

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S Parts I-III Date/Time Prepared: 9/27/2016 12:26 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 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 this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/27/2016 Time: 12:26 pm
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: 4 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 KISHWAUKEE COMMUNITY HOSPITAL (140286) for the cost reporting period beginning 05/01/2015 and ending 04/30/2016 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

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	567,389	115,034	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	567,389	115,034	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140286		Period: From 05/01/2015 To 04/30/2016		Worksheet S-2 Part I Date/Time Prepared: 9/27/2016 12:23 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: ONE KISH HOSPITAL DRIVE			PO Box:				1.00				
2.00	City: DEKALB		State: IL		Zip Code: 60115-		County: DEKALB					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		KISHWAUKEE COMMUNITY HOSPITAL		140286	16974	1	12/21/1975	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2015	04/30/2016		20.00		
21.00	Type of Control (see instructions)						2			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							1	N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,300	892	0	0	87	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0	25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part I Date/Time Prepared: 9/27/2016 12:23 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N				37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N		N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N		46.00	
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		Teaching Hospitals that Claim Residents in Nonprovider Settings		0.00		62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00	2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00	2.00	3.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		1.00	2.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H134				140.00	
		1.00	2.00	3.00				
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
	Name: KISHWAUKEE HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES			Contractor's Number: 131		141.00	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:					142.00	
143.00	City: DEKALB	State: IL	Zip Code: 60115				143.00	
						1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y					144.00	
		1.00	2.00					
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00	
		Part A		Part B	Title V	Title XIX		
		1.00		2.00	3.00	4.00		
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)	N	N	N	N	N	155.00	
156.00	Hospital	N	N	N	N	N	156.00	
157.00	Subprovider - IPF	N	N	N	N	N	157.00	
158.00	Subprovider - IRF	N	N	N	N	N	158.00	
159.00	SUBPROVIDER	N	N	N	N	N	159.00	
160.00	SNF	N	N	N	N	N	160.00	
161.00	HOME HEALTH AGENCY	N	N	N	N	N	161.00	
161.00	CMHC	N	N	N	N	N	161.00	
161.10	CORF	N	N	N	N	N	161.10	
						1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
							1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	N					167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00					169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part I Date/Time Prepared: 9/27/2016 12:23 pm
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/27/2016 12:23 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/25/2016	Y	08/25/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/27/2016 12:23 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			Y	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	KI SHHEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BHOFMANN@KISHHEALTH.ORG	43.00

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT/FIN ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	86	31,476	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		86	31,476	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		98	35,868	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		98				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,180	2,166	16,438			1.00
2.00 HMO and other (see instructions)	2,298	87				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,180	2,166	16,438			7.00
8.00 INTENSIVE CARE UNIT	1,512	346	2,812			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		580	1,282			13.00
14.00 Total (see instructions)	9,692	3,092	20,532	0.00	782.27	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	782.27	27.00
28.00 Observation Bed Days		405	2,366			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	100	258			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,090	730	5,009	1.00
2.00 HMO and other (see instructions)				469	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		2,090	730	5,009	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0			0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140286		Period: From 05/01/2015 To 04/30/2016		Worksheet S-3 Part II Date/Time Prepared: 9/27/2016 12:23 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	46,399,282	277,329	46,676,611	1,633,379.00	28.58	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		881,193	0	881,193	29,776.00	29.59	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		508,913	0	508,913	5,583.00	91.15	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		728,009	0	728,009	8,644.00	84.22	13.00
14.00	Home office salaries & wage-related costs		8,695,265	0	8,695,265	125,576.00	69.24	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,861,383	0	13,861,383			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		261,176	0	261,176			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,656,551	-21,052	7,635,499	304,942.00	25.04	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	796,069	0	796,069	63,770.00	12.48	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	803,167	-586,725	216,442	17,294.00	12.52	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	586,725	586,725	46,877.00	12.52	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,114,679	0	1,114,679	36,778.00	30.31	38.00
39.00	Central Services and Supply	14.00	212,290	0	212,290	11,733.00	18.09	39.00
40.00	Pharmacy	15.00	1,889,152	0	1,889,152	45,059.00	41.93	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part II
Date/Time Prepared:
9/27/2016 12:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,338,753	0	1,338,753	52,690.00	25.41	41.00
42.00	Social Service	17.00	604,367	0	604,367	16,571.00	36.47	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part III
Date/Time Prepared:
9/27/2016 12:23 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	46,399,282	277,329	46,676,611	1,633,379.00	28.58	1.00
2.00	Excluded area salaries (see instructions)	881,193	0	881,193	29,776.00	29.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,518,089	277,329	45,795,418	1,603,603.00	28.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,932,187	0	9,932,187	139,803.00	71.04	4.00
5.00	Subtotal wage-related costs (see inst.)	13,861,383	0	13,861,383	0.00	30.27	5.00
6.00	Total (sum of lines 3 thru 5)	69,311,659	277,329	69,588,988	1,743,406.00	39.92	6.00
7.00	Total overhead cost (see instructions)	14,415,028	-21,052	14,393,976	595,714.00	24.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-3 Part IV Date/Time Prepared: 9/27/2016 12:23 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,257,444	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,938,273	8.00
9.00	Prescription Drug Plan		1,641,721	9.00
10.00	Dental, Hearing and Vision Plan		330,931	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		59,164	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		348,689	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		758,644	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,422,466	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		32,622	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		332,605	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,122,559	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-3
Part V
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	508,913	14,122,559	1.00
2.00	Hospital	508,913	13,861,383	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	261,176	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-7

Date/Time Prepared:
9/27/2016 12:23 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet S-7

Date/Time Prepared:
9/27/2016 12:23 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet S-10 Date/Time Prepared: 9/27/2016 12:23 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.239788	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,122,247	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		75,737,618	6.00	
7.00	Medicaid cost (line 1 times line 6)		18,160,972	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		8,038,725	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		39,028	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,038,725	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,297,939	1,594,216	7,892,155	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,510,170	382,274	1,892,444	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,510,170	382,274	1,892,444	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,943,301	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		369,227	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		12,574,074	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,015,112	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,907,556	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,946,281	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		9,842,480	9,842,480	-1,363,252	8,479,228	1.00
2.00	00200		0	0	3,690,498	3,690,498	2.00
4.00	00400	0	13,908,396	13,908,396	-277,329	13,631,067	4.00
5.00	00500	7,656,551	33,529,499	41,186,050	-1,073,830	40,112,220	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	420,736	420,736	0	420,736	8.00
9.00	00900	796,069	617,868	1,413,937	0	1,413,937	9.00
10.00	01000	803,167	1,201,846	2,005,013	-1,464,343	540,670	10.00
11.00	01100	0	0	0	1,464,343	1,464,343	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	183,203	183,203	0	183,203	12.01
13.00	01300	1,114,679	39,670	1,154,349	95,549	1,249,898	13.00
14.00	01400	212,290	1,178,255	1,390,545	-230,667	1,159,878	14.00
15.00	01500	1,889,152	4,500,262	6,389,414	-4,036,184	2,353,230	15.00
16.00	01600	1,338,753	443,004	1,781,757	0	1,781,757	16.00
17.00	01700	604,367	90,049	694,416	0	694,416	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,315,517	2,966,938	11,282,455	-1,690,268	9,592,187	30.00
31.00	03100	2,360,614	226,549	2,587,163	-20,487	2,566,676	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	391,675	391,675	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,469,422	8,097,935	9,567,357	-4,082,660	5,484,697	50.00
50.01	05001	778,080	101,084	879,164	153,478	1,032,642	50.01
50.02	05002	382,111	268,414	650,525	46,031	696,556	50.02
51.00	05100	435,819	33,943	469,762	0	469,762	51.00
52.00	05200	0	0	0	1,760,641	1,760,641	52.00
53.00	05300	0	565,180	565,180	0	565,180	53.00
54.00	05400	4,219,683	5,598,403	9,818,086	-634,759	9,183,327	54.00
55.00	05500	1,353,821	9,732,906	11,086,727	252,184	11,338,911	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,562,857	4,401,197	6,964,054	0	6,964,054	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,289,709	93,764	1,383,473	29,617	1,413,090	65.00
66.00	06600	2,196,832	891,023	3,087,855	0	3,087,855	66.00
67.00	06700	147,794	3,759	151,553	0	151,553	67.00
68.00	06800	97,289	51,326	148,615	0	148,615	68.00
69.00	06900	472,563	67,065	539,628	6,027	545,655	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	226,892	226,892	71.00
72.00	07200	0	0	0	5,188,944	5,188,944	72.00
73.00	07300	0	0	0	4,036,184	4,036,184	73.00
76.00	03950	0	364,917	364,917	69,792	434,709	76.00
76.97	07697	423,128	44,479	467,607	308,962	776,569	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	283,300	59,859	343,159	0	343,159	90.00
91.00	09100	3,431,070	5,300,812	8,731,882	37,431	8,769,313	91.00
92.00	09200						92.00
93.00	04950	883,452	481,427	1,364,879	10,573	1,375,452	93.00
93.01	04951	0	374,808	374,808	0	374,808	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	2,327,246	2,327,246	-2,327,246	0	113.00
118.00		45,518,089	108,008,302	153,526,391	567,796	154,094,187	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	75,759	132,634	208,393	0	208,393	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	107,968	107,968	0	107,968	194.00
194.01	07951	604,666	625,000	1,229,666	12,219	1,241,885	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	200,768	1,127,227	1,327,995	-580,015	747,980	194.02
200.00 TOTAL (SUM OF LINES 118-199)	46,399,282	110,001,131	156,400,413	0	156,400,413	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,083,785	6,395,443	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,307,875	4,998,373	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	520,129	14,151,196	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,647,463	31,464,757	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	420,736	8.00
9.00	00900	HOUSEKEEPING	-24,802	1,389,135	9.00
10.00	01000	DIETARY	-4,780	535,890	10.00
11.00	01100	CAFETERIA	-661,290	803,053	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	183,203	12.01
13.00	01300	NURSING ADMINISTRATION	-10,023	1,239,875	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,159,878	14.00
15.00	01500	PHARMACY	-91,368	2,261,862	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,175	1,778,582	16.00
17.00	01700	SOCIAL SERVICE	-88,800	605,616	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,128,709	7,463,478	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,000	2,560,676	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	391,675	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-144,533	5,340,164	50.00
50.01	05001	AMBULATORY SERVICES	0	1,032,642	50.01
50.02	05002	ENDOSCOPY	0	696,556	50.02
51.00	05100	RECOVERY ROOM	0	469,762	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,994	1,744,647	52.00
53.00	05300	ANESTHESIOLOGY	-299,800	265,380	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-536,265	8,647,062	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,041,120	9,297,791	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	6,964,054	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,413,090	65.00
66.00	06600	PHYSICAL THERAPY	-503,445	2,584,410	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	151,553	67.00
68.00	06800	SPEECH PATHOLOGY	0	148,615	68.00
69.00	06900	ELECTROCARDIOLOGY	0	545,655	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-61,759	165,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,188,944	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,036,184	73.00
76.00	03950	SLEEP LAB	-1,378	433,331	76.00
76.97	07697	CARDIAC REHABILITATION	-86,687	689,882	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	343,159	90.00
91.00	09100	EMERGENCY	-4,747,173	4,022,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-320,452	1,055,000	93.00
93.01	04951	OUTSIDE SERVICES	0	374,808	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,680,797	133,413,390	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	208,393	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	-107,968	0	194.00
194.01	07951	COMMUNITY WELLNESS	-513,105	728,780	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-135,266	612,714	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-21,437,136	134,963,277	200.00

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	586,725	877,618	1.00	
	TOTALS		586,725	877,618		
B - SCHEDULING COSTS						
1.00	OPERATING ROOM	50.00	68,560	703	1.00	
2.00	AMBULATORY SERVICES	50.01	151,920	1,558	2.00	
3.00	ENDOSCOPY	50.02	51,597	529	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	26,304	270	4.00	
	TOTALS		298,381	3,060		
C - NURSERY DELIVERY AND LABOR						
1.00	NURSERY	43.00	354,383	37,292	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,261,346	132,734	2.00	
	TOTALS		1,615,729	170,026		
D - MEDICAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	230,667	1.00	
	TOTALS		0	230,667		
E - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,327,246	1.00	
	TOTALS		0	2,327,246		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,690,498	1.00	
	TOTALS		0	3,690,498		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,036,184	1.00	
	TOTALS		0	4,036,184		
H - ROUTINE OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	35,847	3,440	1.00	
	TOTALS		35,847	3,440		
J - PROFESSIONAL BUILDING COSTS						
1.00	COMMUNITY WELLNESS	194.01	0	12,219	1.00	
	TOTALS		0	12,219		
K - MOB COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124,710	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	73,911	2.00	
3.00	RESPIRATORY THERAPY	65.00	0	10,817	3.00	
4.00	SLEEP LAB	76.00	0	40,792	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	302,935	5.00	
6.00	EMERGENCY	91.00	0	12,819	6.00	
	TOTALS		0	565,984		
L - KISH HEALTHCARE BUILDING COSTS						
1.00	EMERGENCY	91.00	0	24,612	1.00	
	TOTALS		0	24,612		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,188,944	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	5,188,944		
N - PTO ACCRUAL SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	277,329	0	1.00	
	TOTALS		277,329	0		
O - MEDICAL DIRECTOR FEES						
1.00	OUTPATIENT COUNSELING	93.00	0	10,573	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	15,000	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,027	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	6,027	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	6,027	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	18,800	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	18,800	7.00	
8.00	OPERATING ROOM	50.00	0	3,844	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	56,200	9.00	
10.00	OPERATING ROOM	50.00	0	49,265	10.00	
11.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	7,800	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	21,638	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	252,184	13.00	
14.00	SLEEP LAB	76.00	0	29,000	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	366,561	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,250	16.00	

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	135,432	17.00	
	TOTALS		0	1,174,428		
500.00	Grand Total: Increases		2,814,011	18,304,926	500.00	

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00		7.00	8.00	9.00	10.00	
A - CAFETERIA						
1.00	DIETARY	10.00	586,725	877,618	0	1.00
	TOTALS		586,725	877,618		
B - SCHEDULING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	298,381	3,060	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		298,381	3,060		
C - NURSERY DELIVERY AND LABOR						
1.00	ADULTS & PEDIATRICS	30.00	1,615,729	170,026	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,615,729	170,026		
D - MEDICAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	230,667	0	1.00
	TOTALS		0	230,667		
E - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,327,246	11	1.00
	TOTALS		0	2,327,246		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,690,498	9	1.00
	TOTALS		0	3,690,498		
G - DRUGS						
1.00	PHARMACY	15.00	0	4,036,184	0	1.00
	TOTALS		0	4,036,184		
H - ROUTINE OBSERVATION						
1.00	INTENSIVE CARE UNIT	31.00	35,847	3,440	0	1.00
	TOTALS		35,847	3,440		
J - PROFESSIONAL BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	12,219	0	1.00
	TOTALS		0	12,219		
K - MOB COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	565,984	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		0	565,984		
L - KISH HEALTHCARE BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	24,612	0	1.00
	TOTALS		0	24,612		
M - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	4,205,032	0	1.00
2.00	ENDOSCOPY	50.02	0	6,095	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	974,042	0	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,775	0	4.00
	TOTALS		0	5,188,944		
N - PTO ACCRUAL SALARIES						
1.00	EMPLOYEE BENEFITS	4.00	0	277,329	0	1.00
	TOTALS		0	277,329		
O - MEDICAL DIRECTOR FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,174,428	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00

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Decreases					
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00	
TOTALS		0	1,174,428		
500.00	Grand Total: Decreases				500.00
		2,536,682	18,582,255		

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

Period:
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Worksheet A-7
Part I
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,060,255	8,102,745	0	8,102,745	0	1.00
2.00	Land Improvements	12,425,959	48,078	0	48,078	12,474,037	2.00
3.00	Buildings and Fixtures	102,521,378	11,639,454	0	11,639,454	26,470,436	3.00
4.00	Building Improvements	657,466	532,121	0	532,121	1,189,587	4.00
5.00	Fixed Equipment	699,656	15,458	0	15,458	715,114	5.00
6.00	Movable Equipment	55,333,073	3,613,308	0	3,613,308	47,411,408	6.00
7.00	HIT designated Assets	409,464	0	0	0	409,464	7.00
8.00	Subtotal (sum of lines 1-7)	178,107,251	23,951,164	0	23,951,164	88,670,046	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	178,107,251	23,951,164	0	23,951,164	88,670,046	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,163,000	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	87,690,396	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	11,534,973	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	113,388,369	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	113,388,369	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Part II
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	9,842,480	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,842,480	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	9,842,480				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,842,480				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

Period:
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Worksheet A-7
Part III
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	87,690,396	0	87,690,396	0.883750	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,534,973	0	11,534,973	0.116250	0	2.00
3.00	Total (sum of lines 1-2)	99,225,369	0	99,225,369	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,068,197	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,998,373	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,066,570	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,327,246	0	0	0	6,395,443	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,998,373	2.00
3.00	Total (sum of lines 1-2)	2,327,246	0	0	0	11,393,816	3.00

ADJUSTMENTS TO EXPENSES

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Period:
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,327,244	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-61,759	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,914,527				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,292,234				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-661,290	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-3,175	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

ADJUSTMENTS TO EXPENSES

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Worksheet A-8

Date/Time Prepared:
9/27/2016 12:23 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-770,744	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	HA DUES	A	-43,851	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	HA DUES	A	-1,671	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	PHYSICIAN BILLING	A	-52,090	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	DEPR ADJUST TO STRAIGHTLINE 11-30-15	A	-8,258	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05	DEPR ADJUST TO STRAIGHTLINE 11-30-15	A	328,119	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06	INTEREST EXPENSE	A	-2	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.06
33.07	WINDMILL PROPERTIES DEPRECIATION	A	-11,843	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.07
33.08	ROUTE 23 BUILDING DEPRECIATION	A	-84,752	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.08
33.09	PROFESSIONAL BUILDING DEPRECIATION	A	-16,067	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	HAUSER ROSS BUILDING DEPRECIATION	A	-105,617	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.10
33.11	HAUSER ROSS MME - DEPRECIATION	A	-3,377	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.11
33.12	HOME OFFICE BUILDING DEPRECIATION	A	-73,855	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.12
33.13	PROFESSIONAL BLDG HOME OFFICE COSTS	A	-26,382	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	33.13
33.14	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-61,483	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	33.14
33.15	TALBOT PROPERTIES EXPENSES	A	-18,115	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	WINDMILL PROPERTIES EXPENSES	A	-48,780	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	PROPERTY TAX	A	-11,966	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	PROPERTY TAX	A	-28,703	RADIOLOGY-THERAPEUTIC	55.00	0	33.18
33.19	PROPERTY TAX - TALBOT PROPERTIES	A	-984	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PROPERTY TAX - LAND DEVELOPMENT	A	-8,968	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PROPERTY TAX - PROF BUILDING	A	-47,401	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	33.21
33.22	PROPERTY TAX - 2475 BETHANY BLDG	A	-26,234	HOME OFFICE COSTS	194.00	0	33.22
33.23	PROPERTY TAX - WINDMILL	A	-28,060	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	COMMUNITY RELATIONS	A	-275,200	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25	ER MEDICAL MALPRACTICE - ADMIN PHYS	A	-311,855	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	HOSPITALIST MALPRACTICE	A	-102,457	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	CONTRIBUTIONS	A	-34,327	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	CONTRIBUTIONS	A	-88,800	SOCIAL SERVICE	17.00	0	33.28
33.29	CONTRIBUTIONS	A	-461	PHYSICAL THERAPY	66.00	0	33.29
33.30	CONTRIBUTIONS	A	-1,128	SLEEP LAB	76.00	0	33.30
33.31	CONTRIBUTIONS	A	-10,304	EMERGENCY	91.00	0	33.31
33.32	CONTRIBUTIONS	A	-513,105	COMMUNITY WELLNESS	194.01	0	33.32
33.33	MISC INCOME CME OTHER REV	B	-11,980	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	MISC INCOME	B	-4,089	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35	MISC INCOME - MED STAFF CRDTLNG	B	-10,350	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	MISC INCOME - HOUSEKEEPING	B	-24,802	HOUSEKEEPING	9.00	0	33.36
33.37	MISC INCOME - DIETARY	B	-1,097	DIETARY	10.00	0	33.37
33.38	MISC INCOME - DIETARY	B	-3,683	DIETARY	10.00	0	33.38
34.00	MISC INCOME	B	-7,473	NURSING ADMINISTRATIVE	13.00	0	34.00
34.01	MISC INCOME	B	-24	PHARMACY	15.00	0	34.01
34.02	MISC INCOME - PHARMACY REBATES	B	-91,344	PHARMACY	15.00	0	34.02
34.03	MISC INCOME - DIABETES COMMNTY EDUC	B	-2,550	NURSING ADMINISTRATIVE	13.00	0	34.03
34.04	MISC INCOME - SURGICAL SPPLY REBATES	B	-144,533	OPERATING ROOM	50.00	0	34.04
34.05	MISC INCOME	B	-1,743	RADIOLOGY-DIAGNOSTIC	54.00	0	34.05
34.06	MISC INCOME	B	-4,227	RADIOLOGY-THERAPEUTIC	55.00	0	34.06
34.07	MISC INCOME	B	-501,909	PHYSICAL THERAPY	66.00	0	34.07
34.08	MISC INCOME	B	-1,075	PHYSICAL THERAPY	66.00	0	34.08
34.09	MISC INCOME	B	-86,687	CARDIAC REHABILITATION	76.97	0	34.09
34.10	MISC INCOME - EMS	B	-120,795	EMERGENCY	91.00	0	34.10

Provider CCN: 140286
 Period: From 05/01/2015 To 04/30/2016
 Worksheet A-8
 Date/Time Prepared: 9/27/2016 12:23 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
34.11		0			0.00	0	34.11
35.00 HOME OFFICE COSTS	A	-81,734	HOME OFFICE COSTS		194.00	0	35.00
36.00 FINES & PENALTIES	A	-717	ADMINISTRATIVE & GENERAL		5.00	0	36.00
37.00 PROVIDER TAX	A	-3,437,249	ADMINISTRATIVE & GENERAL		5.00	0	37.00
38.00 DINNERS ON THE TOWN	A	-2,300	ADULTS & PEDIATRICS		30.00	0	38.00
39.00 HOSPICE COSTS	A	-6,914	ADULTS & PEDIATRICS		30.00	0	39.00
40.00 DEPRECIATION ADJ TO MEDICARE STRGTLN	A	-10,274	NEW CAP REL COSTS-BLDG & FI XT		1.00	9	40.00
41.00 DEPRECIATION ADJ TO MEDICARE STRGTLN	A	6,127	NEW CAP REL COSTS-MVBLE EQUI P		2.00	9	41.00
42.00 OFFSET SALARY CREDIT	A	-250	SLEEP LAB		76.00	0	42.00
43.00 OFFSET MAINTENANCE HOME OFFICE COSTS	A	-91,119	ADMINISTRATIVE & GENERAL		5.00	0	43.00
44.00 OFFSET MAINTENANCE HOME OFFICE COSTS	A	-27,313	EMPLOYEE BENEFITS		4.00	0	44.00
44.01 VW MONITORING	A	-6,000	INTENSIVE CARE UNIT		31.00	0	44.01
44.02 VW MONITORING	A	-1,798	EMPLOYEE BENEFITS		4.00	0	44.02
44.03 UBIT PAYMENTS	A	-9,122	ADMINISTRATIVE & GENERAL		5.00	0	44.03
45.00 BEN GORDON TRANSITION COSTS	A	-1,162	ADMINISTRATIVE & GENERAL		5.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,437,136					50.00

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

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

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A-8-1

Date/Time Prepared:
9/27/2016 12:23 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE EXPENSE	13,961,098	17,333,705 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE EXPENSE	554,127	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE EXPENSE	977,006	0 3.00
4.00	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE	9,455,836	8,906,596 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MEDICAL DIRECTOR FEES	18,080	18,080 4.01
5.00	0			24,966,147	26,258,381 5.00

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

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

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

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

6.00	B	0.00	KISHHEALTH SYS	100.00	6.00
7.00	B	0.00	CADENCE HEALTH	100.00	7.00
8.00	B	0.00	NW MEDICINE	100.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A-8-1

Date/Time Prepared:
9/27/2016 12:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,372,607	0		1.00
2.00	554,127	9		2.00
3.00	977,006	9		3.00
4.00	549,240	0		4.00
4.01	0	0		4.01
5.00	-1,292,234			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HEALTH CARE		7.00
8.00	HEALTH CARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A-8-2

Date/Time Prepared:
9/27/2016 12:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,121,895	2,121,895	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	-2,400	-2,400	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	366,561	15,994	350,567	237,100	4,201	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	299,800	299,800	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	226,440	226,440	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	1,400	1,400	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	171,250	171,250	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	135,432	135,432	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	250,171	250,171	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,450,008	1,450,008	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	308,011	308,011	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	4,491,074	4,491,074	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	125,000	125,000	0	0	0	13.00
14.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	320,452	320,452	0	0	0	14.00
200.00			10,265,094	9,914,527	350,567		4,201	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	478,874	23,944	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	13.00
14.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	14.00
200.00			478,874	23,944	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,121,895	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	-2,400	2.00
3.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	478,874	0	15,994	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	299,800	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	226,440	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	1,400	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	171,250	7.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet A-8-2
Date/Time Prepared:
9/27/2016 12:23 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
8.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	135,432		8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	250,171		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,450,008		10.00
11.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	308,011		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	4,491,074		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	125,000		13.00
14.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	320,452		14.00
200.00			0	478,874	0	9,914,527		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	6,395,443	6,395,443				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	4,998,373		4,998,373			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	14,151,196	0	1,558	14,152,754		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	31,464,757	720,422	948,332	2,315,141	35,448,652	5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	420,736	29,301	0	0	450,037	8.00
9.00 00900 HOUSEKEEPING	1,389,135	150,978	24,038	241,375	1,805,526	9.00
10.00 01000 DIETARY	535,890	83,430	26,690	65,627	711,637	10.00
11.00 01100 CAFETERIA	803,053	226,189	72,344	177,900	1,279,486	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	183,203	554,395	28,199	0	765,797	12.01
13.00 01300 NURSING ADMINISTRATION	1,239,875	29,440	40,534	337,981	1,647,830	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,159,878	103,958	75,904	64,368	1,404,108	14.00
15.00 01500 PHARMACY	2,261,862	101,184	7,310	572,808	2,943,164	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,778,582	51,840	17,551	405,922	2,253,895	16.00
17.00 01700 SOCIAL SERVICE	605,616	15,327	0	183,250	804,193	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,463,478	1,136,180	339,087	2,042,305	10,981,050	30.00
31.00 03100 INTENSIVE CARE UNIT	2,560,676	190,092	92,541	704,890	3,548,199	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	391,675	37,554	1,023	107,452	537,704	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,340,164	364,580	809,122	466,330	6,980,196	50.00
50.01 05001 AMBULATORY SERVICES	1,032,642	226,744	3,509	281,984	1,544,879	50.01
50.02 05002 ENDOSCOPY	696,556	19,557	36,323	131,504	883,940	50.02
51.00 05100 RECOVERY ROOM	469,762	66,404	18,226	132,144	686,536	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,744,647	124,590	0	382,451	2,251,688	52.00
53.00 05300 ANESTHESIOLOGY	265,380	7,421	46,954	0	319,755	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,647,062	503,317	1,606,287	1,287,421	12,044,087	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,297,791	403,209	62,197	410,491	10,173,688	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,964,054	265,720	342,969	777,081	8,349,824	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,413,090	36,895	53,095	391,051	1,894,131	65.00
66.00 06600 PHYSICAL THERAPY	2,584,410	10,195	12,823	666,099	3,273,527	66.00
67.00 06700 OCCUPATIONAL THERAPY	151,553	0	0	44,812	196,365	67.00
68.00 06800 SPEECH PATHOLOGY	148,615	0	0	29,499	178,114	68.00
69.00 06900 ELECTROCARDIOLOGY	545,655	45,703	66,924	143,285	801,567	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	165,133	0	0	0	165,133	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,188,944	0	0	0	5,188,944	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,036,184	0	0	0	4,036,184	73.00
76.00 03950 SLEEP LAB	433,331	0	0	0	433,331	76.00
76.97 07697 CARDIAC REHABILITATION	689,882	0	19,060	128,296	837,238	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	343,159	4,404	0	85,899	433,462	90.00
91.00 09100 EMERGENCY	4,022,140	638,102	202,005	1,040,331	5,902,578	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	1,055,000	0	11,168	267,871	1,334,039	93.00
93.01 04951 OUTSIDE SERVICES	374,808	0	0	0	374,808	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,413,390	6,147,131	4,965,773	13,885,568	132,865,292	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	208,393	22,470	8,918	22,971	262,752	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	146,227	14,271	0	160,498	194.00
194.01 07951 COMMUNITY WELLNESS	728,780	70,877	246	183,340	983,243	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	612,714	8,738	9,165	60,875	691,492	194.02
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	134,963,277	6,395,443	4,998,373	14,152,754	134,963,277	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/27/2016 12:23 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	35,448,652				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	160,310	0	610,347		8.00	
9.00	00900	HOUSEKEEPING	643,157	0	0	2,448,683	9.00	
10.00	01000	DIETARY	253,496	0	0	33,416	10.00	
11.00	01100	CAFETERIA	455,773	0	0	90,595	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	272,789	0	0	213,009	12.01	
13.00	01300	NURSING ADMINISTRATION	586,983	0	0	33,333	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	500,166	0	0	41,638	14.00	
15.00	01500	PHARMACY	1,048,402	0	0	40,527	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	802,873	0	0	20,763	16.00	
17.00	01700	SOCIAL SERVICE	286,466	0	0	6,139	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,911,626	0	189,933	455,074	852,683	30.00
31.00	03100	INTENSIVE CARE UNIT	1,263,925	0	37,342	76,137	145,866	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	191,539	0	6,754	15,041	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,486,457	0	28,094	146,025	0	50.00
50.01	05001	AMBULATORY SERVICES	550,311	0	70,141	90,817	0	50.01
50.02	05002	ENDOSCOPY	314,874	0	0	7,833	0	50.02
51.00	05100	RECOVERY ROOM	244,555	0	10,959	26,597	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	802,087	0	24,041	49,902	0	52.00
53.00	05300	ANESTHESIOLOGY	113,902	0	0	2,972	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,290,249	0	66,699	201,593	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,624,030	0	6,623	5,042	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,974,341	0	0	106,428	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	674,720	0	0	17,930	0	65.00
66.00	06600	PHYSICAL THERAPY	1,166,083	0	4,292	4,083	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	69,948	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	63,447	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	285,531	0	3,606	18,305	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	58,823	0	1,885	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,848,385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,437,753	0	0	0	0	73.00
76.00	03950	SLEEP LAB	154,359	0	0	11,889	0	76.00
76.97	07697	CARDIAC REHABILITATION	298,238	0	4,237	88,290	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	154,406	0	3,606	1,764	0	90.00
91.00	09100	EMERGENCY	2,102,593	0	152,135	197,107	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	475,206	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	133,513	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,701,316	0	610,347	2,002,249	998,549	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,596	0	0	15,500	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	57,172	0	0	342,006	0	194.00
194.01	07951	COMMUNITY WELLNESS	350,247	0	0	28,388	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	246,321	0	0	60,540	0	194.02
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,448,652	0	610,347	2,448,683	998,549	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,825,854					11.00
12.00	01200		0				12.00
12.01	01201		0	1,251,595			12.01
13.00	01300	49,022	0	9,180	2,326,348		13.00
14.00	01400	15,452	0	32,415	0	1,993,779	14.00
15.00	01500	59,959	0	31,550	0	16,097	15.00
16.00	01600	69,472	0	16,164	0	16	16.00
17.00	01700	22,420	0	4,779	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	308,885	0	354,279	934,665	61,896	30.00
31.00	03100	89,075	0	59,273	269,535	16,955	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	14,058	0	11,710	42,539	3,849	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	62,231	0	113,681	188,308	514,452	50.00
50.01	05001	36,327	0	70,702	109,923	7,022	50.01
50.02	05002	16,603	0	6,098	50,240	32,045	50.02
51.00	05100	13,816	0	20,706	41,806	4,103	51.00
52.00	05200	50,052	0	38,849	151,453	13,698	52.00
53.00	05300	0	0	2,314	0	25,391	53.00
54.00	05400	168,243	0	156,941	0	283,094	54.00
55.00	05500	56,656	0	3,925	0	30,710	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	145,065	0	82,855	0	83,594	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	58,262	0	11,504	0	9,811	65.00
66.00	06600	84,924	0	3,179	0	3,917	66.00
67.00	06700	4,454	0	0	0	71	67.00
68.00	06800	3,060	0	0	0	0	68.00
69.00	06900	15,997	0	14,251	0	1,597	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	34,822	71.00
72.00	07200	0	0	0	0	796,355	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	22	76.00
76.97	07697	17,845	0	0	0	816	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	13,270	0	1,373	0	1,494	90.00
91.00	09100	141,096	0	150,540	426,948	50,859	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	36,660	0	0	110,931	661	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		1,552,904	0	1,196,268	2,326,348	1,993,347	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	7,362	0	7,006	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	233,291	0	45,596	0	0	194.00
194.01	07951	24,450	0	0	0	114	194.01
194.02	07953	7,847	0	2,725	0	318	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,825,854	0	1,251,595	2,326,348	1,993,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
12.01	01201						12.01
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,139,699					15.00
16.00	01600		3,163,183				16.00
17.00	01700			1,123,997			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	206,134	899,877	19,156,102	0	30.00
31.00	03100	0	44,005	153,939	5,704,251	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	10,308	70,181	903,683	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	344,222	0	10,863,666	0	50.00
50.01	05001	0	13,410	0	2,493,532	0	50.01
50.02	05002	0	49,172	0	1,360,805	0	50.02
51.00	05100	0	13,210	0	1,062,288	0	51.00
52.00	05200	0	36,690	0	3,418,460	0	52.00
53.00	05300	0	62,230	0	526,564	0	53.00
54.00	05400	0	655,434	0	17,866,340	0	54.00
55.00	05500	0	237,174	0	14,137,848	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	479,638	0	12,221,745	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	91,777	0	2,758,135	0	65.00
66.00	06600	0	31,546	0	4,571,551	0	66.00
67.00	06700	0	3,467	0	274,305	0	67.00
68.00	06800	0	2,314	0	246,935	0	68.00
69.00	06900	0	75,441	0	1,216,295	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	45,745	0	306,408	0	71.00
72.00	07200	0	142,903	0	7,976,587	0	72.00
73.00	07300	4,139,699	431,133	0	10,044,769	0	73.00
76.00	03950	0	13,746	0	613,347	0	76.00
76.97	07697	0	5,917	0	1,252,581	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	11,246	0	620,621	0	90.00
91.00	09100	0	151,878	0	9,275,734	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	2,695	0	1,960,192	0	93.00
93.01	04951	0	1,748	0	510,069	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		4,139,699	3,163,183	1,123,997	131,342,813	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	386,216	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	838,563	0	194.00

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,386,442	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,009,243	0	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,139,699	3,163,183	1,123,997	134,963,277		202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/27/2016 12:23 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	19,156,102	30.00
31.00	03100 INTENSIVE CARE UNIT	5,704,251	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	903,683	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	10,863,666	50.00
50.01	05001 AMBULATORY SERVICES	2,493,532	50.01
50.02	05002 ENDOSCOPY	1,360,805	50.02
51.00	05100 RECOVERY ROOM	1,062,288	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,418,460	52.00
53.00	05300 ANESTHESIOLOGY	526,564	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,866,340	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	14,137,848	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	12,221,745	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,758,135	65.00
66.00	06600 PHYSICAL THERAPY	4,571,551	66.00
67.00	06700 OCCUPATIONAL THERAPY	274,305	67.00
68.00	06800 SPEECH PATHOLOGY	246,935	68.00
69.00	06900 ELECTROCARDIOLOGY	1,216,295	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	306,408	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,976,587	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,044,769	73.00
76.00	03950 SLEEP LAB	613,347	76.00
76.97	07697 CARDIAC REHABILITATION	1,252,581	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	620,621	90.00
91.00	09100 EMERGENCY	9,275,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	1,960,192	93.00
93.01	04951 OUTSIDE SERVICES	510,069	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	131,342,813	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	386,216	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	838,563	194.00
194.01	07951 COMMUNITY WELLNESS	1,386,442	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,009,243	194.02
200.00	20000 Cross Foot Adjustments	0	200.00
201.00	20100 Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/27/2016 12:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	134,963,277	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B
Part II
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,558	1,558	1,558	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	943,969	720,422	948,332	2,612,723	269	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,301	0	29,301	0	8.00
9.00 00900	HOUSEKEEPING	0	150,978	24,038	175,016	26	9.00
10.00 01000	DIETARY	2,037	83,430	26,690	112,157	7	10.00
11.00 01100	CAFETERIA	5,522	226,189	72,344	304,055	19	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	554,395	28,199	582,594	0	12.01
13.00 01300	NURSING ADMINISTRATION	71,735	29,440	40,534	141,709	37	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	55,175	103,958	75,904	235,037	7	14.00
15.00 01500	PHARMACY	232,180	101,184	7,310	340,674	62	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	118,017	51,840	17,551	187,408	44	16.00
17.00 01700	SOCIAL SERVICE	0	15,327	0	15,327	20	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	11,647	1,136,180	339,087	1,486,914	222	30.00
31.00 03100	INTENSIVE CARE UNIT	941	190,092	92,541	283,574	77	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	37,554	1,023	38,577	12	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	20,659	364,580	809,122	1,194,361	51	50.00
50.01 05001	AMBULATORY SERVICES	0	226,744	3,509	230,253	31	50.01
50.02 05002	ENDOSCOPY	0	19,557	36,323	55,880	14	50.02
51.00 05100	RECOVERY ROOM	0	66,404	18,226	84,630	14	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	124,590	0	124,590	42	52.00
53.00 05300	ANESTHESIOLOGY	0	7,421	46,954	54,375	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	164,098	503,317	1,606,287	2,273,702	140	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	111,188	403,209	62,197	576,594	45	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	157,873	265,720	342,969	766,562	85	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	10,846	36,895	53,095	100,836	43	65.00
66.00 06600	PHYSICAL THERAPY	528,124	10,195	12,823	551,142	72	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	5	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	3	68.00
69.00 06900	ELECTROCARDIOLOGY	12,274	45,703	66,924	124,901	16	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950	SLEEP LAB	39,563	0	0	39,563	0	76.00
76.97 07697	CARDIAC REHABILITATION	293,959	0	19,060	313,019	14	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	44,884	4,404	0	49,288	9	90.00
91.00 09100	EMERGENCY	12,940	638,102	202,005	853,047	113	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	92,479	0	11,168	103,647	29	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,930,110	6,147,131	4,965,773	14,043,014	1,528	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,965	22,470	8,918	44,353	3	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B
Part II
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.00 07950 HOME OFFICE COSTS	0	146,227	14,271	160,498	0	194.00
194.01 07951 COMMUNITY WELLNESS	0	70,877	246	71,123	20	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	115,292	8,738	9,165	133,195	7	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,058,367	6,395,443	4,998,373	14,452,183	1,558	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,612,992				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	11,817	0	41,118		8.00	
9.00	00900	HOUSEKEEPING	47,408	0	0	222,450	9.00	
10.00	01000	DIETARY	18,685	0	0	3,036	10.00	
11.00	01100	CAFETERIA	33,595	0	0	8,230	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	20,108	0	0	19,351	12.01	
13.00	01300	NURSING ADMINISTRATION	43,267	0	0	3,028	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	36,868	0	0	3,783	14.00	
15.00	01500	PHARMACY	77,279	0	0	3,682	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	59,181	0	0	1,886	16.00	
17.00	01700	SOCIAL SERVICE	21,116	0	0	558	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	288,329	0	12,796	41,340	114,327	30.00
31.00	03100	INTENSIVE CARE UNIT	93,165	0	2,516	6,917	19,558	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	14,118	0	455	1,366	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	183,279	0	1,893	13,266	0	50.00
50.01	05001	AMBULATORY SERVICES	40,564	0	4,725	8,250	0	50.01
50.02	05002	ENDOSCOPY	23,210	0	0	712	0	50.02
51.00	05100	RECOVERY ROOM	18,026	0	738	2,416	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,123	0	1,620	4,533	0	52.00
53.00	05300	ANESTHESIOLOGY	8,396	0	0	270	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	316,277	0	4,493	18,314	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	267,131	0	446	458	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	219,241	0	0	9,668	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	49,734	0	0	1,629	0	65.00
66.00	06600	PHYSICAL THERAPY	85,953	0	289	371	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,156	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,677	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,047	0	243	1,663	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,336	0	127	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	136,246	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,978	0	0	0	0	73.00
76.00	03950	SLEEP LAB	11,378	0	0	1,080	0	76.00
76.97	07697	CARDIAC REHABILITATION	21,983	0	285	8,021	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	11,381	0	243	160	0	90.00
91.00	09100	EMERGENCY	154,984	0	10,249	17,906	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	35,028	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	9,841	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,557,905	0	41,118	181,894	133,885	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,899	0	0	1,408	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	4,214	0	0	31,069	0	194.00
194.01	07951	COMMUNITY WELLNESS	25,817	0	0	2,579	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	18,157	0	0	5,500	0	194.02
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
201.00	Negative Cost Centers	5.00	7.00	8.00	9.00	10.00	0	201.00
202.00	TOTAL (sum lines 118-201)	2,612,992	0	41,118	222,450	133,885	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B
Part II
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	345,899					11.00
12.00	01200		0				12.00
12.01	01201		0	622,053			12.01
13.00	01300	9,287	0	4,562	201,890		13.00
14.00	01400	2,927	0	16,111	0	294,733	14.00
15.00	01500	11,359	0	15,681	0	2,379	15.00
16.00	01600	13,161	0	8,034	0	2	16.00
17.00	01700	4,247	0	2,375	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	58,517	0	176,080	81,114	9,150	30.00
31.00	03100	16,875	0	29,459	23,391	2,506	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,663	0	5,820	3,692	569	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,789	0	56,500	16,342	76,049	50.00
50.01	05001	6,882	0	35,139	9,540	1,038	50.01
50.02	05002	3,145	0	3,031	4,360	4,737	50.02
51.00	05100	2,617	0	10,291	3,628	606	51.00
52.00	05200	9,482	0	19,308	13,144	2,025	52.00
53.00	05300	0	0	1,150	0	3,753	53.00
54.00	05400	31,873	0	78,001	0	41,848	54.00
55.00	05500	10,733	0	1,951	0	4,540	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	27,482	0	41,180	0	12,357	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	11,037	0	5,718	0	1,450	65.00
66.00	06600	16,088	0	1,580	0	579	66.00
67.00	06700	844	0	0	0	10	67.00
68.00	06800	580	0	0	0	0	68.00
69.00	06900	3,031	0	7,083	0	236	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	5,147	71.00
72.00	07200	0	0	0	0	117,727	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	3	76.00
76.97	07697	3,381	0	0	0	121	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	2,514	0	682	0	221	90.00
91.00	09100	26,730	0	74,820	37,052	7,518	91.00
92.00	09200						92.00
93.00	04950	6,945	0	0	9,627	98	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		294,189	0	594,556	201,890	294,669	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,395	0	3,482	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	44,196	0	22,661	0	0	194.00
194.01	07951	4,632	0	0	0	17	194.01
194.02	07953	1,487	0	1,354	0	47	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		11.00	12.00	12.01	13.00	14.00		
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	345,899	0	622,053	201,890	294,733		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	MAINTENANCE OF PLANT					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	451,116				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	269,716			16.00
17.00	01700	SOCIAL SERVICE	0	0	43,643		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	17,562	34,941	2,321,292	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,749	5,977	487,764	0 31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	878	2,725	70,875	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	29,326	0	1,582,856	0 50.00
50.01	05001	AMBULATORY SERVICES	0	1,142	0	337,564	0 50.01
50.02	05002	ENDOSCOPY	0	4,189	0	99,278	0 50.02
51.00	05100	RECOVERY ROOM	0	1,125	0	124,091	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,126	0	236,993	0 52.00
53.00	05300	ANESTHESIOLOGY	0	5,302	0	73,246	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,069	0	2,820,717	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,206	0	882,104	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	40,863	0	1,117,438	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	7,819	0	178,266	0 65.00
66.00	06600	PHYSICAL THERAPY	0	2,688	0	658,762	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	295	0	6,310	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	197	0	5,457	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,427	0	164,647	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,897	0	13,507	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,175	0	266,148	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	451,116	36,730	0	593,824	0 73.00
76.00	03950	SLEEP LAB	0	1,171	0	53,195	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	504	0	347,328	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	958	0	65,456	0 90.00
91.00	09100	EMERGENCY	0	12,939	0	1,195,358	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04950	OUTPATIENT COUNSELING	0	230	0	155,604	0 93.00
93.01	04951	OUTSIDE SERVICES	0	149	0	9,990	0 93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	451,116	269,716	43,643	13,868,070	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	57,540	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	262,638	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B
Part II
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	104,188	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	159,747	0	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	451,116	269,716	43,643	14,452,183		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,321,292	30.00
31.00	03100 INTENSIVE CARE UNIT	487,764	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	70,875	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,582,856	50.00
50.01	05001 AMBULATORY SERVICES	337,564	50.01
50.02	05002 ENDOSCOPY	99,278	50.02
51.00	05100 RECOVERY ROOM	124,091	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	236,993	52.00
53.00	05300 ANESTHESIOLOGY	73,246	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,820,717	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	882,104	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	1,117,438	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	178,266	65.00
66.00	06600 PHYSICAL THERAPY	658,762	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,310	67.00
68.00	06800 SPEECH PATHOLOGY	5,457	68.00
69.00	06900 ELECTROCARDIOLOGY	164,647	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,507	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	266,148	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	593,824	73.00
76.00	03950 SLEEP LAB	53,195	76.00
76.97	07697 CARDIAC REHABILITATION	347,328	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	65,456	90.00
91.00	09100 EMERGENCY	1,195,358	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	155,604	93.00
93.01	04951 OUTSIDE SERVICES	9,990	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	13,868,070	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,540	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	262,638	194.00
194.01	07951 COMMUNITY WELLNESS	104,188	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	159,747	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/27/2016 12:23 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	14,452,183		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	184,436				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		3,582,762			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,117	46,676,611		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,776	679,751	7,635,499	-35,448,652	99,514,625
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	845	0	0	0	450,037
9.00 00900	HOUSEKEEPING	4,354	17,230	796,069	0	1,805,526
10.00 01000	DIETARY	2,406	19,131	216,442	0	711,637
11.00 01100	CAFETERIA	6,523	51,855	586,725	0	1,279,486
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	MAINTENANCE OF PLANT	15,988	20,213	0	0	765,797
13.00 01300	NURSING ADMINISTRATION	849	29,054	1,114,679	0	1,647,830
14.00 01400	CENTRAL SERVICES & SUPPLY	2,998	54,407	212,290	0	1,404,108
15.00 01500	PHARMACY	2,918	5,240	1,889,152	0	2,943,164
16.00 01600	MEDICAL RECORDS & LIBRARY	1,495	12,580	1,338,753	0	2,253,895
17.00 01700	SOCIAL SERVICE	442	0	604,367	0	804,193
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,766	243,053	6,735,635	0	10,981,050
31.00 03100	INTENSIVE CARE UNIT	5,482	66,332	2,324,767	0	3,548,199
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,083	733	354,383	0	537,704
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,514	579,967	1,537,982	0	6,980,196
50.01 05001	AMBULATORY SERVICES	6,539	2,515	930,000	0	1,544,879
50.02 05002	ENDOSCOPY	564	26,036	433,708	0	883,940
51.00 05100	RECOVERY ROOM	1,915	13,064	435,819	0	686,536
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,593	0	1,261,346	0	2,251,688
53.00 05300	ANESTHESIOLOGY	214	33,656	0	0	319,755
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,515	1,151,365	4,245,987	0	12,044,087
55.00 05500	RADIOLOGY-THERAPEUTIC	11,628	44,582	1,353,821	0	10,173,688
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	7,663	245,835	2,562,857	0	8,349,824
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,064	38,058	1,289,709	0	1,894,131
66.00 06600	PHYSICAL THERAPY	294	9,191	2,196,832	0	3,273,527
67.00 06700	OCCUPATIONAL THERAPY	0	0	147,794	0	196,365
68.00 06800	SPEECH PATHOLOGY	0	0	97,289	0	178,114
69.00 06900	ELECTROCARDIOLOGY	1,318	47,970	472,563	0	801,567
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	165,133
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,188,944
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,036,184
76.00 03950	SLEEP LAB	0	0	0	0	433,331
76.97 07697	CARDIAC REHABILITATION	0	13,662	423,128	0	837,238
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	127	0	283,300	0	433,462
91.00 09100	EMERGENCY	18,402	144,794	3,431,070	0	5,902,578
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04950	OUTPATIENT COUNSELING	0	8,005	883,452	0	1,334,039
93.01 04951	OUTSIDE SERVICES	0	0	0	0	374,808
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	177,275	3,559,396	45,795,418	-35,448,652	97,416,640
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	6,392	75,759	0	262,752
191.00 19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	4,217	10,229	0	0	0	160,498	194.00
194.01 07951 COMMUNITY WELLNESS	2,044	176	604,666	0	0	983,243	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	252	6,569	200,768	0	0	691,492	194.02
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,395,443	4,998,373	14,152,754			35,448,652	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	34.675676	1.395117	0.303209			0.356216	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			1,558			2,612,992	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000033			0.026257	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	0				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	56,030			8.00	
9.00	00900	HOUSEKEEPING	0	0	176,309		9.00	
10.00	01000	DIETARY	0	0	2,406	19,250	10.00	
11.00	01100	CAFETERIA	0	0	6,523	0	60,264	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,337	0	0	12.01
13.00	01300	NURSING ADMINISTRATIVE	0	0	2,400	0	1,618	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,998	0	510	14.00
15.00	01500	PHARMACY	0	0	2,918	0	1,979	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,495	0	2,293	16.00
17.00	01700	SOCIAL SERVICE	0	0	442	0	740	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,436	32,766	16,438	10,195	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,428	5,482	2,812	2,940	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	620	1,083	0	464	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,579	10,514	0	2,054	50.00
50.01	05001	AMBULATORY SERVICES	0	6,439	6,539	0	1,199	50.01
50.02	05002	ENDOSCOPY	0	0	564	0	548	50.02
51.00	05100	RECOVERY ROOM	0	1,006	1,915	0	456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,207	3,593	0	1,652	52.00
53.00	05300	ANESTHESIOLOGY	0	0	214	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,123	14,515	0	5,553	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	608	363	0	1,870	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,663	0	4,788	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,291	0	1,923	65.00
66.00	06600	PHYSICAL THERAPY	0	394	294	0	2,803	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	147	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	101	68.00
69.00	06900	ELECTROCARDIOLOGY	0	331	1,318	0	528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	173	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	856	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	389	6,357	0	589	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	331	127	0	438	90.00
91.00	09100	EMERGENCY	0	13,966	14,192	0	4,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	1,210	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	56,030	144,165	19,250	51,255	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,116	0	243	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	24,625	0	7,700	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	2,044	0	807	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	4,359	0	259	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	610,347	2,448,683	998,549	1,825,854	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	10.893218	13.888588	51.872675	30.297591	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	41,118	222,450	133,885	345,899	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.733857	1.261705	6.955065	5.739729	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
12.01	01201	0	115,756				12.01
13.00	01300	0	849	25,375			13.00
14.00	01400	0	2,998	0	12,991,160		14.00
15.00	01500	0	2,918	0	104,883	4,036,184	15.00
16.00	01600	0	1,495	0	101	0	16.00
17.00	01700	0	442	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	32,766	10,195	403,302	0	30.00
31.00	03100	0	5,482	2,940	110,475	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,083	464	25,077	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	10,514	2,054	3,352,093	0	50.00
50.01	05001	0	6,539	1,199	45,756	0	50.01
50.02	05002	0	564	548	208,798	0	50.02
51.00	05100	0	1,915	456	26,733	0	51.00
52.00	05200	0	3,593	1,652	89,255	0	52.00
53.00	05300	0	214	0	165,444	0	53.00
54.00	05400	0	14,515	0	1,844,599	0	54.00
55.00	05500	0	363	0	200,102	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,663	0	544,688	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,064	0	63,929	0	65.00
66.00	06600	0	294	0	25,520	0	66.00
67.00	06700	0	0	0	461	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,318	0	10,404	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	226,892	0	71.00
72.00	07200	0	0	0	5,188,944	0	72.00
73.00	07300	0	0	0	0	4,036,184	73.00
76.00	03950	0	0	0	142	0	76.00
76.97	07697	0	0	0	5,320	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	127	0	9,734	0	90.00
91.00	09100	0	13,923	4,657	331,388	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	1,210	4,307	0	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	110,639	25,375	12,988,347	4,036,184	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	648	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	4,217	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1

Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	741	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	252	0	2,072	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,251,595	2,326,348	1,993,779	4,139,699	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10.812355	91.678739	0.153472	1.025647	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	622,053	201,890	294,733	451,116	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.373829	7.956256	0.022687	0.111768	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
12.01	01201	MAINTENANCE OF PLANT		12.01
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	547,746,288	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	35,694,143	30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,937	31.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,784,989	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	59,605,490	50.00
50.01	05001	AMBULATORY SERVICES	2,321,997	50.01
50.02	05002	ENDOSCOPY	8,514,688	50.02
51.00	05100	RECOVERY ROOM	2,287,424	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,353,260	52.00
53.00	05300	ANESTHESIOLOGY	10,775,832	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,503,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	41,069,169	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	83,054,147	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	15,892,140	65.00
66.00	06600	PHYSICAL THERAPY	5,462,506	66.00
67.00	06700	OCCUPATIONAL THERAPY	600,388	67.00
68.00	06800	SPEECH PATHOLOGY	400,677	68.00
69.00	06900	ELECTROCARDIOLOGY	13,063,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,921,171	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,745,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,655,095	73.00
76.00	03950	SLEEP LAB	2,380,294	76.00
76.97	07697	CARDIAC REHABILITATION	1,024,512	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,947,438	90.00
91.00	09100	EMERGENCY	26,299,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00	04950	OUTPATIENT COUNSELING	466,602	93.00
93.01	04951	OUTSIDE SERVICES	302,718	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	547,746,288	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	HOME OFFICE COSTS	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet B-1
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			16.00	17.00	
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,163,183	1,123,997	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005775	54.743668	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	269,716	43,643	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000492	2.125609	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet C
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,156,102	0	19,156,102	30.00	
31.00	03100 INTENSIVE CARE UNIT		5,704,251	0	5,704,251	31.00	
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		903,683	0	903,683	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,863,666	0	10,863,666	50.00	
50.01	05001 AMBULATORY SERVICES		2,493,532	0	2,493,532	50.01	
50.02	05002 ENDOSCOPY		1,360,805	0	1,360,805	50.02	
51.00	05100 RECOVERY ROOM		1,062,288	0	1,062,288	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,418,460	0	3,418,460	52.00	
53.00	05300 ANESTHESIOLOGY		526,564	0	526,564	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,866,340	0	17,866,340	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		14,137,848	0	14,137,848	55.00	
57.00	05700 CT SCAN		0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		12,221,745	0	12,221,745	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	2,758,135	0	2,758,135	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,571,551	0	4,571,551	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	274,305	0	274,305	67.00	
68.00	06800 SPEECH PATHOLOGY	0	246,935	0	246,935	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,216,295	0	1,216,295	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		306,408	0	306,408	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,976,587	0	7,976,587	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,044,769	0	10,044,769	73.00	
76.00	03950 SLEEP LAB		613,347	0	613,347	76.00	
76.97	07697 CARDIAC REHABILITATION		1,252,581	0	1,252,581	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		620,621	0	620,621	90.00	
91.00	09100 EMERGENCY		9,275,734	0	9,275,734	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,410,292	0	2,410,292	92.00	
93.00	04950 OUTPATIENT COUNSELING		1,960,192	0	1,960,192	93.00	
93.01	04951 OUTSIDE SERVICES		510,069	0	510,069	93.01	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		133,753,105	0	133,753,105	200.00	
201.00	Less Observation Beds		2,410,292	0	2,410,292	201.00	
202.00	Total (see instructions)		131,342,813	0	131,342,813	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet C
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,958,539		31,958,539		30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,937		7,619,937		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,784,989		1,784,989		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,672,882	35,932,608	59,605,490	0.182259	50.00
50.01	05001	AMBULATORY SERVICES	24,055	2,297,942	2,321,997	1.073874	50.01
50.02	05002	ENDOSCOPY	1,124,753	7,389,935	8,514,688	0.159819	50.02
51.00	05100	RECOVERY ROOM	712,567	1,574,857	2,287,424	0.464404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,336,103	17,157	6,353,260	0.538064	52.00
53.00	05300	ANESTHESIOLOGY	2,739,938	8,035,894	10,775,832	0.048865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,156,510	85,347,476	113,503,986	0.157407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42,488	41,026,681	41,069,169	0.344245	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	20,849,091	62,205,056	83,054,147	0.147154	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	14,005,668	1,886,472	15,892,140	0.173553	65.00
66.00	06600	PHYSICAL THERAPY	1,047,371	4,415,135	5,462,506	0.836896	66.00
67.00	06700	OCCUPATIONAL THERAPY	272,069	328,319	600,388	0.456880	67.00
68.00	06800	SPEECH PATHOLOGY	122,200	278,477	400,677	0.616294	68.00
69.00	06900	ELECTROCARDIOLOGY	4,961,919	8,101,442	13,063,361	0.093107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,268,696	3,652,475	7,921,171	0.038682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,268,931	8,476,172	24,745,103	0.322350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,333,811	25,321,284	74,655,095	0.134549	73.00
76.00	03950	SLEEP LAB	0	2,380,294	2,380,294	0.257677	76.00
76.97	07697	CARDIAC REHABILITATION	1,949	1,022,563	1,024,512	1.222612	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	15,553	1,931,885	1,947,438	0.318686	90.00
91.00	09100	EMERGENCY	4,705,811	21,593,410	26,299,221	0.352700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	725,247	3,010,357	3,735,604	0.645221	92.00
93.00	04950	OUTPATIENT COUNSELING	0	466,602	466,602	4.200994	93.00
93.01	04951	OUTSIDE SERVICES	291,774	10,944	302,718	1.684964	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	221,042,851	326,703,437	547,746,288		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	221,042,851	326,703,437	547,746,288		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/27/2016 12:23 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182259		50.00
50.01	05001	AMBULATORY SERVICES	1.073874		50.01
50.02	05002	ENDOSCOPY	0.159819		50.02
51.00	05100	RECOVERY ROOM	0.464404		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538064		52.00
53.00	05300	ANESTHESIOLOGY	0.048865		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157407		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.344245		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.147154		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.173553		65.00
66.00	06600	PHYSICAL THERAPY	0.836896		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456880		67.00
68.00	06800	SPEECH PATHOLOGY	0.616294		68.00
69.00	06900	ELECTROCARDIOLOGY	0.093107		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.038682		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322350		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134549		73.00
76.00	03950	SLEEP LAB	0.257677		76.00
76.97	07697	CARDIAC REHABILITATION	1.222612		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.318686		90.00
91.00	09100	EMERGENCY	0.352700		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.645221		92.00
93.00	04950	OUTPATIENT COUNSELING	4.200994		93.00
93.01	04951	OUTSIDE SERVICES	1.684964		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet C
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	19,156,102		19,156,102	0	19,156,102	30.00
31.00	03100 INTENSIVE CARE UNIT	5,704,251		5,704,251	0	5,704,251	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	903,683		903,683	0	903,683	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,863,666		10,863,666	0	10,863,666	50.00
50.01	05001 AMBULATORY SERVICES	2,493,532		2,493,532	0	2,493,532	50.01
50.02	05002 ENDOSCOPY	1,360,805		1,360,805	0	1,360,805	50.02
51.00	05100 RECOVERY ROOM	1,062,288		1,062,288	0	1,062,288	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,418,460		3,418,460	0	3,418,460	52.00
53.00	05300 ANESTHESIOLOGY	526,564		526,564	0	526,564	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17,866,340		17,866,340	0	17,866,340	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	14,137,848		14,137,848	0	14,137,848	55.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	12,221,745		12,221,745	0	12,221,745	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,758,135	0	2,758,135	0	2,758,135	65.00
66.00	06600 PHYSICAL THERAPY	4,571,551	0	4,571,551	0	4,571,551	66.00
67.00	06700 OCCUPATIONAL THERAPY	274,305	0	274,305	0	274,305	67.00
68.00	06800 SPEECH PATHOLOGY	246,935	0	246,935	0	246,935	68.00
69.00	06900 ELECTROCARDIOLOGY	1,216,295		1,216,295	0	1,216,295	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	306,408		306,408	0	306,408	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,976,587		7,976,587	0	7,976,587	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,044,769		10,044,769	0	10,044,769	73.00
76.00	03950 SLEEP LAB	613,347		613,347	0	613,347	76.00
76.97	07697 CARDIAC REHABILITATION	1,252,581		1,252,581	0	1,252,581	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	620,621		620,621	0	620,621	90.00
91.00	09100 EMERGENCY	9,275,734		9,275,734	0	9,275,734	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,410,292		2,410,292	0	2,410,292	92.00
93.00	04950 OUTPATIENT COUNSELING	1,960,192		1,960,192	0	1,960,192	93.00
93.01	04951 OUTSIDE SERVICES	510,069		510,069	0	510,069	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	133,753,105	0	133,753,105	0	133,753,105	200.00
201.00	Less Observation Beds	2,410,292		2,410,292	0	2,410,292	201.00
202.00	Total (see instructions)	131,342,813	0	131,342,813	0	131,342,813	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet C
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,958,539		31,958,539		30.00
31.00	03100	INTENSIVE CARE UNIT	7,619,937		7,619,937		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,784,989		1,784,989		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,672,882	35,932,608	59,605,490	0.182259	50.00
50.01	05001	AMBULATORY SERVICES	24,055	2,297,942	2,321,997	1.073874	50.01
50.02	05002	ENDOSCOPY	1,124,753	7,389,935	8,514,688	0.159819	50.02
51.00	05100	RECOVERY ROOM	712,567	1,574,857	2,287,424	0.464404	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,336,103	17,157	6,353,260	0.538064	52.00
53.00	05300	ANESTHESIOLOGY	2,739,938	8,035,894	10,775,832	0.048865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,156,510	85,347,476	113,503,986	0.157407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42,488	41,026,681	41,069,169	0.344245	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	20,849,091	62,205,056	83,054,147	0.147154	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	14,005,668	1,886,472	15,892,140	0.173553	65.00
66.00	06600	PHYSICAL THERAPY	1,047,371	4,415,135	5,462,506	0.836896	66.00
67.00	06700	OCCUPATIONAL THERAPY	272,069	328,319	600,388	0.456880	67.00
68.00	06800	SPEECH PATHOLOGY	122,200	278,477	400,677	0.616294	68.00
69.00	06900	ELECTROCARDIOLOGY	4,961,919	8,101,442	13,063,361	0.093107	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,268,696	3,652,475	7,921,171	0.038682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,268,931	8,476,172	24,745,103	0.322350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,333,811	25,321,284	74,655,095	0.134549	73.00
76.00	03950	SLEEP LAB	0	2,380,294	2,380,294	0.257677	76.00
76.97	07697	CARDIAC REHABILITATION	1,949	1,022,563	1,024,512	1.222612	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	15,553	1,931,885	1,947,438	0.318686	90.00
91.00	09100	EMERGENCY	4,705,811	21,593,410	26,299,221	0.352700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	725,247	3,010,357	3,735,604	0.645221	92.00
93.00	04950	OUTPATIENT COUNSELING	0	466,602	466,602	4.200994	93.00
93.01	04951	OUTSIDE SERVICES	291,774	10,944	302,718	1.684964	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	221,042,851	326,703,437	547,746,288		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	221,042,851	326,703,437	547,746,288		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/27/2016 12:23 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part I Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,321,292	0	2,321,292	18,804	123.45	30.00
31.00	INTENSIVE CARE UNIT	487,764		487,764	2,812	173.46	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	70,875		70,875	1,282	55.28	43.00
200.00	Total (Lines 30-199)	2,879,931		2,879,931	22,898		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,180	1,009,821				30.00
31.00	INTENSIVE CARE UNIT	1,512	262,272				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	9,692	1,272,093				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part II Date/Time Prepared: 9/27/2016 12:23 pm
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,582,856	59,605,490	0.026556	10,724,635	284,803	50.00
50.01	05001	AMBULATORY SERVICES	337,564	2,321,997	0.145377	18,062	2,626	50.01
50.02	05002	ENDOSCOPY	99,278	8,514,688	0.011660	668,656	7,797	50.02
51.00	05100	RECOVERY ROOM	124,091	2,287,424	0.054249	335,552	18,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	236,993	6,353,260	0.037303	12,270	458	52.00
53.00	05300	ANESTHESIOLOGY	73,246	10,775,832	0.006797	1,284,922	8,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,820,717	113,503,986	0.024851	14,542,348	361,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	882,104	41,069,169	0.021478	32,445	697	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	1,117,438	83,054,147	0.013454	11,226,634	151,043	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	178,266	15,892,140	0.011217	8,826,401	99,006	65.00
66.00	06600	PHYSICAL THERAPY	658,762	5,462,506	0.120597	636,140	76,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,310	600,388	0.010510	157,071	1,651	67.00
68.00	06800	SPEECH PATHOLOGY	5,457	400,677	0.013619	83,756	1,141	68.00
69.00	06900	ELECTROCARDIOLOGY	164,647	13,063,361	0.012604	2,912,277	36,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,507	7,921,171	0.001705	2,234,301	3,809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	266,148	24,745,103	0.010756	7,631,528	82,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	593,824	74,655,095	0.007954	25,109,891	199,724	73.00
76.00	03950	SLEEP LAB	53,195	2,380,294	0.022348	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	347,328	1,024,512	0.339018	1,326	450	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	65,456	1,947,438	0.033611	11,517	387	90.00
91.00	09100	EMERGENCY	1,195,358	26,299,221	0.045452	2,342,334	106,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	292,074	3,735,604	0.078187	397,412	31,072	92.00
93.00	04950	OUTPATIENT COUNSELING	155,604	466,602	0.333483	0	0	93.00
93.01	04951	OUTSIDE SERVICES	9,990	302,718	0.033001	174,180	5,748	93.01
200.00		Total (lines 50-199)	11,280,213	506,382,823		89,363,658	1,480,713	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part III Date/Time Prepared: 9/27/2016 12:23 pm
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,804	0.00	8,180	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,812	0.00	1,512	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,282	0.00	0	0		43.00
200.00		Total (lines 30-199)	22,898		9,692	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part IV Date/Time Prepared: 9/27/2016 12:23 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	0	93.01
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet D
Part IV
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	59,605,490	0.000000	0.000000	10,724,635	50.00
50.01	05001	AMBULATORY SERVICES	0	2,321,997	0.000000	0.000000	18,062	50.01
50.02	05002	ENDOSCOPY	0	8,514,688	0.000000	0.000000	668,656	50.02
51.00	05100	RECOVERY ROOM	0	2,287,424	0.000000	0.000000	335,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,353,260	0.000000	0.000000	12,270	52.00
53.00	05300	ANESTHESIOLOGY	0	10,775,832	0.000000	0.000000	1,284,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	113,503,986	0.000000	0.000000	14,542,348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	41,069,169	0.000000	0.000000	32,445	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	83,054,147	0.000000	0.000000	11,226,634	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	15,892,140	0.000000	0.000000	8,826,401	65.00
66.00	06600	PHYSICAL THERAPY	0	5,462,506	0.000000	0.000000	636,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	600,388	0.000000	0.000000	157,071	67.00
68.00	06800	SPEECH PATHOLOGY	0	400,677	0.000000	0.000000	83,756	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,063,361	0.000000	0.000000	2,912,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,921,171	0.000000	0.000000	2,234,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,745,103	0.000000	0.000000	7,631,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,655,095	0.000000	0.000000	25,109,891	73.00
76.00	03950	SLEEP LAB	0	2,380,294	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,024,512	0.000000	0.000000	1,326	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,947,438	0.000000	0.000000	11,517	90.00
91.00	09100	EMERGENCY	0	26,299,221	0.000000	0.000000	2,342,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,735,604	0.000000	0.000000	397,412	92.00
93.00	04950	OUTPATIENT COUNSELING	0	466,602	0.000000	0.000000	0	93.00
93.01	04951	OUTSIDE SERVICES	0	302,718	0.000000	0.000000	174,180	93.01
200.00		Total (lines 50-199)	0	506,382,823			89,363,658	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part IV Date/Time Prepared: 9/27/2016 12:23 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,218,272	0	50.00
50.01	05001 AMBULATORY SERVICES	0	712,133	0	50.01
50.02	05002 ENDOSCOPY	0	2,044,742	0	50.02
51.00	05100 RECOVERY ROOM	0	298,485	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,874,163	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	24,491,580	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	15,543,215	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	7,973,263	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	685,790	0	65.00
66.00	06600 PHYSICAL THERAPY	0	15,566	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,881	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	420	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,954,841	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	906,577	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,931,189	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,410,882	0	73.00
76.00	03950 SLEEP LAB	0	602,211	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	451,431	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	888,053	0	90.00
91.00	09100 EMERGENCY	0	3,090,225	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,042,457	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	60,041	0	93.00
93.01	04951 OUTSIDE SERVICES	0	293	0	93.01
200.00	Total (lines 50-199)	0	79,198,710	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.182259	7,218,272	0	0	1,315,595	50.00
50.01	05001	AMBULATORY SERVICES	1.073874	712,133	0	0	764,741	50.01
50.02	05002	ENDOSCOPY	0.159819	2,044,742	0	0	326,789	50.02
51.00	05100	RECOVERY ROOM	0.464404	298,485	0	0	138,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538064	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.048865	1,874,163	0	0	91,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157407	24,491,580	0	0	3,855,146	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.344245	15,543,215	0	0	5,350,678	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.147154	7,973,263	1,921	0	1,173,298	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.173553	685,790	0	0	119,021	65.00
66.00	06600	PHYSICAL THERAPY	0.836896	15,566	0	0	13,027	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456880	2,881	0	0	1,316	67.00
68.00	06800	SPEECH PATHOLOGY	0.616294	420	0	0	259	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093107	2,954,841	0	0	275,116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.038682	906,577	0	0	35,068	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322350	1,931,189	0	0	622,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134549	6,410,882	0	151,527	862,578	73.00
76.00	03950	SLEEP LAB	0.257677	602,211	0	0	155,176	76.00
76.97	07697	CARDIAC REHABILITATION	1.222612	451,431	0	0	551,925	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.318686	888,053	0	0	283,010	90.00
91.00	09100	EMERGENCY	0.352700	3,090,225	0	0	1,089,922	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.645221	1,042,457	0	0	672,615	92.00
93.00	04950	OUTPATIENT COUNSELING	4.200994	60,041	0	0	252,232	93.00
93.01	04951	OUTSIDE SERVICES	1.684964	293	0	0	494	93.01
200.00		Subtotal (see instructions)		79,198,710	1,921	151,527	17,950,720	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		79,198,710	1,921	151,527	17,950,720	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 AMBULATORY SERVICES	0	0	50.01
50.02	05002 ENDOSCOPY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	283	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,388	73.00
76.00	03950 SLEEP LAB	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	0	93.00
93.01	04951 OUTSIDE SERVICES	0	0	93.01
200.00	Subtotal (see instructions)	283	20,388	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	283	20,388	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 9/27/2016 12:23 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,804	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,804	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,438	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,180	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		19,156,102	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		19,156,102	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,156,102	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,018.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,333,130	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,333,130	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286		Period: From 05/01/2015 To 04/30/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 9/27/2016 12: 23 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	5,704,251	2,812	2,028.54	1,512	3,067,152		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,023,487		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,423,769		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,272,093		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,480,713		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,752,806		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,670,963		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,366		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,018.72		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,410,292		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286		Period: From 05/01/2015 To 04/30/2016		Worksheet D-1 Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,321,292	19,156,102	0.121178	2,410,292	292,074	90.00
91.00	Nursing School cost	0	19,156,102	0.000000	2,410,292	0	91.00
92.00	Allied health cost	0	19,156,102	0.000000	2,410,292	0	92.00
93.00	All other Medical Education	0	19,156,102	0.000000	2,410,292	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,288,234	30.00
31.00	03100	INTENSIVE CARE UNIT		4,046,922	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182259	10,724,635	50.00
50.01	05001	AMBULATORY SERVICES	1.073874	18,062	50.01
50.02	05002	ENDOSCOPY	0.159819	668,656	50.02
51.00	05100	RECOVERY ROOM	0.464404	335,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538064	12,270	52.00
53.00	05300	ANESTHESIOLOGY	0.048865	1,284,922	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157407	14,542,348	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.344245	32,445	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.147154	11,226,634	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.173553	8,826,401	65.00
66.00	06600	PHYSICAL THERAPY	0.836896	636,140	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456880	157,071	67.00
68.00	06800	SPEECH PATHOLOGY	0.616294	83,756	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093107	2,912,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.038682	2,234,301	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322350	7,631,528	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134549	25,109,891	73.00
76.00	03950	SLEEP LAB	0.257677	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.222612	1,326	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.318686	11,517	90.00
91.00	09100	EMERGENCY	0.352700	2,342,334	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.645221	397,412	92.00
93.00	04950	OUTPATIENT COUNSELING	4.200994	0	93.00
93.01	04951	OUTSIDE SERVICES	1.684964	174,180	93.01
200.00		Total (sum of lines 50-94 and 96-98)		89,363,658	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		89,363,658	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/27/2016 12:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,212,536	30.00
31.00	03100	INTENSIVE CARE UNIT		687,446	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		623,601	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.182259	1,297,158	50.00
50.01	05001	AMBULATORY SERVICES	1.073874	1,030	50.01
50.02	05002	ENDOSCOPY	0.159819	68,124	50.02
51.00	05100	RECOVERY ROOM	0.464404	44,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.538064	2,706,527	52.00
53.00	05300	ANESTHESIOLOGY	0.048865	205,677	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157407	2,528,384	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.344245	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.147154	2,229,480	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.173553	836,215	65.00
66.00	06600	PHYSICAL THERAPY	0.836896	32,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.456880	8,069	67.00
68.00	06800	SPEECH PATHOLOGY	0.616294	5,148	68.00
69.00	06900	ELECTROCARDIOLOGY	0.093107	410,365	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.038682	452,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.322350	553,597	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.134549	5,442,430	73.00
76.00	03950	SLEEP LAB	0.257677	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.222612	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.318686	0	90.00
91.00	09100	EMERGENCY	0.352700	515,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.645221	73,947	92.00
93.00	04950	OUTPATIENT COUNSELING	4.200994	0	93.00
93.01	04951	OUTSIDE SERVICES	1.684964	34,660	93.01
200.00		Total (sum of lines 50-94 and 96-98)		17,445,269	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		17,445,269	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part A Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		6,403,455	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,030,764	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		906,415	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		91.54	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.56	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.77	31.00
32.00	Sum of lines 30 and 31		17.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.01	33.00
34.00	Disproportionate share adjustment (see instructions)		164,754	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part A Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)	0.000079540	0.000077756	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	608,294	498,116	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	254,983	289,887	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	544,870		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	18,050,258		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		18,050,258	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,522,164	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,572,422	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,572,422	61.00
62.00	Deductibles billed to program beneficiaries		1,896,468	62.00
63.00	Coinurance billed to program beneficiaries		69,195	63.00
64.00	Allowable bad debts (see instructions)		214,663	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		139,531	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		188,029	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,746,290	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		41,058	70.93
70.94	HRR adjustment amount (see instructions)		-74,190	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part A Date/Time Prepared: 9/27/2016 12:23 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,713,158		71.00
71.01	Sequestration adjustment (see instructions)		354,263		71.01
72.00	Interim payments		16,791,506		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		567,389		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		518,975		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,403,455	0	6,403,455		6,403,455	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,030,764	0		10,030,764	10,030,764	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	906,415	0	480,389	426,026	906,415	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0401	0.0401	0.0401	0.0401		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	164,754	0	64,195	100,559	164,754	11.00
11.01	Uncompensated care payments	36.00	544,870	0	377,645	354,007	731,652	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	18,050,258	0	7,325,684	10,724,574	18,050,258	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,050,258	0	7,325,684	10,724,574	18,050,258	15.00
16.00	Payment for inpatient program capital	50.00	1,522,164	0	717,566	804,598	1,522,164	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	8,043,250	11,529,172	19,572,422	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,316,679	0	512,081	804,598	1,316,679	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	205,485	0	205,485	103,801	309,286	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,522,164	0	717,566	804,598	1,522,164	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/27/2016 12:23 pm

		Title XVIII			Hospital		PPS
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,403,455	6,403,455		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,030,764		10,030,764	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	906,415	480,389	426,026	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0401	0.0401	0.0401	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	164,754	64,195	100,559	11.00	
11.01	Uncompensated care payments	36.00	544,870	377,645	354,007	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	18,050,258	7,325,684	10,724,574	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	18,050,258	7,325,684	10,724,574	15.00	
16.00	Payment for inpatient program capital	50.00	1,522,164	613,765	908,399	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			7,939,449	11,632,973	19,572,422	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,316,679	512,081	804,598	1,316,679	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	205,485	101,684	103,801	205,485	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,522,164	613,765	908,399	1,522,164	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	41,058	25,009	16,049	41,058	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-74,190	-46,104	-28,086	-74,190	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part B Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,671	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,950,720	2.00
3.00	PPS payments		12,538,080	3.00
4.00	Outlier payment (see instructions)		377,054	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,671	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		153,448	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		153,448	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		153,448	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		132,777	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		20,671	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,915,134	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,568,627	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		10,367,178	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,367,178	30.00
31.00	Primary payer payments		472	31.00
32.00	Subtotal (line 30 minus line 31)		10,366,706	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		353,379	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		229,696	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		272,585	36.00
37.00	Subtotal (see instructions)		10,596,402	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,596,402	40.00
40.01	Sequestration adjustment (see instructions)		211,928	40.01
41.00	Interim payments		10,269,440	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		115,034	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		211,928	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet E-1
Part I
Date/Time Prepared:
9/27/2016 12:23 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,763,908		10,268,409	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	11/24/2015	27,598	11/24/2015	1,031	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		27,598		1,031	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,791,506		10,269,440	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		567,389		115,034	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		17,358,895		10,384,474	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet E-1
Part II
Date/Time Prepared:
9/27/2016 12:23 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	5,009	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	9,692	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,298	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	19,250	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	547,746,288	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	7,892,155	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

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

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet G

Date/Time Prepared:
9/27/2016 12:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	32,218,697	0	0	0	1.00
2.00	Temporary investments	25,117,763	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	85,855,872	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,735,788	0	0	0	6.00
7.00	Inventory	3,986,989	0	0	0	7.00
8.00	Prepaid expenses	2,141,549	0	0	0	8.00
9.00	Other current assets	2,288,184	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	95,873,266	0	0	0	11.00
FIXED ASSETS						
12.00	Land	14,163,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	87,690,396	0	0	0	15.00
16.00	Accumulated depreciation	-2,468,611	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	11,534,973	0	0	0	23.00
24.00	Accumulated depreciation	-1,639,934	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	109,279,824	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	159,130,057	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,387,618	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	160,517,675	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	365,670,765	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	94,356,878	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,292,179	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	100,649,057	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,576,525	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,576,525	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,225,582	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	260,445,183				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	260,445,183	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	365,670,765	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet G-1

Date/Time Prepared:
9/27/2016 12:23 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		223,504,075		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		277,496,067			2.00
3.00	Total (sum of line 1 and line 2)		501,000,142		0	3.00
4.00	INV IN	1,319,448		0		4.00
5.00	ADDITIONAL EXCESS REV OVER EXP	0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,319,448		0	10.00
11.00	Subtotal (line 3 plus line 10)		502,319,590		0	11.00
12.00	OTHER	2,370		0		12.00
13.00	OTHER	719,512		0		13.00
14.00	OTHER	3,651		0		14.00
15.00	NW INTEGRATION	241,148,874		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		241,874,407		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		260,445,183		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	INV IN		0			4.00
5.00	ADDITIONAL EXCESS REV OVER EXP		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	OTHER		0			12.00
13.00	OTHER		0			13.00
14.00	OTHER		0			14.00
15.00	NW INTEGRATION		0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/27/2016 12:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,958,539		31,958,539	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,958,539		31,958,539	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,619,937		7,619,937	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,619,937		7,619,937	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,578,476		39,578,476	17.00
18.00	Ancillary services	173,941,001	299,690,239	473,631,240	18.00
19.00	Outpatient services	5,738,385	27,013,198	32,751,583	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / LAB GROSS UP / NON REIMB	5,644,661	8,196,431	13,841,092	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	224,902,523	334,899,868	559,802,391	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		156,400,413		29.00
30.00	FOUNDATION COSTS	0			30.00
31.00	HAUSER ROSS BUILDING COSTS	328,897			31.00
32.00	ROUNDING	0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		328,897		36.00
37.00	OTHER	250			37.00
38.00	OTHER	1,044			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1,294		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		156,728,016		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140286

Period:
From 05/01/2015
To 04/30/2016

Worksheet G-3

Date/Time Prepared:
9/27/2016 12:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	559,802,391	1.00
2.00	Less contractual allowances and discounts on patients' accounts	374,852,797	2.00
3.00	Net patient revenues (line 1 minus line 2)	184,949,594	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,728,016	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,221,578	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,058,312	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,451,186	24.00
24.01	OTHER GAINS/LOSSES	250,366,512	24.01
24.02	ROUNDING	0	24.02
25.00	Total other income (sum of lines 6-24)	255,876,010	25.00
26.00	Total (line 5 plus line 25)	284,097,588	26.00
27.00	UNREALIZED GAINS/LOSSES	6,601,521	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	6,601,521	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	277,496,067	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140286	Period: From 05/01/2015 To 04/30/2016	Worksheet L Parts I-III Date/Time Prepared: 9/27/2016 12:23 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,316,679	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		205,485	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.30	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,522,164	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00