 Subtotal (see instructions)	7,444,325	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,444,325	0		202.00

Title XVIII		Hospital	Cost
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,753	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,753	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)	2,226	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,178	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		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		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)	6,155,916	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)	6,155,916	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)	6,155,916	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)	2,236.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,634,102	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,634,102	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141340

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

Worksheet D-1
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Title XVIII			Hospital	Cost	
	Total Inpatient	Total Inpatient	Average Per Days/Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	701,823	174	4,033.47	104	419,481	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,820,342	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,873,925	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/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)					527	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,236.08	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,178,414	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 141340

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

Worksheet D-1
Date/Time Prepared:
9/22/2015 5:00 pm

Cost Center Description	Cost	Title XVIII		Hospital	
		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	939,117	6,155,916	0.152555	1,178,414	179,773 90.00
91.00 Nursing School cost	0	6,155,916	0.000000	1,178,414	0 91.00
92.00 Allied health cost	0	6,155,916	0.000000	1,178,414	0 92.00
93.00 All other Medical Education	0	6,155,916	0.000000	1,178,414	0 93.00

Cost Center Description	Title XVIII		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		1,747,427		30.00
31.00	03100 INTENSIVE CARE UNIT		320,528		31.00
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	0.657983	417,293	274,572	50.00
51.00	05100 RECOVERY ROOM	0.382045	88,021	33,628	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.556427	2,853	1,587	52.00
53.00	05300 ANESTHESIOLOGY	0.089210	135,556	12,093	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.193330	1,005,083	194,313	54.00
55.00	03480 ONCOLOGY	0.527116	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	0.219853	915,381	201,249	60.00
64.00	06400 INTRAVENOUS THERAPY	0.039441	521,611	20,573	64.00
65.00	06500 RESPIRATORY THERAPY	0.444234	678,336	301,340	65.00
66.00	06600 PHYSICAL THERAPY	1.536109	125,798	193,239	66.00
66.01	06601 O/P PHYSICAL THERAPY	0.883132	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.550015	758	417	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225518	772,111	174,125	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.348313	191,721	66,779	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195939	1,755,790	344,028	73.00
76.00	03020 CLINICAL NUTRITION	2.097629	237	497	76.00
76.01	03950 SLEEP LAB	0.445912	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	3.964429	0	0	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	0.749265	0	0	90.00
91.00	09100 EMERGENCY	0.441175	3,137	1,384	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.297384	399	518	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,614,085	1,820,342	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)		6,614,085		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 141340

Period:

From 05/01/2014

To 04/30/2015

Worksheet E

Part B

Date/Time Prepared:

9/22/2015 5:00 pm

		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,444,325	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		7,444,325	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 14) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 14 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 14 minus line 20) (for CAH see instructions)		7,518,768	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		27,382	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,653,346	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)		3,838,040	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,838,040	30.00
31.00	Primary payer payments		572	31.00
32.00	Subtotal (line 30 minus line 31)		3,837,468	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)		542,404	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		412,227	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		391,910	36.00
37.00	Subtotal (see instructions)		4,249,695	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	SEQUESTRATION		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)		4,249,695	40.00
40.01	Sequestration adjustment (see instructions)		84,994	40.01
41.00	Interim payments		3,500,821	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		663,880	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		84,994	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		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,995,488		3,350,104		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/02/2014	380,176	12/02/2014	219,896		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/24/2015	149,892	04/24/2015	69,179		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)		230,284		150,717		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)		4,225,772		3,500,821		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		250,009		663,880		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		4,475,781		4,164,701		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

		Title XVIII	Hospital	Cost
				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 54102 from Wkst. S-3, Pt. I col. 15 line 14			975 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			1,282 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			149 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			2,400 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			91,988,490 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			1,788,908 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			53,965 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			43,609 8.00
9.00	Sequestration adjustment amount (see instructions)			872 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			42,737 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			42,737 32.00

		Title XVIII	Hospital	Cost	
				1.00	
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT					
1.00	Inpatient services			4,873,925	1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0	2.00
3.00	Organ acquisition			0	3.00
4.00	Subtotal (sum of lines 1 through 3)			4,873,925	4.00
5.00	Primary payer payments			0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			4,922,664	6.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
7.00	Routine service charges			0	7.00
8.00	Ancillary service charges			0	8.00
9.00	Organ acquisition charges, net of revenue			0	9.00
10.00	Total reasonable charges			0	10.00
Customary charges					
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000	13.00
14.00	Total customary charges (see instructions)			0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0	16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			4,922,664	19.00
20.00	Deductibles (exclude professional component)			410,676	20.00
21.00	Excess reasonable cost (from line 16)			0	21.00
22.00	Subtotal (line 19 minus line 20 and 21)			4,511,988	22.00
23.00	Coinsurance			3,344	23.00
24.00	Subtotal (line 22 minus line 23)			4,508,644	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			76,946	25.00
26.00	Adjusted reimbursable bad debts (see instructions)			58,479	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			43,721	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,567,123	28.00
29.00	SEQUESTRATION ADJUSTMENT			0	29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0	29.50
29.99	Recovery of Accelerated Depreciation			0	29.99
30.00	Subtotal (see instructions)			4,567,123	30.00
30.01	Sequestration adjustment (see instructions)			91,342	30.01
31.00	Interim payments			4,225,772	31.00
32.00	Tentative settlement (for contractor use only)			0	32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)			250,009	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			92,214	34.00

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

Provider CCN: 141340

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

Worksheet G

Date/Time Prepared: 9/22/2015 5:00 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00	Cash on hand in banks	10,039,474	0	0	0 1.00
2.00	Temporary investments	25,789,625	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	15,155,849	0	0	0 4.00
5.00	Other receivable	0	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,533,000	0	0	0 6.00
7.00	Inventory	1,598,983	0	0	0 7.00
8.00	Prepaid expenses	353,232	0	0	0 8.00
9.00	Other current assets	237,513	0	0	0 9.00
10.00	Due from other funds	402,612	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	44,044,288	0	0	0 11.00
FIXED ASSETS					
12.00	Land	1,279,463	0	0	0 12.00
13.00	Land improvements	2,367,492	0	0	0 13.00
14.00	Accumulated depreciation	-1,386,998	0	0	0 14.00
15.00	Buildings	23,099,859	0	0	0 15.00
16.00	Accumulated depreciation	-7,241,122	0	0	0 16.00
17.00	Leasehold improvements	420,249	0	0	0 17.00
18.00	Accumulated depreciation	-188,130	0	0	0 18.00
19.00	Fixed equipment	9,312,496	0	0	0 19.00
20.00	Accumulated depreciation	-6,452,214	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	12,748,033	0	0	0 23.00
24.00	Accumulated depreciation	-10,620,689	0	0	0 24.00
25.00	Minor equipment depreciable	92,499	0	0	0 25.00
26.00	Accumulated depreciation	-90,610	0	0	0 26.00
27.00	HIT designated Assets	208,625	0	0	0 27.00
28.00	Accumulated depreciation	-69,541	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)	23,479,412	0	0	0 30.00
OTHER ASSETS					
31.00	Investments	0	0	0	0 31.00
32.00	Deposits on leases	0	0	0	0 32.00
33.00	Due from owners/officers	0	0	0	0 33.00
34.00	Other assets	4,896,227	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	4,896,227	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	72,419,927	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	2,972,979	0	0	0 37.00
38.00	Salaries, wages, and fees payable	1,537,074	0	0	0 38.00
39.00	Payroll taxes payable	0	0	0	0 39.00
40.00	Notes and loans payable (short term)	303,754	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	3,567,653	0	0	0 43.00
44.00	Other current liabilities	19,523	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,400,983	0	0	0 45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0 46.00
47.00	Notes payable	1,824,684	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	0	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,824,684	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,225,667	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	62,194,260			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)	62,194,260	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	72,419,927	0	0	0 60.00

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	4,587,255		4,587,255	1.00
2.00 SUBPROVIDER - IPF				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)	4,587,255		4,587,255	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	523,371		523,371	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)	523,371		523,371	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	5,110,626		5,110,626	17.00
18.00 Ancillary services	18,463,080	57,634,628	76,097,708	18.00
19.00 Outpatient services	1,411,539	8,924,513	10,336,052	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
24.20 OPT	0	0	0	24.20
24.30 OOT	0	0	0	24.30
24.40 OSP	0	0	0	24.40
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 NURSERY / PRO FEES / OTHER	1,328,845	4,461,840	5,790,685	27.00
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	26,314,090	71,020,981	97,335,071	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		39,656,514		29.00
30.00 ROUNDING	2			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		2		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)		39,656,516		43.00

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	97,335,071	1.00
2.00	Less contractual allowances and discounts on patients' accounts	52,816,015	2.00
3.00	Net patient revenues (line 1 minus line 2)	44,519,056	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	39,656,516	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,862,540	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,778,183	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	212	10.00
11.00	Rebates and refunds of expenses	26,066	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	102,387	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	14,825	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	6,058	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	ANESTHESIA PRO FEES	0	24.00
24.01	MISCELLANEOUS	178,053	24.01
24.02	UNREALIZED GAINS / LOSSES	-900,959	24.02
24.03	GRANT REVENUE	92,777	24.03
25.00	Total other income (sum of lines 6-24)	1,297,602	25.00
26.00	Total (line 5 plus line 25)	6,160,142	26.00
27.00	ROUNDING	1	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,160,141	29.00