

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**WORKSHEET S
PARTS I, II & III**

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report Date: 02/07/2017 Time: 11:00		
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
	4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractor's Vendor Code: ____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DELNOR-COMMUNITY HOSPITAL (14-0211) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2015 and ending 08/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII				TITLE XIX	
		TITLE V	PART A	PART B	HIT		
		1	2	3	4	5	
1	HOSPITAL		137,600	159,141	-90,300		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		137,600	159,141	-90,300		200

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 this 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 this 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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 300 RANDALL ROAD	P.O. Box:								1
2	City: GENEVA	State: IL	ZIP Code: 60134	County: KANE						2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	DELNOR-COMMUNITY HOSPITAL	14-0211	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2015	To: 08 / 31 / 2016							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments 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 §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N		22
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	N	22.03
23	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

		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	2	3	4	5	6	
24	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.	2,653	1,040			369		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, 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.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1						27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

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.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

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.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	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
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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**WORKSHEET S-2
PART I**

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.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	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)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. 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)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	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)				66
Enter in lines 67-67.49, column 1 the program name. 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)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	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
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed 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 and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did the facility have a 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 and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
81	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

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

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**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2			
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105		
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106		
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107		
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108		
109	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 each therapy.	Physical	Occupational	Speech	Respiratory	109
110	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

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	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
118.01	List amounts of malpractice premiums and paid losses:	Premiums	Paid Losses	Self Insurance	
		244,518	1,097,496	1,197,245	118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	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
121	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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	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
127	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
128	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
129	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
130	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
131	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
132	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
133	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
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

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**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	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		140

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	Name: CADENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141
142	Street: 25 NORTH WINFIELD ROAD	P.O. Box:		142
143	City: WINFIELD	State: IL	ZIP Code: 60190	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	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
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y			167
168	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)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)	0.50			169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		09 / 30 / 2015	08 / 31 / 2016	170
171	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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**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

		Y/N	Date		
Provider Organization and Operation		1	2		
1	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
		Y/N	Date	V/I	
		1	2	3	
2	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
3	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

		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	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	12/16/2016	4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts		Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

Bed Complement		Y	15
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.		

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	
17	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	12/19/2016	Y	12/19/2016
18	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 the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**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 COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost		
22	Have assets been relifed for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	27

Interest Expense		
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	31

Purchased Services		
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	33

Provider-Based Physicians		
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: JOHN	Last name: VANDER LAAN	Title: PROGRAM MANAGER
42	Employer: NORTHWESTERN MEMORIAL HEALTHCARE		
43	Phone number: 312-926-6618	E-mail Address: JVANDERL@NM.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	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	125	45,750			11,653	1,293	24,301	1
2	HMO and other (see instructions)						2,113	1,819		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		125	45,750			11,653	1,293	24,301	7
8	Intensive Care Unit	31	19	6,954			1,184	172	3,231	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						201	3,781	13
14	Total (see instructions)		144	52,704			12,837	1,666	31,313	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		144							27
28	Observation Bed Days								8,040	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							577	1,040	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	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)					3,126	699	7,834	1
2	HMO and other (see instructions)					511	524		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,004.00			3,126	699	7,834	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,004.00						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	Total salaries (see instructions)	200	69,269,465	69,269,465	2,096,610.00	33.04	1	
2	Non-physician anesthetist Part A						2	
3	Non-physician anesthetest Part B						3	
4	Physician-Part A - Administrative						4	
4.01	Physician-Part A - Teaching						4.01	
5	Physician-Part B						5	
6	Non-physician-Part B						6	
7	Interns & residents (in an approved program)	21					7	
7.01	Contracted interns & residents (in an approved program)						7.01	
8	Home office personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		99,461	99,461	4,084.00	24.35	10	
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)		1,052,204	1,052,204	31,037.86	33.90	11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative		3,152,585	3,152,585	48,994.00	64.35	13	
14	Home office salaries & wage-related costs		24,420,118	24,420,118	421,493.00	57.94	14	
15	Home office: Physician Part A - Administrative						15	
16	Home office & Contract Physicians Part A - Teaching						16	
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		17,345,309	17,345,309			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		24,905	24,905			19	
20	Non-physician anesthetist Part A						20	
21	Non-physician anesthetist Part B						21	
22	Physician Part A - Administrative						22	
22.01	Physician Part A - Teaching						22.01	
23	Physician Part B						23	
24	Wage-related costs (RHC/FQHC)						24	
25	Interns & residents (in an approved program)						25	
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		2,707,393	2,707,393			26	
27	Administrative & General		5,128,529	5,128,529	198,105.00	25.89	27	
28	Administrative & General under contract (see instructions)						28	
29	Maintenance & Repairs						29	
30	Operation of Plant		1,286,742	1,286,742	45,702.00	28.16	30	
31	Laundry & Linen Service		26,490	26,490	2,032.00	13.04	31	
32	Housekeeping		1,488,579	1,488,579	96,627.00	15.41	32	
33	Housekeeping under contract (see instructions)		14,298	14,298	152.31	93.87	33	
34	Dietary		1,290,055	-797,055	493,000	31,104.00	15.85	34
35	Dietary under contract (see instructions)		446,868	446,868	20,211.00	22.11	35	
36	Cafeteria			797,055	797,055	50,287.00	15.85	36
37	Maintenance of Personnel						37	
38	Nursing Administration		2,040,195	2,040,195	60,299.00	33.83	38	
39	Central Services and Supply						39	
40	Pharmacy		2,619,004	2,619,004	56,757.00	46.14	40	
41	Medical Records & Medical Records Library						41	
42	Social Service						42	
43	Other General Service						43	

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		69,730,631	69,730,631	2,116,973.31	32.94	1
2	Excluded area salaries (see instructions)		99,461	99,461	4,084.00	24.35	2
3	Subtotal salaries (line 1 minus line 2)		69,631,170	69,631,170	2,112,889.31	32.96	3
4	Subtotal other wages & related costs (see instructions)		28,624,907	28,624,907	501,524.86	57.08	4
5	Subtotal wage-related costs (see instructions)		17,345,309	17,345,309		24.91%	5
6	Total (sum of lines 3 through 5)		115,601,386	115,601,386	2,614,414.17	44.22	6
7	Total overhead cost (see instructions)		17,048,153	17,048,153	561,276.31	30.37	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	3,845,080	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	5,663,975	8
9	Prescription Drug Plan	1,543,304	9
10	Dental, Hearing and Vision Plan	232,224	10
11	Life Insurance (If employee is owner or beneficiary)	56,314	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	454,124	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	3,595	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	5,325,016	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	65,652	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	180,931	23
24	Total Wage Related cost (Sum of lines 1-23)	17,370,215	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,254,940	15,115,983	1
2	Hospital	1,254,940	15,115,983	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FOHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.202521	1
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Medicaid (see instructions for each line)

2	Net revenue from Medicaid		8,882,079	2
3	Did you receive DSH or supplemental payments from Medicaid?		N	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		105,859,356	6
7	Medicaid cost (line 1 times line 6)		21,438,743	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		12,556,664	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Uncompensated care (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,556,664	19

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,377,515	1,988,270	8,365,785	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,291,581	402,666	1,694,247	21
22	Partial payment by patients approved for charity care	59,375	20,265	79,640	22
23	Cost of charity care (line 21 minus line 22)	1,232,206	382,401	1,614,607	23

24	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
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)			25
26	Total bad debt expense for the entire hospital complex (see instructions)		10,536,239	26
27	Medicare bad debts for the entire hospital complex (see instructions)		276,687	27
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,259,552	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,077,775	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		3,692,382	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,249,046	31

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		9,480,988	9,480,988	5,867,770	15,348,758	-1,262	15,347,496	1
2	00200	Cap Rel Costs-Mvble Equip		10,059,042	10,059,042	44,800	10,103,842	-4,190	10,099,652	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,707,393	316,972	3,024,365		3,024,365		3,024,365	4
5.01	00540	NONPATIENT TELEPHONES		68	68	33,433	33,501		33,501	5.01
5.02	00550	IS		33,433	33,433	-33,433				5.02
5.03	00560	PURCHASING	542,826	567,081	1,109,907	-37,560	1,072,347	-1,807	1,070,540	5.03
5.04	00570	PT REG	1,639,463	592,673	2,232,136		2,232,136		2,232,136	5.04
5.05	00580	PT ACCTS								5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,946,240	61,004,701	63,950,941	-5,912,570	58,038,371	4,864,957	62,903,328	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,286,742	6,862,504	8,149,246		8,149,246	-275,791	7,873,455	7
8	00800	Laundry & Linen Service	26,490	659,588	686,078		686,078		686,078	8
9	00900	Housekeeping	1,488,579	1,200,203	2,688,782		2,688,782		2,688,782	9
10	01000	Dietary	1,290,055	1,860,837	3,150,892	-1,946,766	1,204,126	-9,114	1,195,012	10
11	01100	Cafeteria				1,946,766	1,946,766	-1,082,414	864,352	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,040,195	748,605	2,788,800	6	2,788,806	-9,656	2,779,150	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,619,004	29,406,232	32,025,236	-28,522,330	3,502,906	-1,023	3,501,883	15
16	01600	Medical Records & Library		316,819	316,819		316,819	-215,702	101,117	16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	14,750,922	6,172,290	20,923,212	-2,286,701	18,636,511	-225,677	18,410,834	30
31	03100	Intensive Care Unit	2,829,700	1,350,681	4,180,381	-152,091	4,028,290	-79,111	3,949,179	31
43	04300	Nursery	831,417	242,239	1,073,656	1,152,662	2,226,318		2,226,318	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	2,978,747	15,080,475	18,059,222	-6,939,890	11,119,332	-88,053	11,031,279	50
51	05100	Recovery Room	608,727	272,204	880,931	57,853	938,784	-19,239	919,545	51
52	05200	Delivery Room & Labor Room	2,083,793	1,602,206	3,685,999	940,734	4,626,733		4,626,733	52
53	05300	Anesthesiology	95,657	413,149	508,806	32,759	541,565	-6,807	534,758	53
54	05400	Radiology-Diagnostic	2,794,293	1,188,602	3,982,895	-716,460	3,266,435	-22,805	3,243,630	54
54.01	03630	ULTRA SOUND	881,290	222,272	1,103,562	94,790	1,198,352		1,198,352	54.01
54.02	03480	NUCLEAR ONCOLOGY	877,144	458,895	1,336,039	-38,884	1,297,155		1,297,155	54.02
55	05500	Radiology-Therapeutic	1,555,716	1,180,982	2,736,698	-123,141	2,613,557	-181,804	2,431,753	55
56	05600	Radioisotope	444,186	508,330	952,516	82,767	1,035,283	-13,460	1,021,823	56
57	05700	CT Scan	872,748	308,979	1,181,727	105,379	1,287,106		1,287,106	57
58	05800	MRI	758,810	434,492	1,193,302	102,309	1,295,611		1,295,611	58
59	05900	Cardiac Catheterization	1,414,004	2,396,758	3,810,762	200,627	4,011,389	-3,875	4,007,514	59
60	06000	Laboratory	2,590,321	7,052,944	9,643,265	-180	9,643,085	-194,234	9,448,851	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy	1,120,518	570,698	1,691,216	-24,826	1,666,390		1,666,390	64
65	06500	Respiratory Therapy	1,267,926	444,879	1,712,805	81	1,712,886	-1,813	1,711,073	65
66	06600	Physical Therapy	3,578,616	1,709,293	5,287,909	-694	5,287,215	-950	5,286,265	66
69	06900	Electrocardiology	963,567	1,514,824	2,478,391	-6,785	2,471,606	-1,254,404	1,217,202	69
71	07100	Medical Supplies Charged to Patients		45,669	45,669	998,066	1,043,735		1,043,735	71
72	07200	Impl. Dev. Charged to Patients				6,732,090	6,732,090		6,732,090	72
73	07300	Drugs Charged to Patients				28,522,482	28,522,482		28,522,482	73
74	07400	Renal Dialysis				342,494	342,494		342,494	74
75	07500	ASC (Non-Distinct Part)	1,763,930	1,115,049	2,878,979	-412,788	2,466,191	-1,807	2,464,384	75
75.01	07501	LITHOTRIPSY								75.01
75.02	07502	PSYCH	414,014	314,093	728,107		728,107	-27,102	701,005	75.02
75.03	07503	NEURODIAGNOSTICS	76,055	37,898	113,953	1,337	115,290		115,290	75.03
76.97	07697	CARDIAC REHABILITATION	361,368	320,623	681,991	-2,376	679,615		679,615	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	229,540	66,584	296,124	-5	296,119	-296,119		90.03
90.04	09004	CHRONIC PAIN CLINIC	168,722	184,834	353,556		353,556		353,556	90.04
90.05	09005	DIABETES EDUCATION	334,470	175,532	510,002		510,002		510,002	90.05
90.06	09006	WOUND CARE	573,312	358,350	931,662	-86,335	845,327	-1,807	843,520	90.06
90.07	09007	SLEEP LAB	360,122	129,597	489,719	-478	489,241		489,241	90.07
91	09100	Emergency	5,003,382	3,353,245	8,356,627	-14,912	8,341,715	-79,981	8,261,734	91
92	09200	Observation Beds (Non-Distinct Part)								92

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	69,170,004	172,336,412	241,506,416		241,506,416	764,950	242,271,366	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	99,461	224,032	323,493		323,493		323,493	190
192	19200	Physicians' Private Offices		316	316		316		316	192
192.0 1	19201	HOME HEALTH AGENCY								192.0 1
200		TOTAL (sum of lines 118-199)	69,269,465	172,560,760	241,830,225		241,830,225	764,950	242,595,175	200

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				
			COST CENTER	LINE #	SALARY	OTHER	
1	SHARED DIETARY COSTS	1					
		A	2 Cafeteria	3	4	5	
500	Total reclassifications			11	797,055	1,149,711	1
	Code Letter - A				797,055	1,149,711	500
1	CHARGEABLE DRUG	D	Drugs Charged to Patients	73		28,522,482	1
500	Total reclassifications					28,522,482	500
	Code Letter - D						
1	CHARGEABLE MED SUPPLIES	F	Medical Supplies Charged to P	71		998,066	1
2			Impl. Dev. Charged to Patient	72		6,732,090	2
3			Nursing Administration	13		6	3
4			Pharmacy	15		152	4
5			Delivery Room & Labor Room	52		2,355	5
6			CT Scan	57		2,387	6
7			Respiratory Therapy	65		81	7
8			NEURODIAGNOSTICS	75.03		1,337	8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
500	Total reclassifications					7,736,474	500
	Code Letter - F						
1	RENAL DIALYSIS	H	Renal Dialysis	74		342,494	1
2							2
3							3
500	Total reclassifications					342,494	500
	Code Letter - H						
1	RADIOLOGY ADMINISTRATIVE	J	ULTRA SOUND	54.01	72,627	23,263	1
2			Radioisotope	56	62,744	20,097	2
3			CT Scan	57	78,006	24,986	3
4			MRI	58	78,522	25,151	4
5			Cardiac Catheterization	59	243,114	77,871	5
500	Total reclassifications				535,013	171,368	500
	Code Letter - J						
1	INTEREST EXPENSE	K	Cap Rel Costs-Bldg & Fixt	1		5,772,438	1
500	Total reclassifications					5,772,438	500
	Code Letter - K						
1	CAPITAL INSURANCE	L	Cap Rel Costs-Bldg & Fixt	1		95,332	1
2			Cap Rel Costs-Mvble Equip	2		44,800	2
500	Total reclassifications					140,132	500
	Code Letter - L						
1	SURGERY ADMINISTRATION	M	Recovery Room	51	15,952	8,928	1
2			Anesthesiology	53	9,203	5,151	2
3			ASC (Non-Distinct Part)	75	43,497	24,345	3
500	Total reclassifications				68,652	38,424	500
	Code Letter - M						

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RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	PRE ADMISSION TESTING	N	Operating Room	50	321,637	97,686	1
2			Recovery Room	51	26,188	7,954	2
3			Anesthesiology	53	15,107	4,588	3
500	Total reclassifications				362,932	110,228	500
	Code Letter - N						
1	TELEPHONE EXPENSE	O	NONPATIENT TELEPHONES	5.01		33,433	1
500	Total reclassifications					33,433	500
	Code Letter - O						
1	LDRP	P	Nursery	43	856,484	298,574	1
2			Delivery Room & Labor Room	52	695,814	242,565	2
500	Total reclassifications				1,552,298	541,139	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,315,950	44,558,323	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	SHARED DIETARY COSTS	A	Dietary	10	797,055	1,149,711	1	
500	Total reclassifications				797,055	1,149,711	500	
	Code letter - A							
1	CHARGEABLE DRUG	D	Pharmacy	15		28,522,482	1	
500	Total reclassifications					28,522,482	500	
	Code letter - D							
1	CHARGEABLE MED SUPPLIES	F	PURCHASING	5.03		37,560	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7			Adults & Pediatrics	30		21,198	7	
8			Intensive Care Unit	31		4,638	8	
9			Nursery	43		2,396	9	
10			Operating Room	50		7,252,137	10	
11			Recovery Room	51		1,169	11	
12							12	
13			Anesthesiology	53		1,290	13	
14			Radiology-Diagnostic	54		10,079	14	
15			ULTRA SOUND	54.01		1,100	15	
16			NUCLEAR ONCOLOGY	54.02		38,884	16	
17			Radiology-Therapeutic	55		123,141	17	
18			Radioisotope	56		74	18	
19							19	
20			MRI	58		1,364	20	
21			Cardiac Catheterization	59		120,358	21	
22			Laboratory	60		180	22	
23			Intravenous Therapy	64		1,851	23	
24							24	
25			Physical Therapy	66		694	25	
26			Electrocardiology	69		6,785	26	
27			ASC (Non-Distinct Part)	75		7,470	27	
28							28	
29			CARDIAC REHABILITATION	76.97		2,376	29	
30			GENETIC TESTING	90.03		5	30	
31							31	
32							32	
33			WOUND CARE	90.06		86,335	33	
34			SLEEP LAB	90.07		478	34	
35			Emergency	91		14,912	35	
500	Total reclassifications					7,736,474	500	
	Code letter - F							
1	RENAL DIALYSIS	H	Adults & Pediatrics	30		172,066	1	
2			Intensive Care Unit	31		147,453	2	
3			Intravenous Therapy	64		22,975	3	
500	Total reclassifications					342,494	500	
	Code letter - H							
1	RADIOLOGY ADMINISTRATIVE	J	Radiology-Diagnostic	54	535,013	171,368	1	
2							2	
3							3	
4							4	
5							5	
500	Total reclassifications				535,013	171,368	500	
	Code letter - J							
1	INTEREST EXPENSE	K	OTHER ADMINISTRATIVE AND GENE	5.06		5,772,438	10	
500	Total reclassifications					5,772,438	500	
	Code letter - K							
1	CAPITAL INSURANCE	L					11	
2			OTHER ADMINISTRATIVE AND GENE	5.06		140,132	11	
500	Total reclassifications					140,132	500	
	Code letter - L							
1	SURGERY ADMINISTRATION	M	Operating Room	50	68,652	38,424	1	
2							2	
3							3	
500	Total reclassifications				68,652	38,424	500	
	Code letter - M							

KPMG LLP Compu-Max 2552-10

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RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	PRE ADMISSION TESTING	N	ASC (Non-Distinct Part)	75	362,932	110,228	1	
2							2	
3							3	
500	Total reclassifications				362,932	110,228	500	
	Code letter - N							
1	TELEPHONE EXPENSE	O	IS	5.02		33,433	1	
500	Total reclassifications					33,433	500	
	Code letter - O							
1	LDRP	P	Adults & Pediatrics	30	1,552,298	541,139	1	
2							2	
500	Total reclassifications				1,552,298	541,139	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				3,315,950	44,558,323		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

KPMG LLP Compu-Max 2552-10

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RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	17,035,874				2,260,000	14,775,874		2
3	Buildings and Fixtures	181,814,609	6,714,824		6,714,824		188,529,433		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	46,805,741	5,019,315		5,019,315		51,825,056		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	245,656,224	11,734,139		11,734,139	2,260,000	255,130,363		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	245,656,224	11,734,139		11,734,139	2,260,000	255,130,363		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	9,480,988							9,480,988	1
2	Cap Rel Costs-Mvble Equip	10,059,042							10,059,042	2
3	Total (sum of lines 1-2)	19,540,030							19,540,030	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	9,480,988	5,772,438	94,070					15,347,496	1
2	Cap Rel Costs-Mvble Equip	10,059,042		44,800			-4,190		10,099,652	2
3	Total (sum of lines 1-2)	19,540,030	5,772,438	138,870			-4,190		25,447,148	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		
				COST CENTER	LINE#	Wkst. A-7 Ref.
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)	A	-1,262	Cap Rel Costs-Bldg & Fixt	1	11
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-2,530,651			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	12,426,902			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests	B	-1,082,414	Cafeteria	11	14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33						33
33.01	OTHER INCOME	B	-10,838	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.01
33.03	OTHER INCOME	B	-189,669	Operation of Plant	7	33.03
33.05	MISC INCOME	B	-7,307	Dietary	10	33.05
33.06	EHR PHYSICIAN EXPENSES	A	-215,702	Medical Records & Library	16	33.06
33.09	OTHER INCOME	B	-74,037	Emergency	91	33.09
33.15	WORK ORDER REVENUE	B	-7,306	Operation of Plant	7	33.15
33.17	BARATRIC REVENUE	B	-167,723	Adults & Pediatrics	30	33.17
33.18	TRAINING FEES	B	1,825	Nursing Administration	13	33.18
33.19	OTHER INCOME	B	2	Pharmacy	15	33.19
33.20	OTHER INCOME	B	-5,754	Radiology-Diagnostic	54	33.20
33.21	RENTAL INCOME	B	-181,804	Radiology-Therapeutic	55	33.21
34	MEDICAID IHA TAX	A	-6,581,433	OTHER ADMINISTRATIVE AND GENERAL	5.06	34
35	LOSS ON DISPOSAL OF ASSETS	A	-4,190	Cap Rel Costs-Mvble Equip	2	14
35.02	LOSS ON DISPOSAL OF ASSETS	A	-1,807	PURCHASING	5.03	35.02
35.03	LOSS ON DISPOSAL OF ASSETS	A	-3,614	Operation of Plant	7	35.03
35.04	LOSS ON DISPOSAL OF ASSETS	A	-1,807	Dietary	10	35.04
35.05	LOSS ON DISPOSAL OF ASSETS	A	-10,214	Nursing Administration	13	35.05
35.06	LOSS ON DISPOSAL OF ASSETS	A	-57,484	Adults & Pediatrics	30	35.06
35.07	LOSS ON DISPOSAL OF ASSETS	A	-9,036	Intensive Care Unit	31	35.07
35.08	LOSS ON DISPOSAL OF ASSETS	A	-87,918	Operating Room	50	35.08
35.09	LOSS ON DISPOSAL OF ASSETS	A	-19,239	Recovery Room	51	35.09
35.10	LOSS ON DISPOSAL OF ASSETS	A	-6,807	Anesthesiology	53	35.10
35.11	LOSS ON DISPOSAL OF ASSETS	A	-3,875	Cardiac Catheterization	59	35.11
35.12	LOSS ON DISPOSAL OF ASSETS	A	-575	Laboratory	60	35.12
35.13	LOSS ON DISPOSAL OF ASSETS	A	-1,813	Respiratory Therapy	65	35.13
35.14	LOSS ON DISPOSAL OF ASSETS	A	-950	Physical Therapy	66	35.14
35.15	LOSS ON DISPOSAL OF ASSETS	A	-1,807	ASC (Non-Distinct Part)	75	35.15
35.16	LOSS ON DISPOSAL OF ASSETS	A	-1,807	WOUND CARE	90.06	35.16
35.17	LOSS ON DISPOSAL OF ASSETS	A	-5,421	Emergency	91	35.17
36						36
37	OTHER RENTAL INCOME	B	-296,119	GENETIC TESTING	90.03	37

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

				EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	
37.01	MEALS AND ENTERTAINMENT	A	-144	OTHER ADMINISTRATIVE AND GENERAL	5.06		37.01
37.04	PSYCH OTHER REV	B	-9,298	PSYCH	75.02		37.04
37.10	MARKETING	A	-648	OTHER ADMINISTRATIVE AND GENERAL	5.06		37.10
38	MARKETING	A	-1,267	Nursing Administration	13		38
39							39
40	LOBBYING DUES	A	-6,837	OTHER ADMINISTRATIVE AND GENERAL	5.06		40
41	VALET SERVICES	A	-75,202	Operation of Plant	7		41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		764,950				50

- (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 subscripits thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE COSTS	55,269,041	42,842,004	12,427,037	1
2	50	Operating Room	HOME OFFICE COSTS		135	-135	2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			55,269,041	42,842,139	12,426,902	5

* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

B. INTERRELATIONSHIP OF 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership		Type of Business
	1	2	3	4	5	6	
6	B	DELCOM	100.00	SYSTEM	100.00	SYSTEM	6
7	B	CADENCE HEALTH	100.00	CADENCE HEALTH	100.00	HOME OFFICE	7
8							8
9							9
10							10

(1) Use the following symbols to indicate the 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.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	OTHER ADMINISTRATIVE AGGREGATE	1,960,364	962,180	998,184	211,500	17,217	1,750,671	87,534	1
2										2
3										3
4										4
5	15	Pharmacy AGGREGATE	1,025	1,025						5
6										6
7	30	Adults & Pediatrics AGGREGATE	224,958	470	224,488	197,500	8,326	790,570	39,529	7
8										8
9	31	Intensive Care Unit AGGREGATE	148,676		148,676	211,500	773	78,601	3,930	9
10										10
11	52	Delivery Room & Labo AGGREGATE	670,086		670,086	237,100	7,252	826,658	41,333	11
12										12
13	54	Radiology-Diagnostic AGGREGATE	17,051	17,051						13
14										14
15	56	Radioisotope AGGREGATE	13,460	13,460						15
16										16
17	60	Laboratory AGGREGATE	193,659	193,659						17
18										18
19										19
20										20
21	69	Electrocardiology AGGREGATE	1,254,404	1,254,404						21
23	75.02	PSYCH AGGREGATE	17,804	17,804						23
25	91	Emergency AGGREGATE	1,111,675	523	1,111,152	211,500	15,426	1,568,557	78,428	25
200		TOTAL	5,613,162	2,460,576	3,152,586		48,994	5,015,057	250,754	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	OTHER ADMINISTRATIVE AGGREGATE					1,750,671		962,180	1
2										2
3										3
4										4
5	15	Pharmacy AGGREGATE							1,025	5
6										6
7	30	Adults & Pediatrics AGGREGATE					790,570		470	7
8										8
9	31	Intensive Care Unit AGGREGATE					78,601	70,075	70,075	9
10										10
11	52	Delivery Room & Labo AGGREGATE					826,658			11
12										12
13	54	Radiology-Diagnostic AGGREGATE							17,051	13
14										14
15	56	Radioisotope AGGREGATE							13,460	15
16										16
17	60	Laboratory AGGREGATE							193,659	17
18										18
19										19
20										20
21	69	Electrocardiology AGGREGATE							1,254,404	21
23	75.02	PSYCH AGGREGATE							17,804	23
25	91	Emergency AGGREGATE					1,568,557		523	25
200		TOTAL					5,015,057	70,075	2,530,651	200

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	IS	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	15,347,496	15,347,496					1
2	Cap Rel Costs-Mvble Equip	10,099,652		10,099,652				2
4	Employee Benefits Department	3,024,365			3,024,365			4
5.01	NONPATIENT TELEPHONES	33,501				33,501		5.01
5.02	IS		338,069	814,932		1,572	1,154,573	5.02
5.03	PURCHASING	1,070,540	330,441	19,226	24,664	383		5.03
5.04	PT REG	2,232,136	197,547	4,145	74,492	939	626,579	5.04
5.05	PT ACCTS			1,329,782				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	62,903,328	347,167		133,868	2,357		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	7,873,455	385,996	393,288	58,466	1,265		7
8	Laundry & Linen Service	686,078	90,847	1,600	1,204	19		8
9	Housekeeping	2,688,782	144,059	12,536	67,637	268		9
10	Dietary	1,195,012	256,826	89,392	22,400	230		10
11	Cafeteria	864,352	415,222	118,592	36,216			11
12	Maintenance of Personnel							12
13	Nursing Administration	2,779,150	14,107	185,517	92,700	38		13
14	Central Services & Supply							14
15	Pharmacy	3,501,883	158,948	170,283	119,000	575		15
16	Medical Records & Library	101,117				153		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	18,410,834	4,506,878	1,105,946	599,690	6,365	41,480	30
31	Intensive Care Unit	3,949,179	622,465	159,309	128,573	901	6,493	31
43	Nursery	2,226,318	413,476	62,161	76,693	747	4,588	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	11,031,279	1,018,939	1,558,903	146,840	1,342	27,715	50
51	Recovery Room	919,545	83,035	207,351	29,573	192	3,946	51
52	Delivery Room & Labor Room	4,626,733	664,373	86,628	126,297	1,169	9,144	52
53	Anesthesiology	534,758	45,492	206,006	5,451	249	6,206	53
54	Radiology-Diagnostic	3,243,630	499,406	355,579	102,655	1,763	14,939	54
54.01	ULTRA SOUND	1,198,352	15,532	19,789	43,343	134	11,715	54.01
54.02	NUCLEAR ONCOLOGY	1,297,155	409,524	490,490	39,855	383	8,515	54.02
55	Radiology-Therapeutic	2,431,753	424,412	155,297	70,687	441	4,895	55
56	Radioisotope	1,021,823	40,943	2,930	23,033	211	6,534	56
57	CT Scan	1,287,106	86,068	4,259	43,199	249	40,014	57
58	MRI	1,295,611	132,663	47,183	38,046	230	20,620	58
59	Cardiac Catheterization	4,007,514	629,266	619,521	75,294	862	10,175	59
60	Laboratory	9,448,851	544,439	890,709	117,696	1,610	49,110	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,666,390	263,672	311,404	50,913	613	2,937	64
65	Respiratory Therapy	1,711,073	56,291	43,403	57,611	460	6,701	65
66	Physical Therapy	5,286,265	56,061	33,499	162,602	1,227	12,170	66
69	Electrocardiology	1,217,202	136,431	303,354	43,782	882	18,084	69
71	Medical Supplies Charged to Patients	1,043,735					38,509	71
72	Impl. Dev. Charged to Patients	6,732,090					18,592	72
73	Drugs Charged to Patients	28,522,482					99,633	73
74	Renal Dialysis	342,494	6,893				1,275	74
75	ASC (Non-Distinct Part)	2,464,384	355,209	106,170	65,634	1,418	9,176	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	701,005	322	38,514	18,812		1,245	75.02
75.03	NEURODIAGNOSTICS	115,290	24,355	15,892	3,456	19	676	75.03
76.97	CARDIAC REHABILITATION	679,615	276	17,008	16,419	556	1,065	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING		153,709		10,430	38	67	90.03
90.04	CHRONIC PAIN CLINIC	353,556	96,040	17,245	7,666	575	1,263	90.04
90.05	DIABETES EDUCATION	510,002	184	508	15,197	134	360	90.05
90.06	WOUND CARE	843,520	68,468	4,108	26,050	192	1,877	90.06
90.07	SLEEP LAB	489,241	60,243	19,993	16,363	38	2,084	90.07
91	Emergency	8,261,734	1,171,040	77,200	227,339	2,606	46,191	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	242,271,366	15,265,334	10,099,652	3,019,846	33,405	1,154,573	118

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	IS	
		0	1	2	4	5.01	5.02	
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	323,493	82,162		4,519	96		190
192	Physicians' Private Offices	316						192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	242,595,175	15,347,496	10,099,652	3,024,365	33,501	1,154,573	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING 5.03	PT REG 5.04	PT ACCTS 5.05	SUBTOTAL (cols.0-4) 4A	OTHER ADMI NISTRATIVE AND GENER 5.06	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING	1,445,254						5.03
5.04	PT REG	2,190	3,138,028					5.04
5.05	PT ACCTS			1,329,782				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	4,925			63,391,645	63,391,645		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	1,759			8,714,229	3,082,580	11,796,809	7
8	Laundry & Linen Service	214			779,962	275,905	77,952	8
9	Housekeeping	15,918			2,929,200	1,036,178	123,611	9
10	Dietary	1,930			1,565,790	553,884	220,371	10
11	Cafeteria	486			1,434,868	507,572	356,284	11
12	Maintenance of Personnel							12
13	Nursing Administration	751			3,072,263	1,086,785	12,105	13
14	Central Services & Supply							14
15	Pharmacy	13,253			3,963,942	1,402,209	136,386	15
16	Medical Records & Library				101,270	35,823		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	53,712	246,536	104,452	25,075,893	8,870,371	3,867,159	30
31	Intensive Care Unit	18,292	38,591	16,350	4,940,153	1,747,535	534,111	31
43	Nursery	6,454	27,269	11,553	2,829,259	1,000,825	354,786	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	394,726	164,720	69,788	14,414,252	5,098,912	874,308	50
51	Recovery Room	6,337	23,454	9,937	1,283,370	453,981	71,249	51
52	Delivery Room & Labor Room	20,741	54,346	23,025	5,612,456	1,985,356	570,071	52
53	Anesthesiology	18,416	36,888	15,628	869,094	307,434	39,035	53
54	Radiology-Diagnostic	8,191	88,790	37,618	4,352,571	1,539,683	428,519	54
54.01	ULTRA SOUND	1,257	69,626	29,499	1,389,247	491,434	13,327	54.01
54.02	NUCLEAR ONCOLOGY	1,043	50,607	21,441	2,319,013	820,330	351,395	54.02
55	Radiology-Therapeutic	8,016	29,093	12,326	3,136,920	1,109,657	364,170	55
56	Radioisotope	23,899	38,833	16,453	1,174,659	415,525	35,132	56
57	CT Scan	5,520	237,818	100,758	1,804,991	638,499	73,851	57
58	MRI	14,224	122,555	51,924	1,723,056	609,516	113,833	58
59	Cardiac Catheterization	102,109	60,475	25,622	5,530,838	1,956,484	539,946	59
60	Laboratory	116,501	291,883	123,664	11,584,463	4,097,900	467,160	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	16,970	17,456	7,396	2,337,751	826,958	226,246	64
65	Respiratory Therapy	7,836	39,829	16,875	1,940,079	686,285	48,301	65
66	Physical Therapy	3,260	72,331	30,645	5,658,060	2,001,488	48,104	66
69	Electrocardiology	1,246	107,480	45,537	1,873,998	662,910	117,066	69
71	Medical Supplies Charged to Patients	61,095	228,879	96,971	1,469,189	519,712		71
72	Impl. Dev. Charged to Patients	412,080	110,498	46,816	7,320,076	2,589,411		72
73	Drugs Charged to Patients		592,094	251,127	29,465,336	10,423,106		73
74	Renal Dialysis		7,576	3,210	361,448	127,859	5,914	74
75	ASC (Non-Distinct Part)	38,918	54,537	23,106	3,118,552	1,103,160	304,789	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	119	7,401	3,136	770,554	272,577	276	75.02
75.03	NEURODIAGNOSTICS	1,227	4,020	1,703	166,638	58,947	20,898	75.03
76.97	CARDIAC REHABILITATION	350	6,327	2,681	724,297	256,214	237	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	212	397	168	165,021	58,375	131,891	90.03
90.04	CHRONIC PAIN CLINIC	2,755	7,504	3,179	489,783	173,256	82,407	90.04
90.05	DIABETES EDUCATION	735	2,139	906	530,165	187,541	158	90.05
90.06	WOUND CARE	5,969	11,157	4,727	966,068	341,738	58,750	90.06
90.07	SLEEP LAB	738	12,385	5,247	606,332	214,484	51,692	90.07
91	Emergency	39,843	274,534	116,314	10,216,801	3,614,101	1,004,819	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	1,434,217	3,138,028	1,329,782	242,173,552	63,242,500	11,726,309	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen	11,034			421,304	149,032	70,500	190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	PT REG	PT ACCTS	SUBTOTAL (cols.0-4)	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	
		5.03	5.04	5.05	4A	5.06	7	
192	Physicians' Private Offices	3			319	113		192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,445,254	3,138,028	1,329,782	242,595,175	63,391,645	11,796,809	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	
		8	9	10	11	13	15	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	1,133,819						8
9	Housekeeping		4,088,989					9
10	Dietary			2,417,757				10
11	Cafeteria		125,641		2,424,365			11
12	Maintenance of Personnel							12
13	Nursing Administration		4,269		87,435	4,262,857		13
14	Central Services & Supply							14
15	Pharmacy		48,096		82,289		5,632,922	15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	493,557	1,363,730	2,064,363	655,434	1,553,372	46,415	30
31	Intensive Care Unit	73,965	188,351	353,394	108,416	256,938	5,729	31
43	Nursery	43,230	125,113		28,429	67,380	131	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	3,658	308,319		168,271	398,770	8,533	50
51	Recovery Room	52,493	25,125		22,283	52,776	508	51
52	Delivery Room & Labor Room	65,420	201,032		79,291	187,887	4,988	52
53	Anesthesiology		13,765		7,841	18,598	31,332	53
54	Radiology-Diagnostic	60,705	151,114		89,857	212,969	441	54
54.01	ULTRA SOUND	30,785	4,700		33,999	80,569	701	54.01
54.02	NUCLEAR ONCOLOGY		123,917		29,488		30,757	54.02
55	Radiology-Therapeutic		128,422		89,282		5,698	55
56	Radioisotope	6,392	12,389		17,469	41,408	402	56
57	CT Scan	36,286	26,043		35,513	84,153	7,395	57
58	MRI	14,387	40,142		30,094	71,325	14,289	58
59	Cardiac Catheterization		190,409		55,343	131,159	119,278	59
60	Laboratory		164,741		141,598		7	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		79,784		43,445	102,971	294	64
65	Respiratory Therapy		17,033		52,134	123,565	718	65
66	Physical Therapy		16,964		151,922		572	66
69	Electrocardiology	32,203	41,283		36,997	87,682	14	69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients						5,332,236	73
74	Renal Dialysis		2,086					74
75	ASC (Non-Distinct Part)	92,984	107,482		59,612	141,256	2,469	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH		97		20,466			75.02
75.03	NEURODIAGNOSTICS		7,369		3,361			75.03
76.97	CARDIAC REHABILITATION		83		13,866		4	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING		46,511		10,960	25,982	31	90.03
90.04	CHRONIC PAIN CLINIC		29,060		7,660	18,161	7	90.04
90.05	DIABETES EDUCATION		56		12,110	28,718	18	90.05
90.06	WOUND CARE		20,718		22,828	54,099	4,150	90.06
90.07	SLEEP LAB		18,229		17,045	40,381		90.07
91	Emergency	127,754	354,343		203,693	482,738	15,805	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	1,133,819	4,064,128	2,417,757	2,418,431	4,262,857	5,632,922	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen		24,861		5,934			190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	
		8	9	10	11	13	15	
192	Physicians' Private Offices							192
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,133,819	4,088,989	2,417,757	2,424,365	4,262,857	5,632,922	202

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL		
		16	24	25	26		
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library	137,093					16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	10,792	44,001,086		44,001,086		30
31	Intensive Care Unit	1,689	8,210,281		8,210,281		31
43	Nursery	1,194	4,450,347		4,450,347		43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	7,211	21,282,234		21,282,234		50
51	Recovery Room	1,027	1,962,812		1,962,812		51
52	Delivery Room & Labor Room	2,379	8,708,880		8,708,880		52
53	Anesthesiology	1,615	1,288,714		1,288,714		53
54	Radiology-Diagnostic	3,887	6,839,746		6,839,746		54
54.01	ULTRA SOUND	3,048	2,047,810		2,047,810		54.01
54.02	NUCLEAR ONCOLOGY	2,215	3,677,115		3,677,115		54.02
55	Radiology-Therapeutic	1,274	4,835,423		4,835,423		55
56	Radioisotope	1,700	1,705,076		1,705,076		56
57	CT Scan	10,411	2,717,142		2,717,142		57
58	MRI	5,365	2,622,007		2,622,007		58
59	Cardiac Catheterization	2,647	8,526,104		8,526,104		59
60	Laboratory	12,778	16,468,647		16,468,647		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	764	3,618,213		3,618,213		64
65	Respiratory Therapy	1,744	2,869,859		2,869,859		65
66	Physical Therapy	3,166	7,880,276		7,880,276		66
69	Electrocardiology	4,705	2,856,858		2,856,858		69
71	Medical Supplies Charged to Patients	10,019	1,998,920		1,998,920		71
72	Impl. Dev. Charged to Patients	4,837	9,914,324		9,914,324		72
73	Drugs Charged to Patients	25,643	45,246,321		45,246,321		73
74	Renal Dialysis	332	497,639		497,639		74
75	ASC (Non-Distinct Part)	2,387	4,932,691		4,932,691		75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH	324	1,064,294		1,064,294		75.02
75.03	NEURODIAGNOSTICS	176	257,389		257,389		75.03
76.97	CARDIAC REHABILITATION	277	994,978		994,978		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	17	438,788		438,788		90.03
90.04	CHRONIC PAIN CLINIC	328	800,662		800,662		90.04
90.05	DIABETES EDUCATION	94	758,860		758,860		90.05
90.06	WOUND CARE	488	1,468,839		1,468,839		90.06
90.07	SLEEP LAB	542	948,705		948,705		90.07
91	Emergency	12,018	16,032,072		16,032,072		91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	137,093	241,923,112		241,923,112		118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		671,631		671,631		190

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COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL			
		16	24	25	26			
192	Physicians' Private Offices		432		432			192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	137,093	242,595,175		242,595,175			202

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	SUBTOTAL	IS	PURCHASING	
		0	1	2	2A	5.02	5.03	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS		338,069	814,932	1,153,001	1,153,001		5.02
5.03	PURCHASING	76,895	330,441	19,226	426,562		426,562	5.03
5.04	PT REG		197,547	4,145	201,692	626,203	646	5.04
5.05	PT ACCTS			1,329,782	1,329,782			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	8,053,474	347,167		8,400,641		1,454	5.06
6	Maintenance & Repairs							6
7	Operation of Plant		385,996	393,288	779,284		519	7
8	Laundry & Linen Service		90,847	1,600	92,447		63	8
9	Housekeeping		144,059	12,536	156,595		4,698	9
10	Dietary	821	256,826	89,392	347,039		570	10
11	Cafeteria		415,222	118,592	533,814		143	11
12	Maintenance of Personnel							12
13	Nursing Administration		14,107	185,517	199,624		222	13
14	Central Services & Supply							14
15	Pharmacy		158,948	170,283	329,231		3,912	15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	173,639	4,506,878	1,105,946	5,786,463	41,387	15,853	30
31	Intensive Care Unit	3,931	622,465	159,309	785,705	6,478	5,399	31
43	Nursery		413,476	62,161	475,637	4,578	1,905	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	-6,253	1,018,939	1,558,903	2,571,589	27,652	116,503	50
51	Recovery Room		83,035	207,351	290,386	3,937	1,870	51
52	Delivery Room & Labor Room		664,373	86,628	751,001	9,123	6,122	52
53	Anesthesiology		45,492	206,006	251,498	6,192	5,435	53
54	Radiology-Diagnostic	297,554	499,406	355,579	1,152,539	14,905	2,418	54
54.01	ULTRA SOUND		15,532	19,789	35,321	11,688	371	54.01
54.02	NUCLEAR ONCOLOGY		409,524	490,490	900,014	8,496	308	54.02
55	Radiology-Therapeutic		424,412	155,297	579,709	4,884	2,366	55
56	Radioisotope		40,943	2,930	43,873	6,519	7,054	56
57	CT Scan		86,068	4,259	90,327	39,923	1,629	57
58	MRI		132,663	47,183	179,846	20,573	4,198	58
59	Cardiac Catheterization		629,266	619,521	1,248,787	10,152	30,137	59
60	Laboratory		544,439	890,709	1,435,148	48,999	34,385	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		263,672	311,404	575,076	2,930	5,009	64
65	Respiratory Therapy	1,265	56,291	43,403	100,959	6,686	2,313	65
66	Physical Therapy	651,824	56,061	33,499	741,384	12,142	962	66
69	Electrocardiology		136,431	303,354	439,785	18,043	368	69
71	Medical Supplies Charged to Patients					38,422	18,032	71
72	Impl. Dev. Charged to Patients					18,550	121,620	72
73	Drugs Charged to Patients					99,408		73
74	Renal Dialysis		6,893		6,893	1,272		74
75	ASC (Non-Distinct Part)		355,209	106,170	461,379	9,155	11,487	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	176,256	322	38,514	215,092	1,242	35	75.02
75.03	NEURODIAGNOSTICS		24,355	15,892	40,247	675	362	75.03
76.97	CARDIAC REHABILITATION	220,398	276	17,008	237,682	1,062	103	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	2,786	153,709		156,495	67	63	90.03
90.04	CHRONIC PAIN CLINIC	96,924	96,040	17,245	210,209	1,260	813	90.04
90.05	DIABETES EDUCATION	76,127	184	508	76,819	359	217	90.05
90.06	WOUND CARE	26,240	68,468	4,108	98,816	1,873	1,762	90.06
90.07	SLEEP LAB	2,016	60,243	19,993	82,252	2,079	218	90.07
91	Emergency		1,171,040	77,200	1,248,240	46,087	11,760	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	9,853,897	15,265,334	10,099,652	35,218,883	1,153,001	423,304	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen		82,162		82,162		3,257	190

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	SUBTOTAL	IS	PURCHASING	
		0	1	2	2A	5.02	5.03	
192	Physicians' Private Offices							1 192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	9,853,897	15,347,496	10,099,652	35,301,045	1,153,001	426,562	202

KPMG LLP Compu-Max 2552-10

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PT REG	PT ACCTS	OTHER ADMIN ISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.04	5.05	5.06	7	8	9	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG	828,541						5.04
5.05	PT ACCTS		1,329,782					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			8,402,095				5.06
6	Maintenance & Repairs							6
7	Operation of Plant			408,575	1,188,378			7
8	Laundry & Linen Service			36,569	7,853	136,932		8
9	Housekeeping			137,338	12,452		311,083	9
10	Dietary			73,414	22,200		5,912	10
11	Cafeteria			67,275	35,891		9,559	11
12	Maintenance of Personnel							12
13	Nursing Administration			144,046	1,219		325	13
14	Central Services & Supply							14
15	Pharmacy			185,853	13,739		3,659	15
16	Medical Records & Library			4,748				16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	65,130	104,452	1,175,708	389,567	59,607	103,750	30
31	Intensive Care Unit	10,195	16,350	231,624	53,805	8,933	14,329	31
43	Nursery	7,204	11,553	132,653	35,740	5,221	9,518	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	43,516	69,788	675,827	88,075	442	23,456	50
51	Recovery Room	6,196	9,937	60,172	7,177	6,340	1,912	51
52	Delivery Room & Labor Room	14,357	23,025	263,146	57,427	7,901	15,294	52
53	Anesthesiology	9,745	15,628	40,748	3,932		1,047	53
54	Radiology-Diagnostic	23,456	37,618	204,075	43,168	7,331	11,497	54
54.01	ULTRA SOUND	18,394	29,499	65,136	1,343	3,718	358	54.01
54.02	NUCLEAR ONCOLOGY	13,369	21,441	108,729	35,399		9,427	54.02
55	Radiology-Therapeutic	7,686	12,326	147,078	36,685		9,770	55
56	Radioisotope	10,259	16,453	55,075	3,539	772	943	56
57	CT Scan	62,827	100,758	84,629	7,440	4,382	1,981	57
58	MRI	32,376	51,924	80,787	11,467	1,737	3,054	58
59	Cardiac Catheterization	15,976	25,622	259,319	54,393		14,486	59
60	Laboratory	77,110	123,664	543,149	47,060		12,533	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	4,612	7,396	109,608	22,791		6,070	64
65	Respiratory Therapy	10,522	16,875	90,963	4,866		1,296	65
66	Physical Therapy	19,108	30,645	265,284	4,846		1,291	66
69	Electrocardiology	28,394	45,537	87,864	11,793	3,889	3,141	69
71	Medical Supplies Charged to Patients	60,465	96,971	68,884				71
72	Impl. Dev. Charged to Patients	29,191	46,816	343,209				72
73	Drugs Charged to Patients	155,957	251,127	1,381,473				73
74	Renal Dialysis	2,002	3,210	16,947	596		159	74
75	ASC (Non-Distinct Part)	14,408	23,106	146,216	30,704	11,230	8,177	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	1,955	3,136	36,128	28		7	75.02
75.03	NEURODIAGNOSTICS	1,062	1,703	7,813	2,105		561	75.03
76.97	CARDIAC REHABILITATION	1,672	2,681	33,959	24		6	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	105	168	7,737	13,286		3,538	90.03
90.04	CHRONIC PAIN CLINIC	1,982	3,179	22,964	8,302		2,211	90.04
90.05	DIABETES EDUCATION	565	906	24,857	16		4	90.05
90.06	WOUND CARE	2,947	4,727	45,295	5,918		1,576	90.06
90.07	SLEEP LAB	3,272	5,247	28,428	5,207		1,387	90.07
91	Emergency	72,526	116,314	479,025	101,223	15,429	26,958	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	828,541	1,329,782	8,382,327	1,181,276	136,932	309,192	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen			19,753	7,102		1,891	190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PT REG	PT ACCTS	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
		5.04	5.05	5.06	7	8	9	
192	Physicians' Private Offices			15				192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	828,541	1,329,782	8,402,095	1,188,378	136,932	311,083	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		10	11	13	15	16	24	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary	449,135						10
11	Cafeteria		646,682					11
12	Maintenance of Personnel							12
13	Nursing Administration		23,323	368,759				13
14	Central Services & Supply							14
15	Pharmacy		21,950		558,344			15
16	Medical Records & Library					4,748		16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	383,487	174,833	134,374	4,601	375	8,439,587	30
31	Intensive Care Unit	65,648	28,919	22,226	568	59	1,250,238	31
43	Nursery		7,583	5,829	13	42	697,476	43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room		44,885	34,496	846	251	3,697,326	50
51	Recovery Room		5,944	4,565	50	36	398,522	51
52	Delivery Room & Labor Room		21,150	16,253	494	83	1,185,376	52
53	Anesthesiology		2,092	1,609	3,106	56	341,088	53
54	Radiology-Diagnostic		23,969	18,423	44	135	1,539,578	54
54.01	ULTRA SOUND		9,069	6,970	69	106	182,042	54.01
54.02	NUCLEAR ONCOLOGY		7,866		3,049	77	1,108,175	54.02
55	Radiology-Therapeutic		23,815		565	44	824,928	55
56	Radioisotope		4,660	3,582	40	59	152,828	56
57	CT Scan		9,473	7,280	733	362	411,744	57
58	MRI		8,027	6,170	1,416	187	401,762	58
59	Cardiac Catheterization		14,762	11,346	11,823	92	1,696,895	59
60	Laboratory		37,770		1	444	2,360,263	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		11,589	8,908	29	27	754,045	64
65	Respiratory Therapy		13,906	10,689	71	61	259,207	65
66	Physical Therapy		40,524		57	110	1,116,353	66
69	Electrocardiology		9,869	7,585	1	164	656,433	69
71	Medical Supplies Charged to Patients					349	283,123	71
72	Impl. Dev. Charged to Patients					168	559,554	72
73	Drugs Charged to Patients				528,539	870	2,417,374	73
74	Renal Dialysis					12	31,091	74
75	ASC (Non-Distinct Part)		15,901	12,219	245	83	744,310	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH		5,459			11	263,093	75.02
75.03	NEURODIAGNOSTICS		896			6	55,430	75.03
76.97	CARDIAC REHABILITATION		3,699			10	280,898	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING		2,923	2,248	3	1	186,634	90.03
90.04	CHRONIC PAIN CLINIC		2,043	1,571	1	11	254,546	90.04
90.05	DIABETES EDUCATION		3,230	2,484	2	3	109,462	90.05
90.06	WOUND CARE		6,089	4,680	411	17	174,111	90.06
90.07	SLEEP LAB		4,547	3,493		19	136,149	90.07
91	Emergency		54,334	41,759	1,567	418	2,215,640	91
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	449,135	645,099	368,759	558,344	4,748	35,185,281	118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop & Canteen		1,583				115,748	190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	
		10	11	13	15	16	24	
192	Physicians' Private Offices						16	192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	449,135	646,682	368,759	558,344	4,748	35,301,045	202

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DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		8,439,587				30
31	Intensive Care Unit		1,250,238				31
43	Nursery		697,476				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		3,697,326				50
51	Recovery Room		398,522				51
52	Delivery Room & Labor Room		1,185,376				52
53	Anesthesiology		341,088				53
54	Radiology-Diagnostic		1,539,578				54
54.01	ULTRA SOUND		182,042				54.01
54.02	NUCLEAR ONCOLOGY		1,108,175				54.02
55	Radiology-Therapeutic		824,928				55
56	Radioisotope		152,828				56
57	CT Scan		411,744				57
58	MRI		401,762				58
59	Cardiac Catheterization		1,696,895				59
60	Laboratory		2,360,263				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy		754,045				64
65	Respiratory Therapy		259,207				65
66	Physical Therapy		1,116,353				66
69	Electrocardiology		656,433				69
71	Medical Supplies Charged to Patients		283,123				71
72	Impl. Dev. Charged to Patients		559,554				72
73	Drugs Charged to Patients		2,417,374				73
74	Renal Dialysis		31,091				74
75	ASC (Non-Distinct Part)		744,310				75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH		263,093				75.02
75.03	NEURODIAGNOSTICS		55,430				75.03
76.97	CARDIAC REHABILITATION		280,898				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING		186,634				90.03
90.04	CHRONIC PAIN CLINIC		254,546				90.04
90.05	DIABETES EDUCATION		109,462				90.05
90.06	WOUND CARE		174,111				90.06
90.07	SLEEP LAB		136,149				90.07
91	Emergency		2,215,640				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		35,185,281				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		115,748				190

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ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
192	Physicians' Private Offices		16					192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		35,301,045					202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT NEW MME DE PT	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S NON PATIENT	IS GROSS REVENUE	PURCHASING PURCHASING	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	333,990						1
2	Cap Rel Costs-Mvble Equip		6,362,107					2
4	Employee Benefits Department			66,562,072				4
5.01	NONPATIENT TELEPHONES				1,748			5.01
5.02	IS	7,357	513,353		82	2,614,526,941		5.02
5.03	PURCHASING	7,191	12,111	542,826	20		23,610,387	5.03
5.04	PT REG	4,299	2,611	1,639,463	49	1,419,970,948	35,780	5.04
5.05	PT ACCTS		837,674					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,555		2,946,240	123		80,455	5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,400	247,745	1,286,742	66		28,743	7
8	Laundry & Linen Service	1,977	1,008	26,490	1		3,500	8
9	Housekeeping	3,135	7,897	1,488,579	14		260,044	9
10	Dietary	5,589	56,311	493,000	12		31,534	10
11	Cafeteria	9,036	74,705	797,055			7,940	11
12	Maintenance of Personnel							12
13	Nursing Administration	307	116,863	2,040,195	2		12,263	13
14	Central Services & Supply							14
15	Pharmacy	3,459	107,267	2,619,004	30		216,501	15
16	Medical Records & Library				8			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	98,078	696,672	13,198,624	332	93,847,146	877,454	30
31	Intensive Care Unit	13,546	100,354	2,829,700	47	14,690,290	298,833	31
43	Nursery	8,998	39,157	1,687,901	39	10,380,155	105,432	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,174	982,005	3,231,732	70	62,702,709	6,448,402	50
51	Recovery Room	1,807	130,617	650,867	10	8,928,000	103,517	51
52	Delivery Room & Labor Room	14,458	54,570	2,779,607	61	20,687,337	338,831	52
53	Anesthesiology	990	129,770	119,967	13	14,041,757	300,843	53
54	Radiology-Diagnostic	10,868	223,991	2,259,280	92	33,798,861	133,812	54
54.01	ULTRA SOUND	338	12,466	953,917	7	26,504,157	20,527	54.01
54.02	NUCLEAR ONCOLOGY	8,912	308,976	877,144	20	19,264,229	17,033	54.02
55	Radiology-Therapeutic	9,236	97,827	1,555,716	23	11,074,583	130,955	55
56	Radioisotope	891	1,846	506,930	11	14,782,412	390,431	56
57	CT Scan	1,873	2,683	950,754	13	90,528,295	90,171	57
58	MRI	2,887	29,722	837,332	12	46,651,916	232,371	58
59	Cardiac Catheterization	13,694	390,257	1,657,118	45	23,020,641	1,668,088	59
60	Laboratory	11,848	561,087	2,590,321	84	111,108,883	1,903,203	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	5,738	196,164	1,120,518	32	6,644,921	277,230	64
65	Respiratory Therapy	1,225	27,341	1,267,926	24	15,161,376	128,014	65
66	Physical Therapy	1,220	21,102	3,578,616	64	27,533,683	53,250	66
69	Electrocardiology	2,969	191,093	963,567	46	40,913,460	20,355	69
71	Medical Supplies Charged to Patients					87,125,519	998,066	71
72	Impl. Dev. Charged to Patients					42,062,484	6,732,090	72
73	Drugs Charged to Patients					225,414,955		73
74	Renal Dialysis	150				2,884,074		74
75	ASC (Non-Distinct Part)	7,730	66,880	1,444,495	74	20,760,115	635,777	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	7	24,261	414,014		2,817,437	1,942	75.02
75.03	NEURODIAGNOSTICS	530	10,011	76,055	1	1,530,214	20,052	75.03
76.97	CARDIAC REHABILITATION	6	10,714	361,368	29	2,408,564	5,713	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	3,345		229,540	2	151,219	3,465	90.03
90.04	CHRONIC PAIN CLINIC	2,090	10,863	168,722	30	2,856,395	45,013	90.04
90.05	DIABETES EDUCATION	4	320	334,470	7	814,166	12,012	90.05
90.06	WOUND CARE	1,490	2,588	573,312	10	4,246,891	97,510	90.06
90.07	SLEEP LAB	1,311	12,594	360,122	2	4,714,313	12,052	90.07
91	Emergency	25,484	48,631	5,003,382	136	104,504,836	650,894	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	332,202	6,362,107	66,462,611	1,743	2,614,526,941	23,430,098	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT NEW MME DE PT	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S NON PATIENT	IS GROSS REVENUE	PURCHASING PURCHASING	
		1	2	4	5.01	5.02	5.03	
190	Gift, Flower, Coffee Shop & Canteen	1,788		99,461	5		180,248	190
192	Physicians' Private Offices						41	192
192.0	HOME HEALTH AGENCY							192.0
1								1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	15,347,496	10,099,652	3,024,365	33,501	1,154,573	1,445,254	202
203	Unit Cost Multiplier (Wkst. B, Part I)	45.951963	1.587470	0.045437	19.165332	0.000442	0.061213	203
204	Cost to be allocated (Per Wkst. B, Part II)					1,153,001	426,562	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.000441	0.018067	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PT REG	PT ACCTS	RECON-	OTHER ADMI	OPERATION	LAUNDRY	
		GROSS REVENUE	GROSS REVENUE	CILATION	NISTRATIVE AND GENER ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	
		5.04	5.05	5A.06	5.06	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG	1,194,555,993						5.04
5.05	PT ACCTS		1,194,555,993					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			-63,391,645	179,203,530			5.06
6	Maintenance & Repairs							6
7	Operation of Plant				8,714,229	299,188		7
8	Laundry & Linen Service				779,962	1,977	402,330	8
9	Housekeeping				2,929,200	3,135		9
10	Dietary				1,565,790	5,589		10
11	Cafeteria				1,434,868	9,036		11
12	Maintenance of Personnel							12
13	Nursing Administration				3,072,263	307		13
14	Central Services & Supply							14
15	Pharmacy				3,963,942	3,459		15
16	Medical Records & Library				101,270			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	93,847,146	93,847,146		25,075,893	98,078	175,136	30
31	Intensive Care Unit	14,690,290	14,690,290		4,940,153	13,546	26,246	31
43	Nursery	10,380,155	10,380,155		2,829,259	8,998	15,340	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	62,702,709	62,702,709		14,414,252	22,174	1,298	50
51	Recovery Room	8,928,000	8,928,000		1,283,370	1,807	18,627	51
52	Delivery Room & Labor Room	20,687,337	20,687,337		5,612,456	14,458	23,214	52
53	Anesthesiology	14,041,757	14,041,757		869,094	990		53
54	Radiology-Diagnostic	33,798,861	33,798,861		4,352,571	10,868	21,541	54
54.01	ULTRA SOUND	26,504,157	26,504,157		1,389,247	338	10,924	54.01
54.02	NUCLEAR ONCOLOGY	19,264,229	19,264,229		2,319,013	8,912		54.02
55	Radiology-Therapeutic	11,074,583	11,074,583		3,136,920	9,236		55
56	Radioisotope	14,782,412	14,782,412		1,174,659	891	2,268	56
57	CT Scan	90,528,295	90,528,295		1,804,991	1,873	12,876	57
58	MRI	46,651,916	46,651,916		1,723,056	2,887	5,105	58
59	Cardiac Catheterization	23,020,641	23,020,641		5,530,838	13,694		59
60	Laboratory	111,108,883	111,108,883		11,584,463	11,848		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	6,644,921	6,644,921		2,337,751	5,738		64
65	Respiratory Therapy	15,161,376	15,161,376		1,940,079	1,225		65
66	Physical Therapy	27,533,683	27,533,683		5,658,060	1,220		66
69	Electrocardiology	40,913,460	40,913,460		1,873,998	2,969	11,427	69
71	Medical Supplies Charged to Patients	87,125,519	87,125,519		1,469,189			71
72	Impl. Dev. Charged to Patients	42,062,484	42,062,484		7,320,076			72
73	Drugs Charged to Patients	225,414,955	225,414,955		29,465,336			73
74	Renal Dialysis	2,884,074	2,884,074		361,448	150		74
75	ASC (Non-Distinct Part)	20,760,115	20,760,115		3,118,552	7,730	32,995	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	2,817,437	2,817,437		770,554	7		75.02
75.03	NEURODIAGNOSTICS	1,530,214	1,530,214		166,638	530		75.03
76.97	CARDIAC REHABILITATION	2,408,564	2,408,564		724,297	6		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	151,219	151,219		165,021	3,345		90.03
90.04	CHRONIC PAIN CLINIC	2,856,395	2,856,395		489,783	2,090		90.04
90.05	DIABETES EDUCATION	814,166	814,166		530,165	4		90.05
90.06	WOUND CARE	4,246,891	4,246,891		966,068	1,490		90.06
90.07	SLEEP LAB	4,714,313	4,714,313		606,332	1,311		90.07
91	Emergency	104,504,836	104,504,836		10,216,801	25,484	45,333	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,194,555,993	1,194,555,993	-63,391,645	178,781,907	297,400	402,330	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PT REG GROSS REVENUE	PT ACCTS GROSS REVENUE	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.04	5.05	5A.06	5.06	7	8	
190	Gift, Flower, Coffee Shop & Canteen				421,304	1,788		190
192	Physicians' Private Offices				319			192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	3,138,028	1,329,782		63,391,645	11,796,809	1,133,819	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.002627	0.001113		0.353741	39.429419	2.818132	203
204	Cost to be allocated (Per Wkst. B, Part II)	828,541	1,329,782		8,402,095	1,188,378	136,932	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000694	0.001113		0.046886	3.972011	0.340347	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION HOURS OF SERV	PHARMACY	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		SQUARE FEET	MEALS SERVED	NUMBER OF FTE	SERV	PHARMACY S TAT	REVENUE	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	294,076						9
10	Dietary	5,589	87,168					10
11	Cafeteria	9,036		80,077				11
12	Maintenance of Personnel							12
13	Nursing Administration	307		2,888	1,240,511			13
14	Central Services & Supply							14
15	Pharmacy	3,459		2,718		11,858,495		15
16	Medical Records & Library						1,194,555,993	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	98,078	74,427	21,649	452,038	97,713	93,847,146	30
31	Intensive Care Unit	13,546	12,741	3,581	74,770	12,061	14,690,290	31
43	Nursery	8,998		939	19,608	275	10,380,155	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,174		5,558	116,044	17,963	62,702,709	50
51	Recovery Room	1,807		736	15,358	1,069	8,928,000	51
52	Delivery Room & Labor Room	14,458		2,619	54,676	10,500	20,687,337	52
53	Anesthesiology	990		259	5,412	65,960	14,041,757	53
54	Radiology-Diagnostic	10,868		2,968	61,975	928	33,798,861	54
54.01	ULTRA SOUND	338		1,123	23,446	1,475	26,504,157	54.01
54.02	NUCLEAR ONCOLOGY	8,912		974		64,749	19,264,229	54.02
55	Radiology-Therapeutic	9,236		2,949		11,995	11,074,583	55
56	Radioisotope	891		577	12,050	846	14,782,412	56
57	CT Scan	1,873		1,173	24,489	15,569	90,528,295	57
58	MRI	2,887		994	20,756	30,082	46,651,916	58
59	Cardiac Catheterization	13,694		1,828	38,168	251,105	23,020,641	59
60	Laboratory	11,848		4,677		14	111,108,883	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	5,738		1,435	29,965	618	6,644,921	64
65	Respiratory Therapy	1,225		1,722	35,958	1,512	15,161,376	65
66	Physical Therapy	1,220		5,018		1,204	27,533,683	66
69	Electrocardiology	2,969		1,222	25,516	30	40,913,460	69
71	Medical Supplies Charged to Patients						87,125,519	71
72	Impl. Dev. Charged to Patients						42,062,484	72
73	Drugs Charged to Patients					11,225,496	225,414,955	73
74	Renal Dialysis	150					2,884,074	74
75	ASC (Non-Distinct Part)	7,730		1,969	41,106	5,197	20,760,115	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	7		676			2,817,437	75.02
75.03	NEURODIAGNOSTICS	530		111			1,530,214	75.03
76.97	CARDIAC REHABILITATION	6		458		9	2,408,564	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	3,345		362	7,561	65	151,219	90.03
90.04	CHRONIC PAIN CLINIC	2,090		253	5,285	14	2,856,395	90.04
90.05	DIABETES EDUCATION	4		400	8,357	38	814,166	90.05
90.06	WOUND CARE	1,490		754	15,743	8,736	4,246,891	90.06
90.07	SLEEP LAB	1,311		563	11,751		4,714,313	90.07
91	Emergency	25,484		6,728	140,479	33,272	104,504,836	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	292,288	87,168	79,881	1,240,511	11,858,495	1,194,555,993	118
	NONREIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTE	NURSING ADMINISTRATION HOURS OF SERVICE	PHARMACY PHARMACY STAT	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		9	10	11	13	15	16	
190	Gift, Flower, Coffee Shop & Canteen	1,788		196				190
192	Physicians' Private Offices							192
192.01	HOME HEALTH AGENCY							192.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,088,989	2,417,757	2,424,365	4,262,857	5,632,922	137,093	202
203	Unit Cost Multiplier (Wkst. B, Part I)	13,904531	27.736750	30.275422	3.436372	0.475012	0.000115	203
204	Cost to be allocated (Per Wkst. B, Part II)	311,083	449,135	646,682	368,759	558,344	4,748	204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.057832	5.152522	8.075752	0.297264	0.047084	0.000004	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
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	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
118	SUBTOTALS (sum of lines 1-117)							118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
192.0	HOME HEALTH AGENCY							192.0
1								1
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
	1	2	3	4	

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	44,001,086		44,001,086		44,001,086	30
31	Intensive Care Unit	8,210,281		8,210,281	70,075	8,280,356	31
43	Nursery	4,450,347		4,450,347		4,450,347	43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	21,282,234		21,282,234		21,282,234	50
51	Recovery Room	1,962,812		1,962,812		1,962,812	51
52	Delivery Room & Labor Room	8,708,880		8,708,880		8,708,880	52
53	Anesthesiology	1,288,714		1,288,714		1,288,714	53
54	Radiology-Diagnostic	6,839,746		6,839,746		6,839,746	54
54.01	ULTRA SOUND	2,047,810		2,047,810		2,047,810	54.01
54.02	NUCLEAR ONCOLOGY	3,677,115		3,677,115		3,677,115	54.02
55	Radiology-Therapeutic	4,835,423		4,835,423		4,835,423	55
56	Radioisotope	1,705,076		1,705,076		1,705,076	56
57	CT Scan	2,717,142		2,717,142		2,717,142	57
58	MRI	2,622,007		2,622,007		2,622,007	58
59	Cardiac Catheterization	8,526,104		8,526,104		8,526,104	59
60	Laboratory	16,468,647		16,468,647		16,468,647	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	3,618,213		3,618,213		3,618,213	64
65	Respiratory Therapy	2,869,859		2,869,859		2,869,859	65
66	Physical Therapy	7,880,276		7,880,276		7,880,276	66
69	Electrocardiology	2,856,858		2,856,858		2,856,858	69
71	Medical Supplies Charged to Patients	1,998,920		1,998,920		1,998,920	71
72	Impl. Dev. Charged to Patients	9,914,324		9,914,324		9,914,324	72
73	Drugs Charged to Patients	45,246,321		45,246,321		45,246,321	73
74	Renal Dialysis	497,639		497,639		497,639	74
75	ASC (Non-Distinct Part)	4,932,691		4,932,691		4,932,691	75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH	1,064,294		1,064,294		1,064,294	75.02
75.03	NEURODIAGNOSTICS	257,389		257,389		257,389	75.03
76.97	CARDIAC REHABILITATION	994,978		994,978		994,978	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	438,788		438,788		438,788	90.03
90.04	CHRONIC PAIN CLINIC	800,662		800,662		800,662	90.04
90.05	DIABETES EDUCATION	758,860		758,860		758,860	90.05
90.06	WOUND CARE	1,468,839		1,468,839		1,468,839	90.06
90.07	SLEEP LAB	948,705		948,705		948,705	90.07
91	Emergency	16,032,072		16,032,072		16,032,072	91
92	Observation Beds (Non-Distinct Part)	10,938,742		10,938,742		10,938,742	92
	OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	252,861,854		252,861,854	70,075	252,931,929	200
201	Less Observation Beds	10,938,742		10,938,742		10,938,742	201
202	Total (line 200 minus line 201)	241,923,112		241,923,112		241,993,187	202

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8				
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	73,330,099		73,330,099				30
31	Intensive Care Unit	14,100,275		14,100,275				31
43	Nursery	10,380,155		10,380,155				43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	27,767,339	34,935,370	62,702,709	0.339415	0.339415	0.339415	50
51	Recovery Room	3,821,683	5,106,316	8,927,999	0.219849	0.219849	0.219849	51
52	Delivery Room & Labor Room	19,148,306	1,256,771	20,405,077	0.426800	0.426800	0.426800	52
53	Anesthesiology	5,744,814	8,296,943	14,041,757	0.091777	0.091777	0.091777	53
54	Radiology-Diagnostic	6,269,654	27,529,207	33,798,861	0.202366	0.202366	0.202366	54
54.01	ULTRA SOUND	3,788,533	22,715,625	26,504,158	0.077264	0.077264	0.077264	54.01
54.02	NUCLEAR ONCOLOGY	520,795	18,743,435	19,264,230	0.190878	0.190878	0.190878	54.02
55	Radiology-Therapeutic	32,809	11,041,774	11,074,583	0.436623	0.436623	0.436623	55
56	Radioisotope	1,765,112	13,017,300	14,782,412	0.115345	0.115345	0.115345	56
57	CT Scan	19,410,928	71,117,367	90,528,295	0.030014	0.030014	0.030014	57
58	MRI	5,879,122	40,772,794	46,651,916	0.056204	0.056204	0.056204	58
59	Cardiac Catheterization	10,482,798	12,537,844	23,020,642	0.370368	0.370368	0.370368	59
60	Laboratory	39,652,813	71,456,070	111,108,883	0.148221	0.148221	0.148221	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,496,340	5,148,581	6,644,921	0.544508	0.544508	0.544508	64
65	Respiratory Therapy	12,949,123	2,212,253	15,161,376	0.189288	0.189288	0.189288	65
66	Physical Therapy	7,280,724	20,252,958	27,533,682	0.286205	0.286205	0.286205	66
69	Electrocardiology	10,232,074	30,681,385	40,913,459	0.069827	0.069827	0.069827	69
71	Medical Supplies Charged to Patients	52,518,482	34,607,037	87,125,519	0.022943	0.022943	0.022943	71
72	Impl. Dev. Charged to Patients	30,967,700	11,094,784	42,062,484	0.235705	0.235705	0.235705	72
73	Drugs Charged to Patients	42,220,478	183,194,477	225,414,955	0.200725	0.200725	0.200725	73
74	Renal Dialysis	2,655,748	228,326	2,884,074	0.172547	0.172547	0.172547	74
75	ASC (Non-Distinct Part)	2,894,791	17,865,324	20,760,115	0.237604	0.237604	0.237604	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH		2,817,437	2,817,437	0.377753	0.377753	0.377753	75.02
75.03	NEURODIAGNOSTICS	660,104	870,111	1,530,215	0.168204	0.168204	0.168204	75.03
76.97	CARDIAC REHABILITATION	33,606	2,374,958	2,408,564	0.413100	0.413100	0.413100	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING		151,219	151,219	2.901672	2.901672	2.901672	90.03
90.04	CHRONIC PAIN CLINIC	22,597	2,833,799	2,856,396	0.280305	0.280305	0.280305	90.04
90.05	DIABETES EDUCATION	22,701	791,465	814,166	0.932070	0.932070	0.932070	90.05
90.06	WOUND CARE	22,916	4,223,975	4,246,891	0.345862	0.345862	0.345862	90.06
90.07	SLEEP LAB	10,463	4,703,850	4,714,313	0.201239	0.201239	0.201239	90.07
91	Emergency	22,590,527	81,914,310	104,504,837	0.153410	0.153410	0.153410	91
92	Observation Beds (Non-Distinct Part)	7,117,416	14,271,906	21,389,322	0.511411	0.511411	0.511411	92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (sum of lines 30 thru 199)	435,791,025	758,764,971	1,194,555,996				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	435,791,025	758,764,971	1,194,555,996				202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	8,439,587		8,439,587	32,341	260.96	11,653	3,040,967	30
31	Intensive Care Unit	1,250,238		1,250,238	3,231	386.95	1,184	458,149	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	697,476		697,476	3,781	184.47			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,387,301		10,387,301	39,353		12,837	3,499,116	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,697,326	62,702,709	0.058966	13,170,072	776,586	50
51	Recovery Room	398,522	8,927,999	0.044637	1,719,803	76,767	51
52	Delivery Room & Labor Room	1,185,376	20,405,077	0.058092			52
53	Anesthesiology	341,088	14,041,757	0.024291	2,037,865	49,502	53
54	Radiology-Diagnostic	1,539,578	33,798,861	0.045551	3,450,273	157,163	54
54.01	ULTRA SOUND	182,042	26,504,158	0.006868	1,890,501	12,984	54.01
54.02	NUCLEAR ONCOLOGY	1,108,175	19,264,230	0.057525	318,558	18,325	54.02
55	Radiology-Therapeutic	824,928	11,074,583	0.074488	16,795	1,251	55
56	Radioisotope	152,828	14,782,412	0.010339	828,557	8,566	56
57	CT Scan	411,744	90,528,295	0.004548	9,174,306	41,725	57
58	MRI	401,762	46,651,916	0.008612	2,784,627	23,981	58
59	Cardiac Catheterization	1,696,895	23,020,642	0.073712	4,133,595	304,696	59
60	Laboratory	2,360,263	111,108,883	0.021243	19,179,195	407,424	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	754,045	6,644,921	0.113477	770,096	87,388	64
65	Respiratory Therapy	259,207	15,161,376	0.017097	7,355,529	125,757	65
66	Physical Therapy	1,116,353	27,533,682	0.040545	4,652,637	188,641	66
69	Electrocardiology	656,433	40,913,459	0.016044	5,925,878	95,075	69
71	Medical Supplies Charged to Pat	283,123	87,125,519	0.003250	26,240,191	85,281	71
72	Impl. Dev. Charged to Patients	559,554	42,062,484	0.013303	15,318,652	203,784	72
73	Drugs Charged to Patients	2,417,374	225,414,955	0.010724	19,087,811	204,698	73
74	Renal Dialysis	31,091	2,884,074	0.010780	1,721,502	18,558	74
75	ASC (Non-Distinct Part)	744,310	20,760,115	0.035853	509,667	18,273	75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH	263,093	2,817,437	0.093380			75.02
75.03	NEURODIAGNOSTICS	55,430	1,530,215	0.036224	348,853	12,637	75.03
76.97	CARDIAC REHABILITATION	280,898	2,408,564	0.116625	13,179	1,537	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	186,634	151,219	1.234197			90.03
90.04	CHRONIC PAIN CLINIC	254,546	2,856,396	0.089114	489	44	90.04
90.05	DIABETES EDUCATION	109,462	814,166	0.134447	6,572	884	90.05
90.06	WOUND CARE	174,111	4,246,891	0.040997	10,774	442	90.06
90.07	SLEEP LAB	136,149	4,714,313	0.028880	10,457	302	90.07
91	Emergency	2,215,640	104,504,837	0.021201	11,619,528	246,346	91
92	Observation Beds (Non-Distinct	2,098,094	21,389,322	0.098091	4,349,616	426,658	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,896,074	1,096,745,467		156,645,578	3,595,275	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	32,341		11,653		30
31	Intensive Care Unit	3,231		1,184		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,781				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	39,353		12,837		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col. 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	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	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7		8		9	10	11	12	13	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	62,702,709			13,170,072		8,019,841		50
51	Recovery Room	8,927,999			1,719,803		1,044,747		51
52	Delivery Room & Labor Room	20,405,077					66		52
53	Anesthesiology	14,041,757			2,037,865		1,680,737		53
54	Radiology-Diagnostic	33,798,861			3,450,273		4,989,443		54
54.01	ULTRA SOUND	26,504,158			1,890,501		4,730,662		54.01
54.02	NUCLEAR ONCOLOGY	19,264,230			318,558		6,757,113		54.02
55	Radiology-Therapeutic	11,074,583			16,795		3,499,595		55
56	Radioisotope	14,782,412			828,557		5,617,001		56
57	CT Scan	90,528,295			9,174,306		21,766,116		57
58	MRI	46,651,916			2,784,627		10,347,433		58
59	Cardiac Catheterization	23,020,642			4,133,595		5,080,853		59
60	Laboratory	111,108,883			19,179,195		12,835,300		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	6,644,921			770,096		1,903,479		64
65	Respiratory Therapy	15,161,376			7,355,529		600,302		65
66	Physical Therapy	27,533,682			4,652,637		301,658		66
69	Electrocardiology	40,913,459			5,925,878		10,183,241		69
71	Medical Supplies Charged to Pat	87,125,519			26,240,191		9,169,137		71
72	Impl. Dev. Charged to Patients	42,062,484			15,318,652		2,384,782		72
73	Drugs Charged to Patients	225,414,955			19,087,811		73,508,239		73
74	Renal Dialysis	2,884,074			1,721,502		126,395		74
75	ASC (Non-Distinct Part)	20,760,115			509,667		2,449,498		75
75.01	LITHOTRIPSY								75.01
75.02	PSYCH	2,817,437							75.02
75.03	NEURODIAGNOSTICS	1,530,215			348,853		180,307		75.03
76.97	CARDIAC REHABILITATION	2,408,564			13,179		1,126,750		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	151,219							90.03
90.04	CHRONIC PAIN CLINIC	2,856,396			489		718,472		90.04
90.05	DIABETES EDUCATION	814,166			6,572				90.05
90.06	WOUND CARE	4,246,891			10,774		661,694		90.06
90.07	SLEEP LAB	4,714,313			10,457		1,079,269		90.07
91	Emergency	104,504,837			11,619,528		17,368,427		91
92	Observation Beds (Non-Distinct)	21,389,322			4,349,616		4,919,656		92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,096,745,467			156,645,578		213,050,213		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART V**

Check Title V - O/P **Hospital** SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.339415	8,019,841			2,722,054		50	
51	Recovery Room	0.219849	1,044,747			229,687		51	
52	Delivery Room & Labor Room	0.426800	66			28		52	
53	Anesthesiology	0.091777	1,680,737			154,253		53	
54	Radiology-Diagnostic	0.202366	4,989,443			1,009,694		54	
54.01	ULTRA SOUND	0.077264	4,730,662			365,510		54.01	
54.02	NUCLEAR ONCOLOGY	0.190878	6,757,113			1,289,784		54.02	
55	Radiology-Therapeutic	0.436623	3,499,595			1,528,004		55	
56	Radioisotope	0.115345	5,617,001			647,893		56	
57	CT Scan	0.030014	21,766,116			653,288		57	
58	MRI	0.056204	10,347,433			581,567		58	
59	Cardiac Catheterization	0.370368	5,080,853			1,881,785		59	
60	Laboratory	0.148221	12,835,300	48,226		1,902,461	7,148	60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	Intravenous Therapy	0.544508	1,903,479			1,036,460		64	
65	Respiratory Therapy	0.189288	600,302			113,630		65	
66	Physical Therapy	0.286205	301,658			86,336		66	
69	Electrocardiology	0.069827	10,183,241			711,065		69	
71	Medical Supplies Charged to Pat	0.022943	9,169,137			210,368		71	
72	Impl. Dev. Charged to Patients	0.235705	2,384,782			562,105		72	
73	Drugs Charged to Patients	0.200725	73,508,239		43,846	14,754,941		8,801	
74	Renal Dialysis	0.172547	126,395			21,809		74	
75	ASC (Non-Distinct Part)	0.237604	2,449,498			582,011		75	
75.01	LITHOTRIPSY							75.01	
75.02	PSYCH	0.377753						75.02	
75.03	NEURODIAGNOSTICS	0.168204	180,307			30,328		75.03	
76.97	CARDIAC REHABILITATION	0.413100	1,126,750			465,460		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90.03	GENETIC TESTING	2.901672						90.03	
90.04	CHRONIC PAIN CLINIC	0.280305	718,472			201,391		90.04	
90.05	DIABETES EDUCATION	0.932070						90.05	
90.06	WOUND CARE	0.345862	661,694			228,855		90.06	
90.07	SLEEP LAB	0.201239	1,079,269			217,191		90.07	
91	Emergency	0.153410	17,368,427			2,664,490		91	
92	Observation Beds (Non-Distinct)	0.511411	4,919,656			2,515,966		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		213,050,213	48,226	43,846	37,368,414	7,148	8,801	
201	Less PBP Clinic Lab. Services-Program Only Charges								
202	Net Charges (line 200 - line 201)		213,050,213	48,226	43,846	37,368,414	7,148	8,801	

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	8,439,587		8,439,587	32,341	260.96	1,293	337,421	30
31	Intensive Care Unit	1,250,238		1,250,238	3,231	386.95	172	66,555	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	697,476		697,476	3,781	184.47	201	37,078	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	10,387,301		10,387,301	39,353		1,666	441,054	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [] IPF
 Boxes: [XX] Title XIX [] IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,697,326	62,702,709	0.058966			50
51	Recovery Room	398,522	8,927,999	0.044637			51
52	Delivery Room & Labor Room	1,185,376	20,405,077	0.058092			52
53	Anesthesiology	341,088	14,041,757	0.024291			53
54	Radiology-Diagnostic	1,539,578	33,798,861	0.045551			54
54.01	ULTRA SOUND	182,042	26,504,158	0.006868			54.01
54.02	NUCLEAR ONCOLOGY	1,108,175	19,264,230	0.057525			54.02
55	Radiology-Therapeutic	824,928	11,074,583	0.074488			55
56	Radioisotope	152,828	14,782,412	0.010339			56
57	CT Scan	411,744	90,528,295	0.004548			57
58	MRI	401,762	46,651,916	0.008612			58
59	Cardiac Catheterization	1,696,895	23,020,642	0.073712			59
60	Laboratory	2,360,263	111,108,883	0.021243			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	754,045	6,644,921	0.113477			64
65	Respiratory Therapy	259,207	15,161,376	0.017097			65
66	Physical Therapy	1,116,353	27,533,682	0.040545			66
69	Electrocardiology	656,433	40,913,459	0.016044			69
71	Medical Supplies Charged to Pat	283,123	87,125,519	0.003250			71
72	Impl. Dev. Charged to Patients	559,554	42,062,484	0.013303			72
73	Drugs Charged to Patients	2,417,374	225,414,955	0.010724			73
74	Renal Dialysis	31,091	2,884,074	0.010780			74
75	ASC (Non-Distinct Part)	744,310	20,760,115	0.035853			75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH	263,093	2,817,437	0.093380			75.02
75.03	NEURODIAGNOSTICS	55,430	1,530,215	0.036224			75.03
76.97	CARDIAC REHABILITATION	280,898	2,408,564	0.116625			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	186,634	151,219	1.234197			90.03
90.04	CHRONIC PAIN CLINIC	254,546	2,856,396	0.089114			90.04
90.05	DIABETES EDUCATION	109,462	814,166	0.134447			90.05
90.06	WOUND CARE	174,111	4,246,891	0.040997			90.06
90.07	SLEEP LAB	136,149	4,714,313	0.028880			90.07
91	Emergency	2,215,640	104,504,837	0.021201			91
92	Observation Beds (Non-Distinct	2,098,094	21,389,322	0.098091			92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	26,896,074	1,096,745,467				200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	32,341		1,293		30
31	Intensive Care Unit	3,231		172		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,781		201		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	39,353		1,666		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX [] IRF [] NF [XX] Other

(A)	Cost Center Description	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	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	62,702,709							50
51	Recovery Room	8,927,999							51
52	Delivery Room & Labor Room	20,405,077							52
53	Anesthesiology	14,041,757							53
54	Radiology-Diagnostic	33,798,861							54
54.01	ULTRA SOUND	26,504,158							54.01
54.02	NUCLEAR ONCOLOGY	19,264,230							54.02
55	Radiology-Therapeutic	11,074,583							55
56	Radioisotope	14,782,412							56
57	CT Scan	90,528,295							57
58	MRI	46,651,916							58
59	Cardiac Catheterization	23,020,642							59
60	Laboratory	111,108,883							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	6,644,921							64
65	Respiratory Therapy	15,161,376							65
66	Physical Therapy	27,533,682							66
69	Electrocardiology	40,913,459							69
71	Medical Supplies Charged to Pat	87,125,519							71
72	Impl. Dev. Charged to Patients	42,062,484							72
73	Drugs Charged to Patients	225,414,955							73
74	Renal Dialysis	2,884,074							74
75	ASC (Non-Distinct Part)	20,760,115							75
75.01	LITHOTRIPSY								75.01
75.02	PSYCH	2,817,437							75.02
75.03	NEURODIAGNOSTICS	1,530,215							75.03
76.97	CARDIAC REHABILITATION	2,408,564							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	151,219							90.03
90.04	CHRONIC PAIN CLINIC	2,856,396							90.04
90.05	DIABETES EDUCATION	814,166							90.05
90.06	WOUND CARE	4,246,891							90.06
90.07	SLEEP LAB	4,714,313							90.07
91	Emergency	104,504,837							91
92	Observation Beds (Non-Distinct)	21,389,322							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,096,745,467							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0211

WORKSHEET D
PART V

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.339415							50
51	Recovery Room	0.219849							51
52	Delivery Room & Labor Room	0.426800							52
53	Anesthesiology	0.091777							53
54	Radiology-Diagnostic	0.202366							54
54.01	ULTRA SOUND	0.077264							54.01
54.02	NUCLEAR ONCOLOGY	0.190878							54.02
55	Radiology-Therapeutic	0.436623							55
56	Radioisotope	0.115345							56
57	CT Scan	0.030014							57
58	MRI	0.056204							58
59	Cardiac Catheterization	0.370368							59
60	Laboratory	0.148221							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	0.544508							64
65	Respiratory Therapy	0.189288							65
66	Physical Therapy	0.286205							66
69	Electrocardiology	0.069827							69
71	Medical Supplies Charged to Pat	0.022943							71
72	Impl. Dev. Charged to Patients	0.235705							72
73	Drugs Charged to Patients	0.200725							73
74	Renal Dialysis	0.172547							74
75	ASC (Non-Distinct Part)	0.237604							75
75.01	LITHOTRIPSY								75.01
75.02	PSYCH	0.377753							75.02
75.03	NEURODIAGNOSTICS	0.168204							75.03
76.97	CARDIAC REHABILITATION	0.413100							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	2.901672							90.03
90.04	CHRONIC PAIN CLINIC	0.280305							90.04
90.05	DIABETES EDUCATION	0.932070							90.05
90.06	WOUND CARE	0.345862							90.06
90.07	SLEEP LAB	0.201239							90.07
91	Emergency	0.153410							91
92	Observation Beds (Non-Distinct	0.511411							92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,341	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,341	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	24,301	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	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)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,653	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	44,001.086	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	44,001.086	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	44,001.086	37

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					8,040	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,360.54	88
89	Observation bed cost (line 87 x line 88) (see instructions)					10,938,742	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	8,439,587	44,001,086	0.191804	10,938,742	2,098,094	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,341	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,341	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	24,301	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	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)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,293	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,781	15
16	Nursery days (title V or XIX only)	201	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	44,001.086	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	44,001.086	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	44,001.086	37

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] PPS
 Applicable [] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [XX] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
38	Adjusted general inpatient routine service cost per diem (see instructions)						1,360.54	38
39	Program general inpatient routine service cost (line 9 x line 38)						1,759,178	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)							40
41	Total Program general inpatient routine service cost (line 39 + line 40)						1,759,178	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
42	Nursery (Titles V and XIX only)	4,450,347	3,781	1,177.03	201	236,583		42
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,210,281	3,231	2,541.10	172	437,069		43
44	Coronary Care Unit							44
45	Burn Intensive Care Unit							45
46	Surgical Intensive Care Unit							46
47	Other Special Care (specify)							47
								1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						2,432,830	49
		PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						441,054	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51
52	Total Program excludable cost (sum of lines 50 and 51)						441,054	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)							53
		TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges							54
55	Target amount per discharge							55
56	Target amount (line 54 x line 55)							56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57
58	Bonus payment (see instructions)							58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.							59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.							60
61	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 (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61
62	Relief payment (see instructions)							62
63	Allowable Inpatient cost plus incentive payment (see instructions)							63
		PROGRAM INPATIENT ROUTINE SWING BED COST						
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)							64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)							65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)							66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
Applicable Title XVIII, Part A IPF SNF TEFRA
Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					8,040	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0211

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/IID [] Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		28,913,820		30
31	Intensive Care Unit		6,403,119		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.339415	13,170,072	4,470,120	50
51	Recovery Room	0.219849	1,719,803	378,097	51
52	Delivery Room & Labor Room	0.426800			52
53	Anesthesiology	0.091777	2,037,865	187,029	53
54	Radiology-Diagnostic	0.202366	3,450,273	698,218	54
54.01	ULTRA SOUND	0.077264	1,890,501	146,068	54.01
54.02	NUCLEAR ONCOLOGY	0.190878	318,558	60,806	54.02
55	Radiology-Therapeutic	0.436623	16,795	7,333	55
56	Radioisotope	0.115345	828,557	95,570	56
57	CT Scan	0.030014	9,174,306	275,358	57
58	MRI	0.056204	2,784,627	156,507	58
59	Cardiac Catheterization	0.370368	4,133,595	1,530,951	59
60	Laboratory	0.148221	19,179,195	2,842,759	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.544508	770,096	419,323	64
65	Respiratory Therapy	0.189288	7,355,529	1,392,313	65
66	Physical Therapy	0.286205	4,652,637	1,331,608	66
69	Electrocardiology	0.069827	5,925,878	413,786	69
71	Medical Supplies Charged to Patients	0.022943	26,240,191	602,029	71
72	Impl. Dev. Charged to Patients	0.235705	15,318,652	3,610,683	72
73	Drugs Charged to Patients	0.200725	19,087,811	3,831,401	73
74	Renal Dialysis	0.172547	1,721,502	297,040	74
75	ASC (Non-Distinct Part)	0.237604	509,667	121,099	75
75.01	LITHOTRIPSY				75.01
75.02	PSYCH	0.377753			75.02
75.03	NEURODIAGNOSTICS	0.168204	348,853	58,678	75.03
76.97	CARDIAC REHABILITATION	0.413100	13,179	5,444	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.03	GENETIC TESTING	2.901672			90.03
90.04	CHRONIC PAIN CLINIC	0.280305	489	137	90.04
90.05	DIABETES EDUCATION	0.932070	6,572	6,126	90.05
90.06	WOUND CARE	0.345862	10,774	3,726	90.06
90.07	SLEEP LAB	0.201239	10,457	2,104	90.07
91	Emergency	0.153410	11,619,528	1,782,552	91
92	Observation Beds (Non-Distinct Part)	0.511411	4,349,616	2,224,441	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		156,645,578	26,951,306	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		156,645,578		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0211

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.339415			50
51	Recovery Room	0.219849			51
52	Delivery Room & Labor Room	0.426800			52
53	Anesthesiology	0.091777			53
54	Radiology-Diagnostic	0.202366			54
54.01	ULTRA SOUND	0.077264			54.01
54.02	NUCLEAR ONCOLOGY	0.190878			54.02
55	Radiology-Therapeutic	0.436623			55
56	Radioisotope	0.115345			56
57	CT Scan	0.030014			57
58	MRI	0.056204			58
59	Cardiac Catheterization	0.370368			59
60	Laboratory	0.148221			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.544508			64
65	Respiratory Therapy	0.189288			65
66	Physical Therapy	0.286205			66
69	Electrocardiology	0.069827			69
71	Medical Supplies Charged to Patients	0.022943			71
72	Impl. Dev. Charged to Patients	0.235705			72
73	Drugs Charged to Patients	0.200725			73
74	Renal Dialysis	0.172547			74
75	ASC (Non-Distinct Part)	0.237604			75
75.01	LITHOTRIPSY				75.01
75.02	PSYCH	0.377753			75.02
75.03	NEURODIAGNOSTICS	0.168204			75.03
76.97	CARDIAC REHABILITATION	0.413100			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.03	GENETIC TESTING	2.901672			90.03
90.04	CHRONIC PAIN CLINIC	0.280305			90.04
90.05	DIABETES EDUCATION	0.932070			90.05
90.06	WOUND CARE	0.345862			90.06
90.07	SLEEP LAB	0.201239			90.07
91	Emergency	0.153410			91
92	Observation Beds (Non-Distinct Part)	0.511411			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 02/07/2017 Run Time: 11:00 Version: 2016.05 (01/14/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	2,279,070			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	25,069,767			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	1,790,392			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	4,477,856			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	122.03			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0090			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1256			31
32	Sum of lines 30 and 31	0.1346			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to October 1 (1.00)	(1.01)	On or after October 1 (2.00)	
	Uncompensated Care Adjustment				
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46
47	Subtotal (see instructions)	29,139,229			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	29,139,229			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,678,279			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	4,211			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	31,821,719			59
60	Primary payer payments	4,320			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	31,817,399			61
62	Deductibles billed to program beneficiaries	3,026,716			62
63	Coinsurance billed to program beneficiaries	83,643			63
64	Allowable bad debts (see instructions)	194,119			64
65	Adjusted reimbursable bad debts (see instructions)	126,177			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	118,978			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	28,833,217			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-17,889			70.93
70.94	HRR adjustment amount (see instructions)	-881			70.94
71	Amount due provider (see instructions)	28,814,447			71
71.01	Sequestration adjustment (see instructions)	576,289			71.01
72	Interim payments	28,100,558			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	137,600			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2				75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
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HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.000000000	0.000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0211

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	15,949			1
2	Medical and other services reimbursed under OPPS (see instructions)	37,368,414			2
3	PPS payments	25,954,196			3
4	Outlier payment (see instructions)	545,335			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.765			5
6	Line 2 times line 5	28,586,837			6
7	Sum of line 3 and line 4 divided by line 6	0.9270			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	15,949			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	92,072			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	92,072			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	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)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	92,072			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	76,123			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)	15,949			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	26,499,531			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	5,246,778			26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)	21,268,702			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	21,268,702			30
31	Primary payer payments	876			31
32	Subtotal (line 30 minus line 31)	21,267,826			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	231,554			34
35	Adjusted reimbursable bad debts (see instructions)	150,510			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	178,310			36
37	Subtotal (see instructions)	21,418,336			37
38	MSP-LCC reconciliation amount from PS&R	-141,808			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	21,560,144			40
40.01	Sequestration adjustment (see instructions)	431,203			40.01
41	Interim payments	20,969,800			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	159,141			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0211

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
Applicable IPF SNF
Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		28,100,558		20,969,800	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	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)					
						3.01
						3.02
	Program					3.03
	to					3.04
	Provider					3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
	Provider					3.52
	to					3.53
	Program					3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		28,100,558		20,969,800	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
	Program					5.03
	to					5.04
	Provider					5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
	Provider					5.52
	to					5.53
	Program					5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		137,600		159,141	6.01
7	Total Medicare program liability (see instructions)		28,238,158		21,128,941	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	7,834	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	12,837	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	2,113	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	27,532	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,194,555,996	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	8,365,785	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	912,336	8
9	Sequestration adjustment amount (see instructions)	18,247	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	894,089	10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)	984,389	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-90,300	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0211

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services	2,432,830		1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)	2,432,830		4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)	2,432,830		7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	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)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	2,432,830		18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)	2,432,830		30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

KPMG LLP Compu-Max 2552-10

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BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	42,435				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	101,990,530				4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable	-70,252,245				6
7	Inventory	4,979,564				7
8	Prepaid expenses	64,481				8
9	Other current assets	3,453,963				9
10	Due from other funds	-17,082,509				10
11	Total current assets (sum of lines 1-10)	23,196,219				11
FIXED ASSETS						
12	Land	14,775,874				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	187,402,501				15
16	Accumulated depreciation	-17,762,101				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	51,825,055				19
20	Accumulated depreciation	-20,580,870				20
21	Audomobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	215,660,459				30
OTHER ASSETS						
31	Investments	246,767,922				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	532,050				34
35	Total other assets (sum of lines 31-34)	247,299,972				35
36	Total assets (sum of lines 11, 30 and 35)	486,156,650				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	6,416,159				37
38	Salaries, wages and fees payable	8,114,444				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	94,899,927				44
45	Total current liabilities (sum of lines 37 thru 44)	109,430,530				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	60,813,384				47
48	Unsecured loans					48
49	Other long term liabilities	1,325,337				49
50	Total long term liabilities (sum of lines 46 thru 49)	62,138,721				50
51	Total liabilities (sum of lines 45 and 50)	171,569,251				51
CAPITAL ACCOUNTS						
52	General fund balance	314,587,399				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	314,587,399				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	486,156,650				60

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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		278,632,688			1
2	Net income (loss) (from Worksheet G-3, line 29)		41,678,158			2
3	Total (sum of line 1 and line 2)		320,310,846			3
4	Additions (credit adjustments) (specify)					4
5	TRNA CAPITAL TRANSFER					5
6	FUND BALANCE TRANSFER					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		320,310,846			11
12	Deductions (debit adjustments) (specify)	5,723,447				12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)		5,723,447			18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		314,587,399			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5	TRNA CAPITAL TRANSFER					5
6	FUND BALANCE TRANSFER					6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13						13
14						14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	80,864,785		80,864,785	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	80,864,785		80,864,785	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	17,091,796		17,091,796	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,091,796		17,091,796	16
17	Total inpatient routine care services (sum of lines 10 and 16)	97,956,581		97,956,581	17
18	Ancillary services	328,333,315		328,333,315	18
19	Outpatient services		768,850,975	768,850,975	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	426,289,896	768,850,975	1,195,140,871	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		241,830,225	29
30	Add (specify)			30
31	BAD DEBTS	10,536,239		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		10,536,239	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		252,366,464	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,195,140,871	1
2	Less contractual allowances and discounts on patients' accounts	904,893,960	2
3	Net patient revenues (line 1 minus line 2)	290,246,911	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	252,366,464	4
5	Net income from service to patients (line 3 minus line 4)	37,880,447	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,082,414	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (TRAINING PROGRAM)	-1,825	24
24.01	Other (FEES AND REGISTRATION)	18,045	24.01
24.02	Other (WORKSHOPS, CONFERENCES, ETC)	-31	24.02
24.03	Other (GRANT REVENUE)	1,006,561	24.03
24.04	Other (DONATION INCOME)	370	24.04
24.05	Other (NRCC CAFETERIA)	1,978	24.05
24.06	Other (RENT INCOME)	616,668	24.06
24.07	Other (CORP BILLING ADJ)	-94	24.07
24.08	Other (ESCROW INTEREST INCOME)	1,262	24.08
24.09	Other (INSTYMEDS REVENUE)	-2	24.09
24.10	Other (OTHER SERVICE REVENUE)	102,950	24.10
24.11	Other (WORK ORDER REVENUE)	7,306	24.11
24.12	Other (NON-PATIENT MEDICAL SUPPLIES)	60,836	24.12
24.13	Other (GIFT SHOP SALES)	295,558	24.13
24.14	Other (COST OF CONSIGNEMENT SALE)	-71,419	24.14
24.15	Other (AP CASH DISCOUNT)	1,513	24.15
24.16	Other (OTHER OPERATING INCOME)	675,556	24.16
24.17	Other (NMFF OTHER OP INCOME - RENT)	65	24.17
25	Total other income (sum of lines 6-24)	3,797,711	25
26	Total (line 5 plus line 25)	41,678,158	26
29	Net income (or loss) for the period (line 26 minus line 28)	41,678,158	29

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRA SOUND						54.01
54.02	NUCLEAR ONCOLOGY						54.02
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH						75.02
75.03	NEURODIAGNOSTICS						75.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING						90.03
90.04	CHRONIC PAIN CLINIC						90.04
90.05	DIABETES EDUCATION						90.05
90.06	WOUND CARE						90.06
90.07	SLEEP LAB						90.07
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190

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ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26		
192	Physicians' Private Offices	0	2A	24	25	26		192
192.0 1	HOME HEALTH AGENCY							192.0 1
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202