

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 05/01/2016 To 08/31/2016	Worksheet S Parts I-III Date/Time Prepared: 1/26/2017 3:38 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: 1/26/2017 Time: 3:38 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 05/01/2016 and ending 08/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

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	148,436	-8,383	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	148,436	-8,383	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 3:35 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
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2016	08/31/2016	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.			858	253	0	0	35	0
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 3:35 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	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				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)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
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		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 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
70.00	Inpatient Psychiatric Facility PPS 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
75.00	Inpatient Rehabilitation Facility PPS 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
80.00	Long Term Care Hospital PPS 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
85.00	TEFRA Providers 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	
90.00	Title V and XIX Services 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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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00 2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	770,025		118.01
					1.00 2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 3:35 pm		
		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)							
	Hospital	N	N	N	N		155.00	
156.00	Subprovider - IPF	N	N	N	N		156.00	
157.00	Subprovider - IRF	N	N	N	N		157.00	
158.00	SUBPROVIDER						158.00	
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
161.10	CORF		N	N	N		161.10	
						1.00		
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 05/01/2016 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 3:35 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
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)		1.00	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/26/2017 3:35 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	12/19/2016	Y	12/19/2016
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 05/01/2016 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/26/2017 3:35 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		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.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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.			N	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.	NORTHWESTERN MEMORIAL HEALTHCARE			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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/26/2017 3:35 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR FINANCIAL 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 05/01/2016
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 3:35 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	10,578	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	10,578	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	1,476	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	12,054	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 05/01/2016
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 3:35 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)	2,883	653	5,575			1.00
2.00 HMO and other (see instructions)	646	189				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)	2,883	653	5,575			7.00
8.00 INTENSIVE CARE UNIT	502	107	971			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		162	436			13.00
14.00 Total (see instructions)	3,385	922	6,982	0.00	812.80	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	812.80	27.00
28.00 Observation Bed Days		156	838			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	35	103			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 05/01/2016
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 3:35 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	709	275	1,745	1.00
2.00 HMO and other (see instructions)				143	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		709	275	1,745	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 05/01/2016 To 08/31/2016	Worksheet S-3 Part II Date/Time Prepared: 1/26/2017 3:35 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	16,278,365	30,808	16,309,173	572,213.00	28.50	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)		309,676	0	309,676	9,791.00	31.63	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		306,098	0	306,098	4,270.00	71.69	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		257,135	0	257,135	3,230.00	79.61	13.00
14.00	Home office salaries & wage-related costs		3,783,032	0	3,783,032	45,964.00	82.30	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)		6,185,873	0	6,185,873			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		111,659	0	111,659			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	2,390,032	-71,626	2,318,406	106,444.00	21.78	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	281,521	0	281,521	21,754.00	12.94	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	271,354	-181,347	90,007	5,858.00	15.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	181,347	181,347	15,880.00	11.42	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	421,576	0	421,576	13,666.00	30.85	38.00
39.00	Central Services and Supply	14.00	79,524	0	79,524	4,641.00	17.14	39.00
40.00	Pharmacy	15.00	647,759	0	647,759	15,188.00	42.65	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
1/26/2017 3:35 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	16.00 462,136	0	462,136	17,841.00	25.90	41.00
42.00	Social Service	17.00 211,669	0	211,669	5,621.00	37.66	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 05/01/2016
To 08/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
1/26/2017 3:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	16,278,365	30,808	16,309,173	572,213.00	28.50	1.00
2.00	Excluded area salaries (see instructions)	309,676	0	309,676	9,791.00	31.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	15,968,689	30,808	15,999,497	562,422.00	28.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,346,265	0	4,346,265	53,464.00	81.29	4.00
5.00	Subtotal wage-related costs (see inst.)	6,185,873	0	6,185,873	0.00	38.66	5.00
6.00	Total (sum of lines 3 thru 5)	26,500,827	30,808	26,531,635	615,886.00	43.08	6.00
7.00	Total overhead cost (see instructions)	4,765,571	-71,626	4,693,945	206,893.00	22.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 1/26/2017 3:35 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		827,556	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)		3,052,877	8.00
9.00	Prescription Drug Plan		578,835	9.00
10.00	Dental, Hearing and Vision Plan		130,616	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		24,605	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)		121,175	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		260,826	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		1,188,125	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		19,543	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		93,374	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,297,532	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 05/01/2016
To 08/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
1/26/2017 3:35 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	306,098	6,297,532	1.00
2.00	Hospital	306,098	6,185,873	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	111,659	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet S-7

Date/Time Prepared:
1/26/2017 3:35 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 05/01/2016
To 08/31/2016

Worksheet S-7

Date/Time Prepared:
1/26/2017 3:35 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 05/01/2016 To 08/31/2016	Worksheet S-10 Date/Time Prepared: 1/26/2017 3:35 pm
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			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)		0.265820	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,915,055	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		27,211,611	6.00	
7.00	Medicaid cost (line 1 times line 6)		7,233,390	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)		4,318,335	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		11,025	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)		4,318,335	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,416,751	306,977	1,723,728	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	376,601	81,601	458,202	21.00
22.00	Partial payment by patients approved for charity care	5,303	935	6,238	22.00
23.00	Cost of charity care (line 21 minus line 22)	371,298	80,666	451,964	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)		6,895,432	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		47,813	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,847,619	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,820,234	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,272,198	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,590,533	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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		5,427,408	5,427,408	-3,271,862	2,155,546	1.00
2.00	00200		0	0	3,494,534	3,494,534	2.00
4.00	00400	0	5,988,481	5,988,481	-30,808	5,957,673	4.00
5.00	00500	2,390,032	11,073,845	13,463,877	-448,417	13,015,460	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	157,889	157,889	0	157,889	8.00
9.00	00900	281,521	195,723	477,244	0	477,244	9.00
10.00	01000	271,354	414,026	685,380	-451,677	233,703	10.00
11.00	01100	0	0	0	451,677	451,677	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	119,401	119,401	0	119,401	12.01
13.00	01300	421,576	16,897	438,473	31,034	469,507	13.00
14.00	01400	79,524	410,027	489,551	-79,408	410,143	14.00
15.00	01500	647,759	1,549,605	2,197,364	-1,334,335	863,029	15.00
16.00	01600	462,136	254,455	716,591	0	716,591	16.00
17.00	01700	211,669	4,627	216,296	0	216,296	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,124,319	1,165,440	4,289,759	-585,485	3,704,274	30.00
31.00	03100	838,399	109,636	948,035	-2,139	945,896	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	131,504	131,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	537,334	2,202,225	2,739,559	-1,145,605	1,593,954	50.00
50.01	05001	263,266	30,037	293,303	53,668	346,971	50.01
50.02	05002	112,144	85,951	198,095	18,227	216,322	50.02
51.00	05100	171,966	13,678	185,644	0	185,644	51.00
52.00	05200	0	0	0	611,845	611,845	52.00
53.00	05300	0	185,649	185,649	0	185,649	53.00
54.00	05400	1,498,965	1,905,481	3,404,446	-155,564	3,248,882	54.00
55.00	05500	440,292	2,186,426	2,626,718	29,242	2,655,960	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	893,799	1,531,666	2,425,465	0	2,425,465	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	426,171	23,192	449,363	11,191	460,554	65.00
66.00	06600	790,024	266,781	1,056,805	0	1,056,805	66.00
67.00	06700	53,384	6,212	59,596	0	59,596	67.00
68.00	06800	57,481	1,652	59,133	0	59,133	68.00
69.00	06900	158,790	21,273	180,063	2,240	182,303	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	78,110	78,110	71.00
72.00	07200	0	0	0	1,522,112	1,522,112	72.00
73.00	07300	0	0	0	1,334,335	1,334,335	73.00
76.00	03950	0	134,984	134,984	23,271	158,255	76.00
76.97	07697	163,630	4,199	167,829	99,313	267,142	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	122,187	33,908	156,095	0	156,095	90.00
91.00	09100	1,199,121	1,957,408	3,156,529	12,401	3,168,930	91.00
92.00	09200						92.00
93.00	04950	351,846	155,135	506,981	3,975	510,956	93.00
93.01	04951	0	77,472	77,472	0	77,472	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		222,672	222,672	-222,672	0	113.00
118.00		15,968,689	37,933,461	53,902,150	180,707	54,082,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	23,118	61,557	84,675	0	84,675	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	62,826	62,826	0	62,826	194.00
194.01	07951	209,153	302,240	511,393	2,849	514,242	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet A Date/Time Prepared: 1/26/2017 3:35 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	77,405	291,663	369,068	-183,556	185,512	194.02
200.00		TOTAL (SUM OF LINES 118-199)	16,278,365	38,651,747	54,930,112	0	54,930,112	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/26/2017 3:35 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	627,545	2,783,091	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-2,376,873	1,117,661	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	175,312	6,132,985	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-513,913	12,501,547	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	157,889	8.00
9.00	00900	HOUSEKEEPING	-8,130	469,114	9.00
10.00	01000	DIETARY	-2,571	231,132	10.00
11.00	01100	CAFETERIA	-201,271	250,406	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	119,401	12.01
13.00	01300	NURSING ADMINISTRATION	-500	469,007	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	410,143	14.00
15.00	01500	PHARMACY	-53,507	809,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,343	715,248	16.00
17.00	01700	SOCIAL SERVICE	-4,000	212,296	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-760,491	2,943,783	30.00
31.00	03100	INTENSIVE CARE UNIT	0	945,896	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	131,504	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-43,072	1,550,882	50.00
50.01	05001	AMBULATORY SERVICES	0	346,971	50.01
50.02	05002	ENDOSCOPY	0	216,322	50.02
51.00	05100	RECOVERY ROOM	0	185,644	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,662	609,183	52.00
53.00	05300	ANESTHESIOLOGY	-100,285	85,364	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-234,500	3,014,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-505,083	2,150,877	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	2,425,465	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	460,554	65.00
66.00	06600	PHYSICAL THERAPY	-197,071	859,734	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	59,596	67.00
68.00	06800	SPEECH PATHOLOGY	0	59,133	68.00
69.00	06900	ELECTROCARDIOLOGY	0	182,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-22,617	55,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,522,112	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,334,335	73.00
76.00	03950	SLEEP LAB	-1,418	156,837	76.00
76.97	07697	CARDIAC REHABILITATION	-29,113	238,029	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	156,095	90.00
91.00	09100	EMERGENCY	-1,696,640	1,472,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-103,774	407,182	93.00
93.01	04951	OUTSIDE SERVICES	0	77,472	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)	-6,055,977	48,026,880	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	84,675	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	-62,826	0	194.00
194.01	07951	COMMUNITY WELLNESS	-254,467	259,775	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-35,635	149,877	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-6,408,905	48,521,207	200.00

RECLASSIFICATIONS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-6
Date/Time Prepared:
1/26/2017 3:35 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA						
1.00	CAFETERIA	11.00	181,347	270,330	1.00	
	TOTALS		181,347	270,330		
B - SCHEDULING COSTS						
1.00	OPERATING ROOM	50.00	23,537	683	1.00	
2.00	AMBULATORY SERVICES	50.01	52,154	1,514	2.00	
3.00	ENDOSCOPY	50.02	17,713	514	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	9,030	262	4.00	
	TOTALS		102,434	2,973		
C - NURSERY DELIVERY AND LABOR						
1.00	NURSERY	43.00	117,905	13,599	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	433,632	50,013	2.00	
	TOTALS		551,537	63,612		
D - MEDICAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	79,408	1.00	
	TOTALS		0	79,408		
E - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	222,672	1.00	
	TOTALS		0	222,672		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,494,534	1.00	
	TOTALS		0	3,494,534		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,334,335	1.00	
	TOTALS		0	1,334,335		
H - ROUTINE OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	8,723	1,141	1.00	
	TOTALS		8,723	1,141		
I - PROF BUILDING CPSTS						
1.00	COMMUNITY WELLNESS	194.01	0	2,849	1.00	
	TOTALS		0	2,849		
J - MOB BUILDING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	39,962	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	23,684	2.00	
3.00	RESPIRATORY THERAPY	65.00	0	3,466	3.00	
4.00	SLEEP LAB	76.00	0	13,071	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	97,073	5.00	
6.00	EMERGENCY	91.00	0	4,108	6.00	
	TOTALS		0	181,364		
K - KISH HEALTHCARE BUILDING COSTS						
1.00	EMERGENCY	91.00	0	8,293	1.00	
	TOTALS		0	8,293		
L - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,522,112	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	1,522,112		
M - PTO ACCRUAL SALARIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	30,808	0	1.00	
	TOTALS		30,808	0		
N - MEDICAL DIRECTOR FEES						
1.00	OUTPATIENT COUNSELING	93.00	0	3,975	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	6,250	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,240	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	2,240	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	2,240	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	7,725	6.00	
7.00	RESPIRATORY THERAPY	65.00	0	7,725	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	19,800	8.00	
9.00	OPERATING ROOM	50.00	0	16,800	9.00	
10.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	2,700	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	7,350	11.00	
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	29,242	12.00	
13.00	SLEEP LAB	76.00	0	10,200	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,200	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	57,500	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	109,593	16.00	
	TOTALS		0	413,780		

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-6

Date/Time Prepared:
1/26/2017 3:35 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total : Increases	874,849	7,597,403		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	181,347	270,330	0	1.00
	TOTALS		181,347	270,330		
B - SCHEDULING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	102,434	2,973	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		102,434	2,973		
C - NURSERY DELIVERY AND LABOR						
1.00	ADULTS & PEDIATRICS	30.00	551,537	63,612	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		551,537	63,612		
D - MEDICAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	79,408	0	1.00
	TOTALS		0	79,408		
E - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	222,672	11	1.00
	TOTALS		0	222,672		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,494,534	9	1.00
	TOTALS		0	3,494,534		
G - DRUGS						
1.00	PHARMACY	15.00	0	1,334,335	0	1.00
	TOTALS		0	1,334,335		
H - ROUTINE OBSERVATION						
1.00	INTENSIVE CARE UNIT	31.00	8,723	1,141	0	1.00
	TOTALS		8,723	1,141		
I - PROF BUILDING CPSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	2,849	0	1.00
	TOTALS		0	2,849		
J - MOB BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	181,364	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	181,364		
K - KISH HEALTHCARE BUILDING COSTS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	8,293	0	1.00
	TOTALS		0	8,293		
L - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	1,186,625	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	334,189	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,298	0	3.00
	TOTALS		0	1,522,112		
M - PTO ACCRUAL SALARIES						
1.00	EMPLOYEE BENEFITS	4.00	0	30,808	0	1.00
	TOTALS		0	30,808		
N - MEDICAL DIRECTOR FEES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	413,780	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
	TOTALS		0	413,780		
500.00	Grand Total: Decreases		844,041	7,628,211		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
1/26/2017 3:35 pm

		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	14,163,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	87,690,396	273,720	0	273,720	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	11,534,973	1,736,552	0	1,736,552	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	113,388,369	2,010,272	0	2,010,272	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	113,388,369	2,010,272	0	2,010,272	0	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	87,964,116	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	13,271,525	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	115,398,641	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	115,398,641	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,427,408	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)	5,427,408	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	5,427,408				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,427,408				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	87,964,116	0	87,964,116	0.868905	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	13,271,525	0	13,271,525	0.131095	0	2.00
3.00	Total (sum of lines 1-2)	101,235,641	0	101,235,641	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	2,225,224	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,117,661	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,342,885	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	557,867	0	0	0	2,783,091	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,117,661	2.00
3.00	Total (sum of lines 1-2)	557,867	0	0	0	3,900,752	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-8

Date/Time Prepared:
1/26/2017 3:35 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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-222,672	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	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	-22,617	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	-3,209,447			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	1,859,744			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-201,271	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	-1,343	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

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-8

Date/Time Prepared:
1/26/2017 3:35 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 #	
				3.00	4.00	
33.00	PHYSICIAN RECRUITMENT & AMORTIZATION	A	-234,928	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01	GOODWILL	A	-91,125	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.01
33.02	AMORTIZATION INTANGIBLE	A	-7,789	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.02
33.03	PHYSICIAN BILLING	A	-16,268	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	MEDICARE DEPRECIATION - STRAIGHTLINE	A	80,770	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.04
33.05	MEDICARE DEPERCIATION - STRAIGHTLINE	A	-2,586,586	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05
33.06			0		0.00	0 33.06
33.07	WINDMILL PROPERTIES DEPRECIATION	A	-1,536	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.07
33.08	ROUTE 23 BUILDING DEPRECIATION	A	-21,572	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.08
33.09			0		0.00	0 33.09
33.10			0		0.00	0 33.10
33.11			0		0.00	0 33.11
33.12	HOME OFFICE BUILDING DEPRECIATION	A	-9,924	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13	PROFESSIONAL BLDG HOME OFFICE COSTS	A	-2,247	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.13
33.14	KISHHLTHCRE BLDG HO DCH AND HHA COST	A	-20,716	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.14
33.15	TALBOT PROPERTIES EXPENSES	A	-11,674	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16	WINDMILL PROPERTIES EXPENSES	A	-27,333	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17	PROPERTY TAX	A	-2,546	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	PROPERTY TAX	A	-7,673	RADIOLOGY-THERAPEUTIC	55.00	0 33.18
33.19	PROPERTY TAX - TALBOT PROPERTIES	A	2,369	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	PROPERTY TAX - LAND DEVELOPMENT	A	-2,361	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	PROPERTY TAX - PROF BUILDING	A	-12,672	OTHER NONREIMBURSABLE COST CENTERS	194.02	0 33.21
33.22	PROPERTY TAX - 2475 BETHANY BLDG	A	-41,964	HOME OFFICE COSTS	194.00	0 33.22
33.23	PROPERTY TAX - WINDMILL	A	-8,479	ADMINISTRATIVE & GENERAL	5.00	0 33.23
33.24	COMMUNITY RELATIONS	A	-79,648	ADMINISTRATIVE & GENERAL	5.00	0 33.24
33.25	ER MEDICAL MALPRACTICE - ADMIN PHYS	A	-62,705	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	HOSPITALIST MALPRACTICE	A	-1,074	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27	CONTRIBUTIONS	A	-3,719	ADMINISTRATIVE & GENERAL	5.00	0 33.27
33.28	CONTRIBUTIONS	A	-4,000	SOCIAL SERVICE	17.00	0 33.28
33.29			0		0.00	0 33.29
33.30	CONTRIBUTIONS	A	-1,418	SLEEP LAB	76.00	0 33.30
33.31	CONTRIBUTIONS	A	-151,410	EMERGENCY	91.00	0 33.31
33.32	CONTRIBUTIONS	A	-254,467	COMMUNITY WELLNESS	194.01	0 33.32
33.33	MISC INCOME - CME OTHER REV	B	-70	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	MISC INCOME	B	-1,026	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	MISC INCOME - MED STAFF CRDTLNG	B	-800	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36	MISC INCOME - HOUSEKEEPING	B	-8,130	HOUSEKEEPING	9.00	0 33.36
33.37	MISC INCOME - DIETARY	B	-371	DIETARY	10.00	0 33.37
33.38	MISC INCOME - DIETARY	B	-2,200	DIETARY	10.00	0 33.38
34.00	MISC INCOME	B	-465	NURSING ADMINISTRATION	13.00	0 34.00
34.01	MISC INCOME	B	-9	PHARMACY	15.00	0 34.01
34.02	MISC INCOME - PHARMACY REBATES	B	-19,898	PHARMACY	15.00	0 34.02
34.03	MISC INCOME - PHARMACY REBATES	B	-33,600	PHARMACY	15.00	0 34.03
34.04	MISC INCOME - DIABETES COMMUNITY ED	B	-35	NURSING ADMINISTRATION	13.00	0 34.04
34.05	MISC INCOME - SURGICAL SUPPLIES	B	-43,072	OPERATING ROOM	50.00	0 34.05
34.06	MISC INCOME	B	-1,510	RADIOLOGY-DIAGNOSTIC	54.00	0 34.06
34.07	MISC INCOME	B	-197,071	PHYSICAL THERAPY	66.00	0 34.07
34.08			0		0.00	0 34.08
34.09	MISC INCOME	B	-29,113	CARDIAC REHABILITATION	76.97	0 34.09
34.10	MISC INCOME - EMS	B	-26,648	EMERGENCY	91.00	0 34.10
34.11			0		0.00	0 34.11
35.00	HOME OFFICE COSTS	A	-20,862	HOME OFFICE COSTS	194.00	0 35.00

Provider CCN: 140286
 Period: From 05/01/2016 To 08/31/2016
 Worksheet A-8
 Date/Time Prepared: 1/26/2017 3:35 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
36.00		0			0.00	0	36.00
37.00	PROVIDER TAX	-1,140,828	ADMINISTRATIVE & GENERAL		5.00	0	37.00
38.00		0			0.00	0	38.00
39.00	HOSPICE COSTS	-6,747	ADULTS & PEDIATRICS		30.00	0	39.00
40.00	LOSS ON EARLY EXTINGUISHMENT OF DEBT	848,722	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	40.00
41.00	ADDITIONAL INVESTMENT INCOME OFFSET	-290,855	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	41.00
42.00		0			0.00	0	42.00
43.00	OFFSET MAINTENANCE HOME OFFICE COSTS	-39,489	ADMINISTRATIVE & GENERAL		5.00	0	43.00
44.00	OFFSET MAINTENANCE HOME OFFICE COSTS	-14,527	EMPLOYEE BENEFITS		4.00	0	44.00
44.01		0			0.00	0	44.01
44.02		0			0.00	0	44.02
44.03		0			0.00	0	44.03
45.00		0			0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-6,408,905					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 05/01/2016
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/26/2017 3:35 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	6,965,241	5,848,575 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE EXPENSE	343,526	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE EXPENSE	209,713	0 3.00
4.00	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE	3,962,339	3,772,500 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	MEDICAL DIRECTOR FEES	6,720	6,720 4.01
4.02	113.00	INTEREST EXPENSE	NMHC LOAN INTEREST	220,604	220,604 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	NMIC PROF LIABILITY	730,514	730,514 4.03
5.00	0		0	12,438,657	10,578,913 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 requested 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 05/01/2016
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/26/2017 3:35 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	1,116,666	0		1.00
2.00	343,526	9		2.00
3.00	209,713	9		3.00
4.00	189,839	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	1,859,744			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 requested 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 05/01/2016
To 08/31/2016

Worksheet A-8-2

Date/Time Prepared:
1/26/2017 3:35 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	753,744	753,744	0	0	0	1.00
2.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	128,200	2,662	125,538	237,100	1,445	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	100,285	100,285	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	65,607	65,607	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	290	290	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	57,500	57,500	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	109,593	109,593	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	28,367	28,367	0	0	0	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	379,225	379,225	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	89,818	89,818	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	1,476,915	1,476,915	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	41,667	41,667	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	103,774	103,774	0	0	0	13.00
200.00			3,334,985	3,209,447	125,538		1,445	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	164,716	8,236	0	0	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	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	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	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	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	0	0	13.00
200.00			164,716	8,236	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	753,744	1.00
2.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	164,716	0	2,662	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	100,285	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	65,607	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	290	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	57,500	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	109,593	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	28,367	8.00
9.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	379,225	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet A-8-2

Date/Time Prepared:
1/26/2017 3:35 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		
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	89,818		10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,476,915		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	41,667		12.00
13.00	93.00	AGGREGATE-OUTPATIENT COUNSELING	0	0	0	103,774		13.00
200.00			0	164,716	0	3,209,447		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3: 35 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			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	2,783,091	2,783,091				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,117,661		1,117,661			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	6,132,985	0	348	6,133,333		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	12,501,547	308,814	212,052	871,874	13,894,287	5.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	157,889	12,560	0	0	170,449	8.00
9.00 00900 HOUSEKEEPING	469,114	64,718	5,375	105,870	645,077	9.00
10.00 01000 DIETARY	231,132	35,763	5,968	33,849	306,712	10.00
11.00 01100 CAFETERIA	250,406	96,958	16,176	68,198	431,738	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201 MAINTENANCE OF PLANT	119,401	237,646	6,306	0	363,353	12.01
13.00 01300 NURSING ADMINISTRATION	469,007	12,620	9,064	158,540	649,231	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	410,143	44,562	16,973	29,906	501,584	14.00
15.00 01500 PHARMACY	809,522	43,373	1,635	243,600	1,098,130	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	715,248	22,222	3,924	173,794	915,188	16.00
17.00 01700 SOCIAL SERVICE	212,296	6,570	0	79,602	298,468	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,943,783	487,033	75,822	970,823	4,477,461	30.00
31.00 03100 INTENSIVE CARE UNIT	945,896	81,484	20,693	312,013	1,360,086	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	131,504	16,098	228	44,340	192,170	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,550,882	156,280	180,923	210,925	2,099,010	50.00
50.01 05001 AMBULATORY SERVICES	346,971	97,196	784	118,619	563,570	50.01
50.02 05002 ENDOSCOPY	216,322	8,383	8,122	48,835	281,662	50.02
51.00 05100 RECOVERY ROOM	185,644	28,465	4,076	64,671	282,856	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	609,183	53,406	0	163,074	825,663	52.00
53.00 05300 ANESTHESIOLOGY	85,364	3,181	10,499	0	99,044	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,014,382	215,751	359,175	567,106	4,156,414	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,150,877	172,839	13,908	165,579	2,503,203	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	2,425,465	113,903	76,689	336,127	2,952,184	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	460,554	15,815	11,872	160,268	648,509	65.00
66.00 06600 PHYSICAL THERAPY	859,734	4,370	2,867	297,101	1,164,072	66.00
67.00 06700 OCCUPATIONAL THERAPY	59,596	0	0	20,076	79,672	67.00
68.00 06800 SPEECH PATHOLOGY	59,133	0	0	21,617	80,750	68.00
69.00 06900 ELECTROCARDIOLOGY	182,303	19,591	14,964	59,716	276,574	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	55,493	0	0	0	55,493	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,522,112	0	0	0	1,522,112	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,334,335	0	0	0	1,334,335	73.00
76.00 03950 SLEEP LAB	156,837	0	0	0	156,837	76.00
76.97 07697 CARDIAC REHABILITATION	238,029	0	4,262	61,536	303,827	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	156,095	0	0	45,950	202,045	90.00
91.00 09100 EMERGENCY	1,472,290	273,527	45,169	450,949	2,241,935	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	407,182	0	2,497	132,317	541,996	93.00
93.01 04951 OUTSIDE SERVICES	77,472	0	0	0	77,472	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)	48,026,880	2,633,128	1,110,371	6,016,875	47,753,169	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,675	9,632	1,994	8,694	104,995	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 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			
	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	62,681	3,191	0	65,872	194.00
194.01 07951 COMMUNITY WELLNESS	259,775	30,382	55	78,655	368,867	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	149,877	47,268	2,050	29,109	228,304	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)	48,521,207	2,783,091	1,117,661	6,133,333	48,521,207	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 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	13,894,287				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	68,394	0	238,843		8.00	
9.00	00900	HOUSEKEEPING	258,842	0	0	903,919	9.00	
10.00	01000	DIETARY	123,070	0	0	12,467	10.00	
11.00	01100	CAFETERIA	173,238	0	0	33,799	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	145,798	0	0	79,468	12.01	
13.00	01300	NURSING ADMINISTRATION	260,508	0	0	12,435	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	201,264	0	0	15,534	14.00	
15.00	01500	PHARMACY	440,632	0	0	15,119	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	367,226	0	0	7,746	16.00	
17.00	01700	SOCIAL SERVICE	119,762	0	0	2,290	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,796,606	0	76,295	169,778	30.00	
31.00	03100	INTENSIVE CARE UNIT	545,744	0	14,489	28,405	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	77,110	0	2,651	5,612	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	842,242	0	10,298	54,478	50.00	
50.01	05001	AMBULATORY SERVICES	226,136	0	23,826	33,881	50.01	
50.02	05002	ENDOSCOPY	113,019	0	0	2,922	50.02	
51.00	05100	RECOVERY ROOM	113,498	0	4,683	9,922	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	331,303	0	9,742	18,617	52.00	
53.00	05300	ANESTHESIOLOGY	39,742	0	0	1,109	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,667,790	0	29,106	75,209	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,004,428	0	2,537	1,881	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	1,184,584	0	0	39,705	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	260,219	0	0	6,689	65.00	
66.00	06600	PHYSICAL THERAPY	467,092	0	726	1,523	66.00	
67.00	06700	OCCUPATIONAL THERAPY	31,969	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	32,402	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	110,977	0	1,411	6,829	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,267	0	404	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	610,758	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	535,411	0	0	0	73.00	
76.00	03950	SLEEP LAB	62,932	0	0	4,435	76.00	
76.97	07697	CARDIAC REHABILITATION	121,913	0	1,365	32,938	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	81,072	0	1,411	0	90.00	
91.00	09100	EMERGENCY	899,592	0	59,899	73,535	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00	04950	OUTPATIENT COUNSELING	217,480	0	0	0	93.00	
93.01	04951	OUTSIDE SERVICES	31,086	0	0	0	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	
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,586,106	0	238,843	746,326	442,249	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	42,130	0	0	5,782	190.00	
191.00	19100	RESEARCH	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07950	HOME OFFICE COSTS	26,432	0	0	118,748	194.00	
194.01	07951	COMMUNITY WELLNESS	148,010	0	0	10,591	194.01	
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	91,609	0	0	22,472	194.02	
200.00		Cross Foot Adjustments					200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 pm

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)	13,894,287	0	238,843	903,919	442,249	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 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	
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	638,775					11.00
12.00	01200		0				12.00
12.01	01201		0	588,619			12.01
13.00	01300	18,416	0	4,317	944,907		13.00
14.00	01400	6,185	0	15,245	0	739,812	14.00
15.00	01500	20,124	0	14,838	0	7,002	15.00
16.00	01600	23,230	0	7,602	0	8	16.00
17.00	01700	7,725	0	2,248	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	116,459	0	166,616	390,675	30,562	30.00
31.00	03100	31,823	0	27,876	106,753	6,492	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	5,122	0	5,507	17,182	2,071	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	23,818	0	53,464	79,900	163,007	50.00
50.01	05001	11,727	0	33,251	39,340	2,799	50.01
50.02	05002	5,486	0	2,868	18,402	12,127	50.02
51.00	05100	5,038	0	9,738	16,900	1,653	51.00
52.00	05200	18,248	0	18,270	61,216	7,618	52.00
53.00	05300	0	0	1,088	0	8,456	53.00
54.00	05400	59,223	0	73,809	0	111,352	54.00
55.00	05500	18,108	0	1,846	0	7,475	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	50,491	0	38,966	0	37,896	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	19,648	0	5,410	0	4,174	65.00
66.00	06600	29,584	0	1,495	0	1,698	66.00
67.00	06700	1,679	0	0	0	131	67.00
68.00	06800	1,483	0	0	0	0	68.00
69.00	06900	5,374	0	6,702	0	613	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	14,908	71.00
72.00	07200	0	0	0	0	290,520	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	5	76.00
76.97	07697	6,325	0	0	0	382	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	5,178	0	0	0	589	90.00
91.00	09100	50,127	0	70,798	168,157	27,881	91.00
92.00	09200						92.00
93.00	04950	13,826	0	0	46,382	57	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		554,447	0	561,954	944,907	739,476	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,071	0	3,295	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	70,866	0	21,443	0	0	194.00
194.01	07951	8,480	0	0	0	262	194.01
194.02	07953	2,911	0	1,927	0	74	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 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	201.00
202.00	TOTAL (sum lines 118-201)	638,775	0	588,619	944,907	739,812	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 3:35 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						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	1,595,845					15.00
16.00	01600	0	1,321,000				16.00
17.00	01700	0	0	430,493			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	92,039	343,741	8,036,880	0	30.00
31.00	03100	0	19,456	59,869	2,266,594	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	4,551	26,883	338,859	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	144,042	0	3,470,259	0	50.00
50.01	05001	0	4,831	0	939,361	0	50.01
50.02	05002	0	20,956	0	457,442	0	50.02
51.00	05100	0	5,477	0	449,765	0	51.00
52.00	05200	0	16,739	0	1,307,416	0	52.00
53.00	05300	0	26,092	0	175,531	0	53.00
54.00	05400	0	281,390	0	6,454,293	0	54.00
55.00	05500	0	63,297	0	3,602,775	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	211,044	0	4,514,870	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	37,555	0	982,204	0	65.00
66.00	06600	0	13,307	0	1,679,497	0	66.00
67.00	06700	0	1,635	0	115,086	0	67.00
68.00	06800	0	1,137	0	115,772	0	68.00
69.00	06900	0	34,712	0	443,192	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	20,115	0	113,187	0	71.00
72.00	07200	0	54,026	0	2,477,416	0	72.00
73.00	07300	1,595,845	186,053	0	3,651,644	0	73.00
76.00	03950	0	6,135	0	230,344	0	76.00
76.97	07697	0	2,601	0	469,351	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	4,573	0	294,868	0	90.00
91.00	09100	0	67,407	0	3,659,331	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	1,192	0	820,933	0	93.00
93.01	04951	0	638	0	109,196	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		1,595,845	1,321,000	430,493	47,176,066	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	158,273	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	303,361	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
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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	536,210	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	347,297	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)	1,595,845	1,321,000	430,493	48,521,207		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
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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	8,036,880	30.00
31.00	03100 INTENSIVE CARE UNIT	2,266,594	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	338,859	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,470,259	50.00
50.01	05001 AMBULATORY SERVICES	939,361	50.01
50.02	05002 ENDOSCOPY	457,442	50.02
51.00	05100 RECOVERY ROOM	449,765	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,307,416	52.00
53.00	05300 ANESTHESIOLOGY	175,531	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,454,293	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,602,775	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	4,514,870	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	982,204	65.00
66.00	06600 PHYSICAL THERAPY	1,679,497	66.00
67.00	06700 OCCUPATIONAL THERAPY	115,086	67.00
68.00	06800 SPEECH PATHOLOGY	115,772	68.00
69.00	06900 ELECTROCARDIOLOGY	443,192	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	113,187	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,477,416	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,651,644	73.00
76.00	03950 SLEEP LAB	230,344	76.00
76.97	07697 CARDIAC REHABILITATION	469,351	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	294,868	90.00
91.00	09100 EMERGENCY	3,659,331	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	820,933	93.00
93.01	04951 OUTSIDE SERVICES	109,196	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)	47,176,066	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,273	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	303,361	194.00
194.01	07951 COMMUNITY WELLNESS	536,210	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	347,297	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	48,521,207	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 3: 35 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	348	348	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	273,654	308,814	212,052	794,520	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	12,560	0	12,560	8.00
9.00 00900	HOUSEKEEPING	0	64,718	5,375	70,093	9.00
10.00 01000	DIETARY	126	35,763	5,968	41,857	10.00
11.00 01100	CAFETERIA	254	96,958	16,176	113,388	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	237,646	6,306	243,952	12.01
13.00 01300	NURSING ADMINISTRATION	23,200	12,620	9,064	44,884	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	18,360	44,562	16,973	79,895	14.00
15.00 01500	PHARMACY	99,260	43,373	1,635	144,268	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	78,544	22,222	3,924	104,690	16.00
17.00 01700	SOCIAL SERVICE	0	6,570	0	6,570	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	2,261	487,033	75,822	565,116	30.00
31.00 03100	INTENSIVE CARE UNIT	0	81,484	20,693	102,177	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	0	16,098	228	16,326	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,800	156,280	180,923	343,003	50.00
50.01 05001	AMBULATORY SERVICES	0	97,196	784	97,980	50.01
50.02 05002	ENDOSCOPY	0	8,383	8,122	16,505	50.02
51.00 05100	RECOVERY ROOM	0	28,465	4,076	32,541	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	53,406	0	53,406	52.00
53.00 05300	ANESTHESIOLOGY	0	3,181	10,499	13,680	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	74,033	215,751	359,175	648,959	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	35,557	172,839	13,908	222,304	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	74,151	113,903	76,689	264,743	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,845	15,815	11,872	31,532	65.00
66.00 06600	PHYSICAL THERAPY	138,811	4,370	2,867	146,048	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	6,331	19,591	14,964	40,886	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03950	SLEEP LAB	12,795	0	0	12,795	76.00
76.97 07697	CARDIAC REHABILITATION	95,071	0	4,262	99,333	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	29,796	0	0	29,796	90.00
91.00 09100	EMERGENCY	4,017	273,527	45,169	322,713	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	28,111	0	2,497	30,608	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,003,977	2,633,128	1,110,371	4,747,476	342 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,321	9,632	1,994	15,947	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 3:35 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	62,681	3,191	65,872	0	194.00
194.01 07951 COMMUNITY WELLNESS	3,173	30,382	55	33,610	4	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	37,705	47,268	2,050	87,023	2	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)	1,049,176	2,783,091	1,117,661	4,949,928	348	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B
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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	
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	794,569				5.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,911	0	16,471		8.00
9.00	00900	HOUSEKEEPING	14,803	0	0	84,902	9.00
10.00	01000	DIETARY	7,038	0	0	1,171	50,068
11.00	01100	CAFETERIA	9,907	0	0	3,175	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	MAINTENANCE OF PLANT	8,338	0	0	7,464	0
13.00	01300	NURSING ADMINISTRATION	14,898	0	0	1,168	0
14.00	01400	CENTRAL SERVICES & SUPPLY	11,510	0	0	1,459	0
15.00	01500	PHARMACY	25,199	0	0	1,420	0
16.00	01600	MEDICAL RECORDS & LIBRARY	21,001	0	0	728	0
17.00	01700	SOCIAL SERVICE	6,849	0	0	215	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,729	0	5,262	15,946	42,641
31.00	03100	INTENSIVE CARE UNIT	31,210	0	999	2,668	7,427
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	4,410	0	183	527	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,166	0	710	5,117	0
50.01	05001	AMBULATORY SERVICES	12,932	0	1,643	3,182	0
50.02	05002	ENDOSCOPY	6,463	0	0	274	0
51.00	05100	RECOVERY ROOM	6,491	0	323	932	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,946	0	672	1,749	0
53.00	05300	ANESTHESIOLOGY	2,273	0	0	104	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	95,377	0	2,007	7,064	0
55.00	05500	RADIOLOGY-THERAPEUTIC	57,441	0	175	177	0
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	67,744	0	0	3,729	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	14,881	0	0	628	0
66.00	06600	PHYSICAL THERAPY	26,712	0	50	143	0
67.00	06700	OCCUPATIONAL THERAPY	1,828	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,853	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,347	0	97	641	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,273	0	28	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,928	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	30,619	0	0	0	0
76.00	03950	SLEEP LAB	3,599	0	0	417	0
76.97	07697	CARDIAC REHABILITATION	6,972	0	94	3,094	0
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	4,636	0	97	0	0
91.00	09100	EMERGENCY	51,446	0	4,131	6,907	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	OUTPATIENT COUNSELING	12,437	0	0	0	0
93.01	04951	OUTSIDE SERVICES	1,778	0	0	0	0
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					
118.00		SUBTOTALS (SUM OF LINES 1-117)	776,945	0	16,471	70,099	50,068
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,409	0	0	543	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	1,512	0	0	11,154	0
194.01	07951	COMMUNITY WELLNESS	8,464	0	0	995	0
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	5,239	0	0	2,111	0
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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)	794,569	0	16,471	84,902	50,068	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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	
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	126,474					11.00
12.00	01200		0				12.00
12.01	01201		0	259,754			12.01
13.00	01300	3,646	0	1,905	66,510		13.00
14.00	01400	1,225	0	6,727	0	100,818	14.00
15.00	01500	3,984	0	6,548	0	954	15.00
16.00	01600	4,599	0	3,355	0	1	16.00
17.00	01700	1,529	0	992	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,061	0	73,526	27,499	4,165	30.00
31.00	03100	6,301	0	12,301	7,514	885	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	1,014	0	2,430	1,209	282	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,716	0	23,593	5,624	22,214	50.00
50.01	05001	2,322	0	14,673	2,769	381	50.01
50.02	05002	1,086	0	1,266	1,295	1,653	50.02
51.00	05100	997	0	4,297	1,190	225	51.00
52.00	05200	3,613	0	8,063	4,309	1,038	52.00
53.00	05300	0	0	480	0	1,152	53.00
54.00	05400	11,726	0	32,571	0	15,174	54.00
55.00	05500	3,585	0	815	0	1,019	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	9,997	0	17,196	0	5,164	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	3,890	0	2,388	0	569	65.00
66.00	06600	5,857	0	660	0	231	66.00
67.00	06700	332	0	0	0	18	67.00
68.00	06800	294	0	0	0	0	68.00
69.00	06900	1,064	0	2,958	0	84	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	2,032	71.00
72.00	07200	0	0	0	0	39,591	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	1	76.00
76.97	07697	1,252	0	0	0	52	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	1,025	0	0	0	80	90.00
91.00	09100	9,925	0	31,243	11,836	3,799	91.00
92.00	09200						92.00
93.00	04950	2,738	0	0	3,265	8	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		109,778	0	247,987	66,510	100,772	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	410	0	1,454	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	14,031	0	9,463	0	0	194.00
194.01	07951	1,679	0	0	0	36	194.01
194.02	07953	576	0	850	0	10	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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	201.00	
202.00	TOTAL (sum lines 118-201)	126,474	0	259,754	66,510	100,818	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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	182,387				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	134,384			16.00
17.00	01700	SOCIAL SERVICE	0	0	16,159		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	9,361	12,903	882,268	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,979	2,247	175,725	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	463	1,009	27,855	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	14,650	0	467,805	0 50.00
50.01	05001	AMBULATORY SERVICES	0	491	0	136,380	0 50.01
50.02	05002	ENDOSCOPY	0	2,131	0	30,676	0 50.02
51.00	05100	RECOVERY ROOM	0	557	0	47,557	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,702	0	93,507	0 52.00
53.00	05300	ANESTHESIOLOGY	0	2,654	0	20,343	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,648	0	841,558	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,438	0	291,963	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	21,465	0	390,057	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	3,820	0	57,717	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,353	0	181,071	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	166	0	2,345	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	116	0	2,264	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,530	0	55,610	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,046	0	5,379	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,495	0	80,014	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	182,387	18,923	0	231,929	0 73.00
76.00	03950	SLEEP LAB	0	624	0	17,436	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	265	0	111,065	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	465	0	36,102	0 90.00
91.00	09100	EMERGENCY	0	6,856	0	448,881	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04950	OUTPATIENT COUNSELING	0	121	0	49,184	0 93.00
93.01	04951	OUTSIDE SERVICES	0	65	0	1,843	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)	182,387	134,384	16,159	4,686,534	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	20,763	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	102,032	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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	44,788	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	95,811	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)	182,387	134,384	16,159	4,949,928		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 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	882,268	30.00
31.00	03100 INTENSIVE CARE UNIT	175,725	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	27,855	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	467,805	50.00
50.01	05001 AMBULATORY SERVICES	136,380	50.01
50.02	05002 ENDOSCOPY	30,676	50.02
51.00	05100 RECOVERY ROOM	47,557	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	93,507	52.00
53.00	05300 ANESTHESIOLOGY	20,343	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	841,558	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	291,963	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	390,057	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	57,717	65.00
66.00	06600 PHYSICAL THERAPY	181,071	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,345	67.00
68.00	06800 SPEECH PATHOLOGY	2,264	68.00
69.00	06900 ELECTROCARDIOLOGY	55,610	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,379	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	80,014	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	231,929	73.00
76.00	03950 SLEEP LAB	17,436	76.00
76.97	07697 CARDIAC REHABILITATION	111,065	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	36,102	90.00
91.00	09100 EMERGENCY	448,881	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	49,184	93.00
93.01	04951 OUTSIDE SERVICES	1,843	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)	4,686,534	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,763	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	102,032	194.00
194.01	07951 COMMUNITY WELLNESS	44,788	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	95,811	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 05/01/2016 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/26/2017 3:35 pm
Cost Center Description		Total		
		26.00		
202.00	TOTAL (sum lines 118-201)	4,949,928	202.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1
Date/Time Prepared:
1/26/2017 3:35 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				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	187,237				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,194,257			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	372	16,309,173		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,776	226,584	2,318,406	-13,894,287	34,626,920
7.00 00700	OPERATION OF PLANT	0	0	0	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	845	0	0	0	170,449
9.00 00900	HOUSEKEEPING	4,354	5,743	281,521	0	645,077
10.00 01000	DIETARY	2,406	6,377	90,007	0	306,712
11.00 01100	CAFETERIA	6,523	17,285	181,347	0	431,738
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01 01201	MAINTENANCE OF PLANT	15,988	6,738	0	0	363,353
13.00 01300	NURSING ADMINISTRATION	849	9,685	421,576	0	649,231
14.00 01400	CENTRAL SERVICES & SUPPLY	2,998	18,136	79,524	0	501,584
15.00 01500	PHARMACY	2,918	1,747	647,759	0	1,098,130
16.00 01600	MEDICAL RECORDS & LIBRARY	1,495	4,193	462,136	0	915,188
17.00 01700	SOCIAL SERVICE	442	0	211,669	0	298,468
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,766	81,018	2,581,505	0	4,477,461
31.00 03100	INTENSIVE CARE UNIT	5,482	22,111	829,676	0	1,360,086
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	244	117,905	0	192,170
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,514	193,322	560,871	0	2,099,010
50.01 05001	AMBULATORY SERVICES	6,539	838	315,420	0	563,570
50.02 05002	ENDOSCOPY	564	8,679	129,857	0	281,662
51.00 05100	RECOVERY ROOM	1,915	4,355	171,966	0	282,856
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,593	0	433,632	0	825,663
53.00 05300	ANESTHESIOLOGY	214	11,219	0	0	99,044
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,515	383,788	1,507,995	0	4,156,414
55.00 05500	RADIOLOGY-THERAPEUTIC	11,628	14,861	440,292	0	2,503,203
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	81,945	893,799	0	2,952,184
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,064	12,686	426,171	0	648,509
66.00 06600	PHYSICAL THERAPY	294	3,064	790,024	0	1,164,072
67.00 06700	OCCUPATIONAL THERAPY	0	0	53,384	0	79,672
68.00 06800	SPEECH PATHOLOGY	0	0	57,481	0	80,750
69.00 06900	ELECTROCARDIOLOGY	1,318	15,990	158,790	0	276,574
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	55,493
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,522,112
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,334,335
76.00 03950	SLEEP LAB	0	0	0	0	156,837
76.97 07697	CARDIAC REHABILITATION	0	4,554	163,630	0	303,827
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	0	0	122,187	0	202,045
91.00 09100	EMERGENCY	18,402	48,265	1,199,121	0	2,241,935
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04950	OUTPATIENT COUNSELING	0	2,668	351,846	0	541,996
93.01 04951	OUTSIDE SERVICES	0	0	0	0	77,472
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)	177,148	1,186,467	15,999,497	-13,894,287	33,858,882
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	648	2,131	23,118	0	104,995
191.00 19100	RESEARCH	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1
Date/Time Prepared:
1/26/2017 3:35 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	3,410	0	0	0	65,872	194.00
194.01 07951 COMMUNITY WELLNESS	2,044	59	209,153	0	0	368,867	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	3,180	2,190	77,405	0	0	228,304	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)	2,783,091	1,117,661	6,133,333			13,894,287	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.864001	0.935863	0.376066			0.401257	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			348			794,569	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000021			0.022947	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 3:35 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	51,976			8.00
9.00	00900	HOUSEKEEPING	0	0	174,453		9.00
10.00	01000	DIETARY	0	0	2,406	6,546	10.00
11.00	01100	CAFETERIA	0	0	6,523	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	0	0	15,337	0	12.01
13.00	01300	NURSING ADMINISTRATIVE	0	0	2,400	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,998	0	14.00
15.00	01500	PHARMACY	0	0	2,918	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,495	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	442	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	16,603	32,766	5,575	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,153	5,482	971	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	577	1,083	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,241	10,514	0	50.00
50.01	05001	AMBULATORY SERVICES	0	5,185	6,539	0	50.01
50.02	05002	ENDOSCOPY	0	0	564	0	50.02
51.00	05100	RECOVERY ROOM	0	1,019	1,915	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,120	3,593	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	214	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,334	14,515	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	552	363	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,663	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,291	0	65.00
66.00	06600	PHYSICAL THERAPY	0	158	294	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	307	1,318	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	88	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	856	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	297	6,357	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	307	0	0	90.00
91.00	09100	EMERGENCY	0	13,035	14,192	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	494	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	51,976	144,038	6,546	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,116	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	22,918	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	2,044	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 3:35 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	4,337	0	104	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	238,843	903,919	442,249	638,775	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	4.595256	5.181447	67.560189	27.988214	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	16,471	84,902	50,068	126,474	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.316896	0.486675	7.648640	5.541515	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 3:35 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	10,064			13.00
14.00	01400	0	2,998	0	3,876,092		14.00
15.00	01500	0	2,918	0	36,686	1,334,335	15.00
16.00	01600	0	1,495	0	42	0	16.00
17.00	01700	0	442	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	32,766	4,161	160,123	0	30.00
31.00	03100	0	5,482	1,137	34,011	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	183	10,853	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	10,514	851	854,045	0	50.00
50.01	05001	0	6,539	419	14,664	0	50.01
50.02	05002	0	564	196	63,539	0	50.02
51.00	05100	0	1,915	180	8,659	0	51.00
52.00	05200	0	3,593	652	39,912	0	52.00
53.00	05300	0	214	0	44,304	0	53.00
54.00	05400	0	14,515	0	583,406	0	54.00
55.00	05500	0	363	0	39,163	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	198,549	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	1,064	0	21,868	0	65.00
66.00	06600	0	294	0	8,894	0	66.00
67.00	06700	0	0	0	687	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,318	0	3,213	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	78,110	0	71.00
72.00	07200	0	0	0	1,522,112	0	72.00
73.00	07300	0	0	0	0	1,334,335	73.00
76.00	03950	0	0	0	27	0	76.00
76.97	07697	0	0	0	2,002	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	0	0	3,088	0	90.00
91.00	09100	0	13,923	1,791	146,076	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	494	298	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	110,512	10,064	3,874,331	1,334,335	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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 3:35 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	1,371	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	379	0	390	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	588,619	944,907	739,812	1,595,845	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	5.084998	93.889805	0.190865	1.195985	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	259,754	66,510	100,818	182,387	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.243979	6.608704	0.026010	0.136688	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet B-1
Date/Time Prepared:
1/26/2017 3:35 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	177,473,497	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	12,365,794	30.00
31.00	03100	INTENSIVE CARE UNIT	2,614,023	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	611,491	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	19,352,731	50.00
50.01	05001	AMBULATORY SERVICES	649,070	50.01
50.02	05002	ENDOSCOPY	2,815,544	50.02
51.00	05100	RECOVERY ROOM	735,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,248,940	52.00
53.00	05300	ANESTHESIOLOGY	3,505,529	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,797,181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,504,234	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	28,354,750	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	5,045,676	65.00
66.00	06600	PHYSICAL THERAPY	1,787,868	66.00
67.00	06700	OCCUPATIONAL THERAPY	219,613	67.00
68.00	06800	SPEECH PATHOLOGY	152,819	68.00
69.00	06900	ELECTROCARDIOLOGY	4,663,724	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,702,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,258,663	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,997,092	73.00
76.00	03950	SLEEP LAB	824,275	76.00
76.97	07697	CARDIAC REHABILITATION	349,493	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	614,394	90.00
91.00	09100	EMERGENCY	9,056,366	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950	OUTPATIENT COUNSELING	160,102	93.00
93.01	04951	OUTSIDE SERVICES	85,725	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	177,473,497	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 05/01/2016
To 08/31/2016

Worksheet B-1
Date/Time Prepared:
1/26/2017 3:35 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)	1,321,000	430,493	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.007443	61.657548	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	134,384	16,159	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000757	2.314380	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 3:35 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	8,036,880		8,036,880	0	8,036,880	30.00
31.00	03100 INTENSIVE CARE UNIT	2,266,594		2,266,594	0	2,266,594	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	338,859		338,859	0	338,859	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,470,259		3,470,259	0	3,470,259	50.00
50.01	05001 AMBULATORY SERVICES	939,361		939,361	0	939,361	50.01
50.02	05002 ENDOSCOPY	457,442		457,442	0	457,442	50.02
51.00	05100 RECOVERY ROOM	449,765		449,765	0	449,765	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,307,416		1,307,416	0	1,307,416	52.00
53.00	05300 ANESTHESIOLOGY	175,531		175,531	0	175,531	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,454,293		6,454,293	0	6,454,293	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,602,775		3,602,775	0	3,602,775	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	4,514,870		4,514,870	0	4,514,870	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	982,204	0	982,204	0	982,204	65.00
66.00	06600 PHYSICAL THERAPY	1,679,497	0	1,679,497	0	1,679,497	66.00
67.00	06700 OCCUPATIONAL THERAPY	115,086	0	115,086	0	115,086	67.00
68.00	06800 SPEECH PATHOLOGY	115,772	0	115,772	0	115,772	68.00
69.00	06900 ELECTROCARDIOLOGY	443,192		443,192	0	443,192	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	113,187		113,187	0	113,187	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,477,416		2,477,416	0	2,477,416	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,651,644		3,651,644	0	3,651,644	73.00
76.00	03950 SLEEP LAB	230,344		230,344	0	230,344	76.00
76.97	07697 CARDIAC REHABILITATION	469,351		469,351	0	469,351	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	294,868		294,868	0	294,868	90.00
91.00	09100 EMERGENCY	3,659,331		3,659,331	0	3,659,331	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,050,198		1,050,198	0	1,050,198	92.00
93.00	04950 OUTPATIENT COUNSELING	820,933		820,933	0	820,933	93.00
93.01	04951 OUTSIDE SERVICES	109,196		109,196	0	109,196	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)	48,226,264	0	48,226,264	0	48,226,264	200.00
201.00	Less Observation Beds	1,050,198		1,050,198	0	1,050,198	201.00
202.00	Total (see instructions)	47,176,066	0	47,176,066	0	47,176,066	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 3:35 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	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,018,145		11,018,145		30.00
31.00	03100	INTENSIVE CARE UNIT	2,614,023		2,614,023		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	611,491		611,491		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,254,304	11,098,427	19,352,731	0.179316	50.00
50.01	05001	AMBULATORY SERVICES	6,965	642,105	649,070	1.447241	50.01
50.02	05002	ENDOSCOPY	312,913	2,502,631	2,815,544	0.162470	50.02
51.00	05100	RECOVERY ROOM	246,190	489,726	735,916	0.611164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,242,564	6,376	2,248,940	0.581348	52.00
53.00	05300	ANESTHESIOLOGY	934,101	2,571,428	3,505,529	0.050073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,625,189	28,171,992	37,797,181	0.170761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,163	8,491,071	8,504,234	0.423645	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	7,575,410	20,779,340	28,354,750	0.159228	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,352,956	692,720	5,045,676	0.194663	65.00
66.00	06600	PHYSICAL THERAPY	341,764	1,446,104	1,787,868	0.939385	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,802	139,811	219,613	0.524040	67.00
68.00	06800	SPEECH PATHOLOGY	43,507	109,312	152,819	0.757576	68.00
69.00	06900	ELECTROCARDIOLOGY	1,877,245	2,786,479	4,663,724	0.095030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,433,045	1,269,439	2,702,484	0.041883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,555,620	2,703,043	7,258,663	0.341305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,939,614	8,057,478	24,997,092	0.146083	73.00
76.00	03950	SLEEP LAB	0	824,275	824,275	0.279450	76.00
76.97	07697	CARDIAC REHABILITATION	1,078	348,415	349,493	1.342948	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	653	613,741	614,394	0.479933	90.00
91.00	09100	EMERGENCY	1,727,532	7,328,834	9,056,366	0.404062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	243,619	1,104,030	1,347,649	0.779282	92.00
93.00	04950	OUTPATIENT COUNSELING	0	160,102	160,102	5.127562	93.00
93.01	04951	OUTSIDE SERVICES	83,213	2,512	85,725	1.273794	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)	75,134,106	102,339,391	177,473,497		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	75,134,106	102,339,391	177,473,497		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/26/2017 3:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.179316		50.00
50.01	05001 AMBULATORY SERVICES	1.447241		50.01
50.02	05002 ENDOSCOPY	0.162470		50.02
51.00	05100 RECOVERY ROOM	0.611164		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.581348		52.00
53.00	05300 ANESTHESIOLOGY	0.050073		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.170761		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.423645		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	0.159228		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.194663		65.00
66.00	06600 PHYSICAL THERAPY	0.939385		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.524040		67.00
68.00	06800 SPEECH PATHOLOGY	0.757576		68.00
69.00	06900 ELECTROCARDIOLOGY	0.095030		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041883		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.341305		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.146083		73.00
76.00	03950 SLEEP LAB	0.279450		76.00
76.97	07697 CARDIAC REHABILITATION	1.342948		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	0.479933		90.00
91.00	09100 EMERGENCY	0.404062		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.779282		92.00
93.00	04950 OUTPATIENT COUNSELING	5.127562		93.00
93.01	04951 OUTSIDE SERVICES	1.273794		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 05/01/2016
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 3:35 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,036,880		8,036,880	0	8,036,880	30.00
31.00	03100	INTENSIVE CARE UNIT	2,266,594		2,266,594	0	2,266,594	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	338,859		338,859	0	338,859	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,470,259		3,470,259	0	3,470,259	50.00
50.01	05001	AMBULATORY SERVICES	939,361		939,361	0	939,361	50.01
50.02	05002	ENDOSCOPY	457,442		457,442	0	457,442	50.02
51.00	05100	RECOVERY ROOM	449,765		449,765	0	449,765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,307,416		1,307,416	0	1,307,416	52.00
53.00	05300	ANESTHESIOLOGY	175,531		175,531	0	175,531	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,454,293		6,454,293	0	6,454,293	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,602,775		3,602,775	0	3,602,775	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	4,514,870		4,514,870	0	4,514,870	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	982,204	0	982,204	0	982,204	65.00
66.00	06600	PHYSICAL THERAPY	1,679,497	0	1,679,497	0	1,679,497	66.00
67.00	06700	OCCUPATIONAL THERAPY	115,086	0	115,086	0	115,086	67.00
68.00	06800	SPEECH PATHOLOGY	115,772	0	115,772	0	115,772	68.00
69.00	06900	ELECTROCARDIOLOGY	443,192		443,192	0	443,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	113,187		113,187	0	113,187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,477,416		2,477,416	0	2,477,416	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,651,644		3,651,644	0	3,651,644	73.00
76.00	03950	SLEEP LAB	230,344		230,344	0	230,344	76.00
76.97	07697	CARDIAC REHABILITATION	469,351		469,351	0	469,351	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	294,868		294,868	0	294,868	90.00
91.00	09100	EMERGENCY	3,659,331		3,659,331	0	3,659,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,050,198		1,050,198	0	1,050,198	92.00
93.00	04950	OUTPATIENT COUNSELING	820,933		820,933	0	820,933	93.00
93.01	04951	OUTSIDE SERVICES	109,196		109,196	0	109,196	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)	48,226,264	0	48,226,264	0	48,226,264	200.00
201.00		Less Observation Beds	1,050,198		1,050,198		1,050,198	201.00
202.00		Total (see instructions)	47,176,066	0	47,176,066	0	47,176,066	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 3:35 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,018,145		11,018,145		30.00
31.00	03100	INTENSIVE CARE UNIT	2,614,023		2,614,023		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	611,491		611,491		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,254,304	11,098,427	19,352,731	0.179316	50.00
50.01	05001	AMBULATORY SERVICES	6,965	642,105	649,070	1.447241	50.01
50.02	05002	ENDOSCOPY	312,913	2,502,631	2,815,544	0.162470	50.02
51.00	05100	RECOVERY ROOM	246,190	489,726	735,916	0.611164	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,242,564	6,376	2,248,940	0.581348	52.00
53.00	05300	ANESTHESIOLOGY	934,101	2,571,428	3,505,529	0.050073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,625,189	28,171,992	37,797,181	0.170761	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,163	8,491,071	8,504,234	0.423645	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	7,575,410	20,779,340	28,354,750	0.159228	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,352,956	692,720	5,045,676	0.194663	65.00
66.00	06600	PHYSICAL THERAPY	341,764	1,446,104	1,787,868	0.939385	66.00
67.00	06700	OCCUPATIONAL THERAPY	79,802	139,811	219,613	0.524040	67.00
68.00	06800	SPEECH PATHOLOGY	43,507	109,312	152,819	0.757576	68.00
69.00	06900	ELECTROCARDIOLOGY	1,877,245	2,786,479	4,663,724	0.095030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,433,045	1,269,439	2,702,484	0.041883	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,555,620	2,703,043	7,258,663	0.341305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,939,614	8,057,478	24,997,092	0.146083	73.00
76.00	03950	SLEEP LAB	0	824,275	824,275	0.279450	76.00
76.97	07697	CARDIAC REHABILITATION	1,078	348,415	349,493	1.342948	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	653	613,741	614,394	0.479933	90.00
91.00	09100	EMERGENCY	1,727,532	7,328,834	9,056,366	0.404062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	243,619	1,104,030	1,347,649	0.779282	92.00
93.00	04950	OUTPATIENT COUNSELING	0	160,102	160,102	5.127562	93.00
93.01	04951	OUTSIDE SERVICES	83,213	2,512	85,725	1.273794	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)	75,134,106	102,339,391	177,473,497		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	75,134,106	102,339,391	177,473,497		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/26/2017 3:35 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part I Date/Time Prepared: 1/26/2017 3:35 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	882,268	0	882,268	6,413	137.57	30.00
31.00	INTENSIVE CARE UNIT	175,725		175,725	971	180.97	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	27,855		27,855	436	63.89	43.00
200.00	Total (Lines 30-199)	1,085,848		1,085,848	7,820		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	2,883	396,614				
31.00	INTENSIVE CARE UNIT	502	90,847				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	3,385	487,461				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part II Date/Time Prepared: 1/26/2017 3:35 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	467,805	19,352,731	0.024173	3,633,513	87,833	50.00
50.01	05001	AMBULATORY SERVICES	136,380	649,070	0.210116	3,751	788	50.01
50.02	05002	ENDOSCOPY	30,676	2,815,544	0.010895	181,556	1,978	50.02
51.00	05100	RECOVERY ROOM	47,557	735,916	0.064623	103,456	6,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	93,507	2,248,940	0.041578	0	0	52.00
53.00	05300	ANESTHESIOLOGY	20,343	3,505,529	0.005803	401,974	2,333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	841,558	37,797,181	0.022265	4,598,469	102,385	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	291,963	8,504,234	0.034331	10,347	355	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	390,057	28,354,750	0.013756	4,039,418	55,566	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	57,717	5,045,676	0.011439	2,722,692	31,145	65.00
66.00	06600	PHYSICAL THERAPY	181,071	1,787,868	0.010278	211,919	21,463	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,345	219,613	0.010678	47,370	506	67.00
68.00	06800	SPEECH PATHOLOGY	2,264	152,819	0.014815	32,566	482	68.00
69.00	06900	ELECTROCARDIOLOGY	55,610	4,663,724	0.011924	1,104,586	13,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,379	2,702,484	0.001990	737,416	1,467	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,014	7,258,663	0.011023	2,044,346	22,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	231,929	24,997,092	0.009278	8,236,175	76,415	73.00
76.00	03950	SLEEP LAB	17,436	824,275	0.021153	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	111,065	349,493	0.317789	166	53	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	36,102	614,394	0.058760	585	34	90.00
91.00	09100	EMERGENCY	448,881	9,056,366	0.049565	857,029	42,479	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	115,288	1,347,649	0.085547	121,038	10,354	92.00
93.00	04950	OUTPATIENT COUNSELING	49,184	160,102	0.307204	0	0	93.00
93.01	04951	OUTSIDE SERVICES	1,843	85,725	0.021499	62,097	1,335	93.01
200.00		Total (lines 50-199)	3,715,974	163,229,838		29,150,469	479,363	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part III Date/Time Prepared: 1/26/2017 3:35 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	6,413	0.00	2,883	0	30.00
31.00	03100	INTENSIVE CARE UNIT	971	0.00	502	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	436	0.00	0	0	43.00
200.00		Total (lines 30-199)	7,820		3,385	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/26/2017 3:35 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0 50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03950	SLEEP LAB	0	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0 93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0 93.01
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet D
Part IV
Date/Time Prepared:
1/26/2017 3:35 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		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,352,731	0.000000	0.000000	3,633,513	50.00
50.01	05001	AMBULATORY SERVICES	0	649,070	0.000000	0.000000	3,751	50.01
50.02	05002	ENDOSCOPY	0	2,815,544	0.000000	0.000000	181,556	50.02
51.00	05100	RECOVERY ROOM	0	735,916	0.000000	0.000000	103,456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,248,940	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,505,529	0.000000	0.000000	401,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,797,181	0.000000	0.000000	4,598,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,504,234	0.000000	0.000000	10,347	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	28,354,750	0.000000	0.000000	4,039,418	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,045,676	0.000000	0.000000	2,722,692	65.00
66.00	06600	PHYSICAL THERAPY	0	1,787,868	0.000000	0.000000	211,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	219,613	0.000000	0.000000	47,370	67.00
68.00	06800	SPEECH PATHOLOGY	0	152,819	0.000000	0.000000	32,566	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,663,724	0.000000	0.000000	1,104,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,702,484	0.000000	0.000000	737,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,258,663	0.000000	0.000000	2,044,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,997,092	0.000000	0.000000	8,236,175	73.00
76.00	03950	SLEEP LAB	0	824,275	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	349,493	0.000000	0.000000	166	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	614,394	0.000000	0.000000	585	90.00
91.00	09100	EMERGENCY	0	9,056,366	0.000000	0.000000	857,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,347,649	0.000000	0.000000	121,038	92.00
93.00	04950	OUTPATIENT COUNSELING	0	160,102	0.000000	0.000000	0	93.00
93.01	04951	OUTSIDE SERVICES	0	85,725	0.000000	0.000000	62,097	93.01
200.00		Total (lines 50-199)	0	163,229,838			29,150,469	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/26/2017 3:35 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	2,067,151	0	50.00
50.01	05001 AMBULATORY SERVICES	0	191,789	0	50.01
50.02	05002 ENDOSCOPY	0	687,616	0	50.02
51.00	05100 RECOVERY ROOM	0	82,191	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	593,787	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,757,043	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,576,333	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	2,793,549	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	248,271	0	65.00
66.00	06600 PHYSICAL THERAPY	0	20,427	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,372	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,364	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,081,160	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	314,449	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	685,699	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,264,089	0	73.00
76.00	03950 SLEEP LAB	0	295,878	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	172,199	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	299,065	0	90.00
91.00	09100 EMERGENCY	0	1,165,337	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	364,058	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	26,462	0	93.00
93.01	04951 OUTSIDE SERVICES	0	0	0	93.01
200.00	Total (lines 50-199)	0	23,690,289	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/26/2017 3:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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	0.179316	2,067,151	0	0	370,673	50.00
50.01	05001	AMBULATORY SERVICES	1.447241	191,789	0	0	277,565	50.01
50.02	05002	ENDOSCOPY	0.162470	687,616	0	0	111,717	50.02
51.00	05100	RECOVERY ROOM	0.611164	82,191	0	0	50,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581348	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050073	593,787	0	0	29,733	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170761	7,757,043	0	0	1,324,600	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.423645	2,576,333	0	0	1,091,451	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	0.159228	2,793,549	2,211	0	444,811	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.194663	248,271	0	0	48,329	65.00
66.00	06600	PHYSICAL THERAPY	0.939385	20,427	0	0	19,189	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524040	2,372	0	0	1,243	67.00
68.00	06800	SPEECH PATHOLOGY	0.757576	1,364	0	0	1,033	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095030	1,081,160	0	0	102,743	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041883	314,449	0	0	13,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341305	685,699	0	0	234,032	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146083	2,264,089	0	37,003	330,745	73.00
76.00	03950	SLEEP LAB	0.279450	295,878	0	0	82,683	76.00
76.97	07697	CARDIAC REHABILITATION	1.342948	172,199	0	0	231,254	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	0.479933	299,065	0	0	143,531	90.00
91.00	09100	EMERGENCY	0.404062	1,165,337	0	0	470,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.779282	364,058	0	0	283,704	92.00
93.00	04950	OUTPATIENT COUNSELING	5.127562	26,462	0	0	135,686	93.00
93.01	04951	OUTSIDE SERVICES	1.273794	0	0	0	0	93.01
200.00		Subtotal (see instructions)		23,690,289	2,211	37,003	5,798,992	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		23,690,289	2,211	37,003	5,798,992	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/26/2017 3:35 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	352	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	5,406	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)	352	5,406	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	352	5,406	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part I Date/Time Prepared: 1/26/2017 3:35 pm
		Title XIX	Hospital	Cost

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	882,268	0	882,268	6,413	137.57	30.00
31.00 INTENSIVE CARE UNIT	175,725		175,725	971	180.97	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	27,855		27,855	436	63.89	43.00
200.00 Total (Lines 30-199)	1,085,848		1,085,848	7,820		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	653	89,833	30.00
31.00 INTENSIVE CARE UNIT	107	19,364	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	162	10,350	43.00
200.00 Total (Lines 30-199)	922	119,547	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet D
Part II
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description		Title XIX			Hospital	Cost		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	467,805	19,352,731	0.024173	616,106	14,893	50.00
50.01	05001	AMBULATORY SERVICES	136,380	649,070	0.210116	0	0	50.01
50.02	05002	ENDOSCOPY	30,676	2,815,544	0.010895	18,542	202	50.02
51.00	05100	RECOVERY ROOM	47,557	735,916	0.064623	15,680	1,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	93,507	2,248,940	0.041578	1,020,582	42,434	52.00
53.00	05300	ANESTHESIOLOGY	20,343	3,505,529	0.005803	75,766	440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	841,558	37,797,181	0.022265	1,055,032	23,490	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	291,963	8,504,234	0.034331	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	390,057	28,354,750	0.013756	845,816	11,635	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	57,717	5,045,676	0.011439	285,320	3,264	65.00
66.00	06600	PHYSICAL THERAPY	181,071	1,787,868	0.101278	13,863	1,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,345	219,613	0.010678	1,914	20	67.00
68.00	06800	SPEECH PATHOLOGY	2,264	152,819	0.014815	3,745	55	68.00
69.00	06900	ELECTROCARDIOLOGY	55,610	4,663,724	0.011924	194,688	2,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,379	2,702,484	0.001990	162,955	324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,014	7,258,663	0.011023	350,433	3,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	231,929	24,997,092	0.009278	1,961,713	18,201	73.00
76.00	03950	SLEEP LAB	17,436	824,275	0.021153	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	111,065	349,493	0.317789	166	53	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	36,102	614,394	0.058760	0	0	90.00
91.00	09100	EMERGENCY	448,881	9,056,366	0.049565	216,441	10,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,347,649	0.000000	28,057	0	92.00
93.00	04950	OUTPATIENT COUNSELING	49,184	160,102	0.307204	0	0	93.00
93.01	04951	OUTSIDE SERVICES	1,843	85,725	0.021499	8,647	186	93.01
200.00		Total (lines 50-199)	3,600,686	163,229,838		6,875,466	134,526	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part III Date/Time Prepared: 1/26/2017 3:35 pm
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Cost Center Description	Title XIX				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)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	6,413	0.00	653	0	30.00
31.00	03100	INTENSIVE CARE UNIT	971	0.00	107	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	436	0.00	162	0	43.00
200.00		Total (lines 30-199)	7,820		922	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/26/2017 3:35 pm
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Cost Center Description		Title XIX				Hospital		Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0	50.01
50.02	05002	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet D
Part IV
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,352,731	0.000000	0.000000	616,106	50.00
50.01	05001	AMBULATORY SERVICES	0	649,070	0.000000	0.000000	0	50.01
50.02	05002	ENDOSCOPY	0	2,815,544	0.000000	0.000000	18,542	50.02
51.00	05100	RECOVERY ROOM	0	735,916	0.000000	0.000000	15,680	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,248,940	0.000000	0.000000	1,020,582	52.00
53.00	05300	ANESTHESIOLOGY	0	3,505,529	0.000000	0.000000	75,766	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,797,181	0.000000	0.000000	1,055,032	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,504,234	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	28,354,750	0.000000	0.000000	845,816	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,045,676	0.000000	0.000000	285,320	65.00
66.00	06600	PHYSICAL THERAPY	0	1,787,868	0.000000	0.000000	13,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	219,613	0.000000	0.000000	1,914	67.00
68.00	06800	SPEECH PATHOLOGY	0	152,819	0.000000	0.000000	3,745	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,663,724	0.000000	0.000000	194,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,702,484	0.000000	0.000000	162,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,258,663	0.000000	0.000000	350,433	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,997,092	0.000000	0.000000	1,961,713	73.00
76.00	03950	SLEEP LAB	0	824,275	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	349,493	0.000000	0.000000	166	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	614,394	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	9,056,366	0.000000	0.000000	216,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,347,649	0.000000	0.000000	28,057	92.00
93.00	04950	OUTPATIENT COUNSELING	0	160,102	0.000000	0.000000	0	93.00
93.01	04951	OUTSIDE SERVICES	0	85,725	0.000000	0.000000	8,647	93.01
200.00		Total (lines 50-199)	0	163,229,838			6,875,466	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/26/2017 3:35 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)	Cost
		11.00	12.00	13.00	
Title XIX Hospital Cost					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 AMBULATORY SERVICES	0	0	0	50.01
50.02	05002 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03950 SLEEP LAB	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 OUTPATIENT COUNSELING	0	0	0	93.00
93.01	04951 OUTSIDE SERVICES	0	0	0	93.01
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2017 3:35 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)		6,413	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,413	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)		5,575	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)		2,883	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)		8,036,880	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)		8,036,880	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)		8,036,880	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)		1,253.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,613,033	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)		3,613,033	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286		Period: From 05/01/2016 To 08/31/2016		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 1/26/2017 3:35 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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,266,594	971	2,334.29	502	1,171,814		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)					5,538,200		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,323,047		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)					487,461		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					479,363		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					966,824		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,356,223		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)					838		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,253.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,050,198		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet D-1
Date/Time Prepared:
1/26/2017 3:35 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	882,268	8,036,880	0.109777	1,050,198	115,288	90.00
91.00	Nursing School cost	0	8,036,880	0.000000	1,050,198	0	91.00
92.00	Allied health cost	0	8,036,880	0.000000	1,050,198	0	92.00
93.00	All other Medical Education	0	8,036,880	0.000000	1,050,198	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/26/2017 3:35 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		5,015,067	30.00
31.00	03100	INTENSIVE CARE UNIT		1,353,719	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		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179316	3,633,513	50.00
50.01	05001	AMBULATORY SERVICES	1.447241	3,751	50.01
50.02	05002	ENDOSCOPY	0.162470	181,556	50.02
51.00	05100	RECOVERY ROOM	0.611164	103,456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581348	0	52.00
53.00	05300	ANESTHESIOLOGY	0.050073	401,974	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170761	4,598,469	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.423645	10,347	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	0.159228	4,039,418	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.194663	2,722,692	65.00
66.00	06600	PHYSICAL THERAPY	0.939385	211,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524040	47,370	67.00
68.00	06800	SPEECH PATHOLOGY	0.757576	32,566	68.00
69.00	06900	ELECTROCARDIOLOGY	0.095030	1,104,586	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041883	737,416	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341305	2,044,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146083	8,236,175	73.00
76.00	03950	SLEEP LAB	0.279450	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.342948	166	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	0.479933	585	90.00
91.00	09100	EMERGENCY	0.404062	857,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.779282	121,038	92.00
93.00	04950	OUTPATIENT COUNSELING	5.127562	0	93.00
93.01	04951	OUTSIDE SERVICES	1.273794	62,097	93.01
200.00		Total (sum of lines 50-94 and 96-98)		29,150,469	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)		29,150,469	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/26/2017 3:35 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		1,206,401	30.00
31.00	03100	INTENSIVE CARE UNIT		286,450	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		207,969	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.179316	616,106	110,478 50.00
50.01	05001	AMBULATORY SERVICES	1.447241	0	0 50.01
50.02	05002	ENDOSCOPY	0.162470	18,542	3,013 50.02
51.00	05100	RECOVERY ROOM	0.611164	15,680	9,583 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.581348	1,020,582	593,313 52.00
53.00	05300	ANESTHESIOLOGY	0.050073	75,766	3,794 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.170761	1,055,032	180,158 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.423645	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.159228	845,816	134,678 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.194663	285,320	55,541 65.00
66.00	06600	PHYSICAL THERAPY	0.939385	13,863	13,023 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.524040	1,914	1,003 67.00
68.00	06800	SPEECH PATHOLOGY	0.757576	3,745	2,837 68.00
69.00	06900	ELECTROCARDIOLOGY	0.095030	194,688	18,501 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.041883	162,955	6,825 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.341305	350,433	119,605 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.146083	1,961,713	286,573 73.00
76.00	03950	SLEEP LAB	0.279450	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	1.342948	166	223 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.479933	0	0 90.00
91.00	09100	EMERGENCY	0.404062	216,441	87,456 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.779282	28,057	21,864 92.00
93.00	04950	OUTPATIENT COUNSELING	5.127562	0	0 93.00
93.01	04951	OUTSIDE SERVICES	1.273794	8,647	11,014 93.01
200.00		Total (sum of lines 50-94 and 96-98)		6,875,466	1,659,482 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		6,875,466	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/26/2017 3:35 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)		5,719,355	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		182,047	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)		91.19	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)		16.18	31.00
32.00	Sum of lines 30 and 31		17.74	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.28	33.00
34.00	Disproportionate share adjustment (see instructions)		61,197	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/26/2017 3:35 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)		6,406,145,534	0	35.00
35.01	Factor 3 (see instructions)		0.000077756	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		498,116	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		167,400	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		167,400		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)		6,129,999		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)		6,129,999	49.00	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		506,255	50.00	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00	53.00
54.00	Special add-on payments for new technologies		1,036	54.00	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00	58.00
59.00	Total (sum of amounts on lines 49 through 58)		6,637,290	59.00	59.00
60.00	Primary payer payments		0	60.00	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		6,637,290	61.00	61.00
62.00	Deductibles billed to program beneficiaries		634,984	62.00	62.00
63.00	Coinurance billed to program beneficiaries		14,168	63.00	63.00
64.00	Allowable bad debts (see instructions)		26,151	64.00	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		16,998	65.00	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,810	66.00	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		6,005,136	67.00	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92	70.92
70.93	HVBP payment adjustment amount (see instructions)		9,152	70.93	70.93
70.94	HRR adjustment amount (see instructions)		-16,017	70.94	70.94
70.95	Recovery of accelerated depreciation		0	70.95	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet E Part A Date/Time Prepared: 1/26/2017 3:35 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)			5,998,271	71.00
71.01	Sequestration adjustment (see instructions)			119,965	71.01
72.00	Interim payments			5,729,870	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)			148,436	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			182,171	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 05/01/2016
To 08/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2017 3:35 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	5,719,355	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	0	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	182,047	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	0.0428	0.0428	0.0428	0.0428		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	61,197	0	68,517	-7,320	61,197	11.00
11.01	Uncompensated care payments	36.00	167,400	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	6,129,999	0	7,330,006	-1,200,007	6,129,999	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	6,129,999	0	7,330,006	-1,200,007	6,129,999	15.00
16.00	Payment for inpatient program capital	50.00	506,255	0	717,566	-211,311	506,255	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	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 05/01/2016
To 08/31/2016

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/26/2017 3:35 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	8,047,572	-1,411,318	6,636,254	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	458,762	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	47,493	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	506,255	0	717,566	-211,311	506,255	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 05/01/2016 To 08/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 1/26/2017 3:35 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	5,719,355	6,403,455		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	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	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	182,047	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	0.0428	0.0428	0.0428	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	61,197	68,517	-7,320	11.00	
11.01	Uncompensated care payments	36.00	167,400	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	6,129,999	7,330,006	-1,200,007	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	6,129,999	7,330,006	-1,200,007	15.00	
16.00	Payment for inpatient program capital	50.00	506,255	1,120,020	-613,765	16.00	
17.00	Special add-on payments for new technologies	54.00	1,036	1,036	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			8,451,062	-1,813,772	6,637,290	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
1/26/2017 3:35 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	458,762	970,843	-512,081	458,762	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	47,493	149,177	-101,684	47,493	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	506,255	1,120,020	-613,765	506,255	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	9,152	-6,897	16,049	9,152	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	-16,017	-46,104	30,087	-16,017	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 05/01/2016 To 08/31/2016	Worksheet E Part B Date/Time Prepared: 1/26/2017 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,758	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,798,992	2.00
3.00	PPS payments		3,547,137	3.00
4.00	Outlier payment (see instructions)		86,040	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)		5,758	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,214	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)		39,214	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)		39,214	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,456	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)		5,758	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)		3,633,177	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)		710,245	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)		2,928,690	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)		2,928,690	30.00
31.00	Primary payer payments		167	31.00
32.00	Subtotal (line 30 minus line 31)		2,928,523	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)		47,407	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		30,815	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		29,267	36.00
37.00	Subtotal (see instructions)		2,959,338	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-15,455	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)		2,974,793	40.00
40.01	Sequestration adjustment (see instructions)		59,496	40.01
41.00	Interim payments		2,923,680	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-8,383	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		59,496	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2017 3:35 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		5,729,870		2,923,680	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		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)		0		0	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)		5,729,870		2,923,680	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		148,436		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		8,383	6.02	
7.00	Total Medicare program liability (see instructions)		5,878,306		2,915,297	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 05/01/2016
To 08/31/2016

Worksheet E-1
Part II
Date/Time Prepared:
1/26/2017 3:35 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 05/01/2016
To 08/31/2016

Worksheet G
Date/Time Prepared:
1/26/2017 3:35 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	31,229,160	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	97,598,919	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,451,865	0	0	0	6.00
7.00	Inventory	3,944,356	0	0	0	7.00
8.00	Prepaid expenses	1,857,225	0	0	0	8.00
9.00	Other current assets	0	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)	70,177,795	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	87,964,116	0	0	0	15.00
16.00	Accumulated depreciation	-4,336,969	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	13,271,525	0	0	0	23.00
24.00	Accumulated depreciation	-5,081,130	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)	105,980,542	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	192,121,963	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	682,665	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	192,804,628	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	368,962,965	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,078,025	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,835,948	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	60,829,352	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	100,743,325	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	5,183,228	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,183,228	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,926,553	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	263,036,412				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)	263,036,412	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	368,962,965	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet G-1

Date/Time Prepared:
1/26/2017 3:35 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		260,445,183		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,186,597			2.00
3.00	Total (sum of line 1 and line 2)		266,631,780		0	3.00
4.00	INVESTMETN IN	0		0		4.00
5.00	TRANSFERS	77,836		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)		77,836		0	10.00
11.00	Subtotal (line 3 plus line 10)		266,709,616		0	11.00
12.00	INVESTMENT IN KHS	3,550,000		0		12.00
13.00	OTHER	30,886		0		13.00
14.00	OTHER	92,318		0		14.00
15.00	NW INTEGRATION	0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		3,673,204		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		263,036,412		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	INVESTMETN IN		0			4.00
5.00	TRANSFERS		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	INVESTMENT IN KHS		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 05/01/2016
To 08/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2017 3:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	11,018,145		11,018,145	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)	11,018,145		11,018,145	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,614,023		2,614,023	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)	2,614,023		2,614,023	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,632,168		13,632,168	17.00
18.00	Ancillary services	58,835,430	93,130,172	151,965,602	18.00
19.00	Outpatient services	2,055,017	9,209,219	11,264,236	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	1,658,180	2,585,203	4,243,383	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	76,180,795	104,924,594	181,105,389	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		54,930,112		29.00
30.00	FOUNDATION COSTS	0			30.00
31.00	HAUSER ROSS BUILDING COSTS	75,716			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)		75,716		36.00
37.00	OTHER	0			37.00
38.00	OTHER	0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		55,005,828		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140286

Period:
From 05/01/2016
To 08/31/2016

Worksheet G-3

Date/Time Prepared:
1/26/2017 3:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	181,105,389	1.00
2.00	Less contractual allowances and discounts on patients' accounts	124,366,264	2.00
3.00	Net patient revenues (line 1 minus line 2)	56,739,125	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	55,005,828	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,733,297	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	513,527	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	4,526,678	24.00
24.01	OTHER GAINS/LOSSES	0	24.01
24.02	ROUNDING	2	24.02
25.00	Total other income (sum of lines 6-24)	5,040,207	25.00
26.00	Total (line 5 plus line 25)	6,773,504	26.00
27.00	UNREALIZED GAINS/LOSSES	586,907	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	586,907	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,186,597	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140286	Period: From 05/01/2016 To 08/31/2016	Worksheet L Parts I-III Date/Time Prepared: 1/26/2017 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		458,762	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,493	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)		54.06	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)		506,255	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