

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet S Parts I-III Date/Time Prepared: 9/22/2016 6:18 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 9/22/2016 Time: 6:18 pm	
	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.		
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 VALLEY WEST COMMUNITY HOSPITAL (141340) for the cost reporting period beginning 05/01/2015 and ending 04/30/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	31,724	144,793	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0			0	0	6.00
8.00 NURSING FACILITY	0			0	0	8.00
9.00 HOME HEALTH AGENCY I	0	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	31,724	144,793	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: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet S-2 Part I Date/Time Prepared: 9/22/2016 6:16 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60548- County: DEKALB				
1.00 Street: 1302 N. MAIN STREET		2.00 City: SANDWICH								
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		
1.00									1.00	
2.00									2.00	
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	VALLEY WEST COMMUNITY HOSPITAL	141340	16974	1	08/02/2004	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2015	04/30/2016		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00	

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	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		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		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.					2	11/16/2005	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			
		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)						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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)	0.00	0.00				61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	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.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
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 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/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
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	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
			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
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	468,513	118.01

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		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
DO NOT USE THIS LINE					
119.00	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		119.00
120.00	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.				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
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H134		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: KISHHEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 131	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			
143.00	City: DEKALB	State: IL		Zip Code: 60115	
				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
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC				
161.10	CORF				
161.20	OPT				
161.30	OOT				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet S-2 Part I Date/Time Prepared: 9/22/2016 6:16 pm		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
161.40	OSP		N	N	N			161.40
Multi campus					1.00			
165.00	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		166.00
					1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	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)					0		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)					N		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
					Beginning	Ending		
					1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00
					1.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)					N		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/22/2016 6:16 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	09/05/2016	Y	09/05/2016
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: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet S-2 Part II Date/Time Prepared: 9/22/2016 6:16 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		Y		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		Y		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON	HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	KI SHHEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548	BHOFMANN@KI SHHEALTH.ORG		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	21	7,686	57,713.89	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		21	7,686	57,713.89	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,464	1,034.92	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,150	58,748.81	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,117	315	2,267			1.00
2.00 HMO and other (see instructions)	115	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,117	315	2,267			7.00
8.00 INTENSIVE CARE UNIT	53	27	113			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		88	329			13.00
14.00 Total (see instructions)	1,170	430	2,709	0.00	184.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	184.50	27.00
28.00 Observation Bed Days		0	514			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	16	61			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: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/22/2016 6:16 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	392	135	897	1.00
2.00 HMO and other (see instructions)				41	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		392	135	897	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							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	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet S-10 Date/Time Prepared: 9/22/2016 6:16 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)			0.327202	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			4,657,589	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			20,751,248	6.00	
7.00	Medicaid cost (line 1 times line 6)			6,789,850	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			2,132,261	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			16,734	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			2,132,261	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			818,502	643,345	1,461,847
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			267,815	210,504	478,319
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			267,815	210,504	478,319
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)					2,748,026
27.00	Medicare bad debts for the entire hospital complex (see instructions)					292,191
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					2,455,835
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					803,554
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					1,281,873
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					3,414,134

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A

Date/Time Prepared: 9/22/2016 6:16 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		2,923,194	2,923,194	-1,097,921	1,825,273	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,171,929	1,171,929	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	3,564,176	3,564,176	0	3,564,176	4.00
5.01 00540 NONPATIENT TELEPHONES	0	611,553	611,553	0	611,553	5.01
5.02 00550 DATA PROCESSING	0	255,182	255,182	0	255,182	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	82,823	5,152	87,975	0	87,975	5.03
5.04 00570 ADMINISTRATION	472,922	5,649	478,571	0	478,571	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	44,007	298,934	342,941	0	342,941	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	883,510	6,117,039	7,000,549	-105,756	6,894,793	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	225,505	1,142,381	1,367,886	-353	1,367,533	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	91,604	91,604	0	91,604	8.00
9.00 00900 HOUSEKEEPING	284,528	168,802	453,330	0	453,330	9.00
10.00 01000 DIETARY	369,211	137,675	506,886	-396,824	110,062	10.00
11.00 01100 CAFETERIA	0	0	0	396,824	396,824	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	123,025	1,107,599	1,230,624	2,256	1,232,880	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	51,403	257,970	309,373	-115,738	193,635	14.00
15.00 01500 PHARMACY	522,225	719,158	1,241,383	-686,931	554,452	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	329,436	161,272	490,708	0	490,708	16.00
17.00 01700 SOCIAL SERVICE	174,006	215	174,221	-12,405	161,816	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,199,002	248,853	2,447,855	-258,524	2,189,331	30.00
31.00 03100 INTENSIVE CARE UNIT	180,603	6,061	186,664	-10,120	176,544	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	381,805	381,805	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,107,068	2,019,829	3,126,897	-1,432,241	1,694,656	50.00
51.00 05100 RECOVERY ROOM	109,624	3,752	113,376	0	113,376	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	140,131	140,131	52.00
53.00 05300 ANESTHESIOLOGY	0	304,100	304,100	0	304,100	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	999,405	1,061,340	2,060,745	0	2,060,745	54.00
55.00 03480 ONCOLOGY	153,132	945,816	1,098,948	62,495	1,161,443	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	653,062	804,972	1,458,034	-963	1,457,071	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	29,980	29,980	64.00
65.00 06500 RESPIRATORY THERAPY	384,376	62,589	446,965	3,413	450,378	65.00
66.00 06600 PHYSICAL THERAPY	101,868	309	102,177	0	102,177	66.00
66.01 06601 O/P PHYSICAL THERAPY	307,798	88,859	396,657	0	396,657	66.01
69.00 06900 ELECTROCARDIOLOGY	9,047	1,092	10,139	0	10,139	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	800,599	800,599	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	770,701	770,701	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	637,024	637,024	73.00
76.00 03020 CLINICAL NUTRITION	54,480	2,665	57,145	6,071	63,216	76.00
76.01 03950 SLEEP LAB	0	57,975	57,975	12,400	70,375	76.01
76.97 07697 CARDIAC REHABILITATION	112,860	14,837	127,697	119,123	246,820	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	34,964	3,249	38,213	10,995	49,208	90.00
91.00 09100 EMERGENCY	1,269,235	2,413,663	3,682,898	101,724	3,784,622	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet A Date/Time Prepared: 9/22/2016 6:16 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	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		112,705	112,705	-112,705	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,239,125	25,720,221	36,959,346	416,989	37,376,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,359	44,359	0	44,359	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	619,315	619,315	-423,274	196,041	192.00
194.00	07950	COMMUNITY WELLNESS	222,031	163,551	385,582	6,285	391,867	194.00
200.00		TOTAL (SUM OF LINES 118-199)	11,461,156	26,547,446	38,008,602	0	38,008,602	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
9/22/2016 6:16 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	165,750	1,991,023	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	105,631	1,277,560	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	116,681	3,680,857	4.00
5.01	00540	NONPATIENT TELEPHONES	0	611,553	5.01
5.02	00550	DATA PROCESSING	0	255,182	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	87,975	5.03
5.04	00570	ADMINISTRATIVE	0	478,571	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-17,270	325,671	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-1,308,596	5,586,197	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-7,521	1,360,012	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	91,604	8.00
9.00	00900	HOUSEKEEPING	0	453,330	9.00
10.00	01000	DIETARY	-2,119	107,943	10.00
11.00	01100	CAFETERIA	-94,303	302,521	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,086,485	146,395	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-17,352	176,283	14.00
15.00	01500	PHARMACY	0	554,452	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-13,917	476,791	16.00
17.00	01700	SOCIAL SERVICE	0	161,816	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-225,612	1,963,719	30.00
31.00	03100	INTENSIVE CARE UNIT	0	176,544	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	381,805	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-74,000	1,620,656	50.00
51.00	05100	RECOVERY ROOM	0	113,376	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	140,131	52.00
53.00	05300	ANESTHESIOLOGY	-254,760	49,340	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-107,503	1,953,242	54.00
55.00	03480	ONCOLOGY	-300,980	860,463	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	-83	1,456,988	60.00
64.00	06400	INTRAVENOUS THERAPY	0	29,980	64.00
65.00	06500	RESPIRATORY THERAPY	0	450,378	65.00
66.00	06600	PHYSICAL THERAPY	0	102,177	66.00
66.01	06601	O/P PHYSICAL THERAPY	-12,880	383,777	66.01
69.00	06900	ELECTROCARDIOLOGY	0	10,139	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-17,296	783,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	770,701	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-12,763	624,261	73.00
76.00	03020	CLINICAL NUTRITION	0	63,216	76.00
76.01	03950	SLEEP LAB	0	70,375	76.01
76.97	07697	CARDIAC REHABILITATION	0	246,820	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	49,208	90.00
91.00	09100	EMERGENCY	-1,851,754	1,932,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,017,132	32,359,203	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-19,000	25,359	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	196,041	192.00
194.00	07950 COMMUNITY WELLNESS	-132,416	259,451	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-5,168,548	32,840,054	200.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
9/22/2016 6:16 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	2,256	0	1.00	
	TOTALS		2,256	0		
B - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	637,024	1.00	
	TOTALS		0	637,024		
C - NURSERY AND DELIVERY AND LABOR ROOM						
1.00	NURSERY	43.00	344,095	34,946	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	127,211	12,920	2.00	
	TOTALS		471,306	47,866		
D - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	64,115	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,507,185	2.00	
3.00	INTRAVENOUS THERAPY	64.00	0	29,980	3.00	
	TOTALS		0	1,601,280		
E - EQUIPMENT LEASE						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	74,008	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
	TOTALS		0	74,008		
F - CAFETERIA						
1.00	CAFETERIA	11.00	289,043	107,781	1.00	
	TOTALS		289,043	107,781		
G - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	112,705	1.00	
	TOTALS		0	112,705		
H - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,097,921	1.00	
	TOTALS		0	1,097,921		
I - CUDDLE COT						
1.00	NURSERY	43.00	0	2,764	1.00	
	TOTALS		0	2,764		
J - EMPLOYEE BENEFIT ALLOCATION						
1.00		0.00	0	0	1.00	
	TOTALS		0	0		
K - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	48,754	40,565	1.00	
	TOTALS		48,754	40,565		
L - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	14,858	8,847	1.00	
	TOTALS		14,858	8,847		
M - OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	13,094	439	1.00	
	TOTALS		13,094	439		
N - MOB RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	199,925	1.00	
2.00	ONCOLOGY	55.00	0	57,170	2.00	
3.00	CLINICAL NUTRITION	76.00	0	29,776	3.00	
4.00	CARDIAC REHABILITATION	76.97	0	119,123	4.00	
5.00	CLINIC	90.00	0	10,995	5.00	
6.00	COMMUNITY WELLNESS	194.00	0	6,285	6.00	
	TOTALS		0	423,274		
O - ON CALL SOCIAL SERVICE						
1.00	EMERGENCY	91.00	101,598	126	1.00	
	TOTALS		101,598	126		
P - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	770,701	1.00	
	TOTALS		0	770,701		
Q - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	224,200	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	3,413	2.00	
3.00	OPERATING ROOM	50.00	0	1,181	3.00	
4.00	OPERATING ROOM	50.00	0	74,000	4.00	

Provider CCN: 141340

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

Worksheet A-6

Date/Time Prepared:
9/22/2016 6:16 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
5.00	ONCOLOGY	55.00	0	5,325	5.00	
6.00	RESPIRATORY THERAPY	65.00	0	3,413	6.00	
7.00	SLEEP LAB	76.01	0	12,400	7.00	
	TOTALS		0	323,932		
500.00	Grand Total: Increases		940,909	5,249,233	500.00	

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
9/22/2016 6:16 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSING ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,256	0	0		1.00
	TOTALS		2,256	0			
B - DRUGS SOLD							
1.00	PHARMACY	15.00	0	637,024	0		1.00
	TOTALS		0	637,024			
C - NURSERY AND DELIVERY AND LABOR ROOM							
1.00	ADULTS & PEDIATRICS	30.00	471,306	47,866	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		471,306	47,866			
D - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	64,115	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	29,980	0		2.00
3.00	OPERATING ROOM	50.00	0	1,507,185	0		3.00
	TOTALS		0	1,601,280			
E - EQUIPMENT LEASE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115	10		1.00
2.00	OPERATION OF PLANT	7.00	0	353	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,643	0		3.00
4.00	PHARMACY	15.00	0	49,907	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	790	0		5.00
6.00	OPERATING ROOM	50.00	0	237	0		6.00
7.00	LABORATORY	60.00	0	963	0		7.00
	TOTALS		0	74,008			
F - CAFETERIA							
1.00	DIETARY	10.00	289,043	107,781	0		1.00
	TOTALS		289,043	107,781			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	112,705	0		1.00
	TOTALS		0	112,705			
H - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,097,921	9		1.00
	TOTALS		0	1,097,921			
I - CUDDLE COT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,764	0		1.00
	TOTALS		0	2,764			
J - EMPLOYEE BENEFIT ALLOCATION							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
K - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	48,754	40,565	0		1.00
	TOTALS		48,754	40,565			
L - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	14,858	8,847	0		1.00
	TOTALS		14,858	8,847			
M - OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	13,094	439	0		1.00
	TOTALS		13,094	439			
N - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	423,274	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	423,274			
O - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	101,598	126	0		1.00
	TOTALS		101,598	126			
P - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	770,701	0		1.00
	TOTALS		0	770,701			
Q - MEDICAL DIRECTOR RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	323,932	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

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
9/22/2016 6:16 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
5.00	6.00	7.00	8.00	9.00	10.00		
		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
	TOTALS		0	323,932			
500.00	Grand Total: Decreases		940,909	5,249,233			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,279,463	280,537	0	280,537	0 1.00
2.00	Land Improvements	2,367,492	154,371	0	154,371	2,521,863 2.00
3.00	Buildings and Fixtures	23,099,859	2,101,074	0	2,101,074	5,663,129 3.00
4.00	Building Improvements	420,249	708,342	0	708,342	1,128,591 4.00
5.00	Fixed Equipment	9,312,496	42,892	0	42,892	9,355,388 5.00
6.00	Movable Equipment	13,049,157	1,177,084	0	1,177,084	10,162,024 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	49,528,716	4,464,300	0	4,464,300	28,830,995 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	49,528,716	4,464,300	0	4,464,300	28,830,995 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,560,000	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	19,537,804	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	4,064,217	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	25,162,021	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	25,162,021	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part II
Date/Time Prepared:
9/22/2016 6:16 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	2,923,194	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,923,194	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	2,923,194				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,923,194				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part III
Date/Time Prepared:
9/22/2016 6:16 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	19,537,804	0	19,537,804	0.827826	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,064,217	687	4,063,530	0.172174	0	2.00
3.00	Total (sum of lines 1-2)	23,602,021	687	23,601,334	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,991,023	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,203,552	74,008	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,194,575	74,008	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,991,023	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,277,560	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,268,583	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-17,352	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-7,521	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,851,940			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,340	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	872,116			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-94,303	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	-13,917	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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 MEDICAL STAFF CREDENTIALING OTHR REV	B	-7,250	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
34.00 MRI SPACE RENTAL	B	-35,913	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
35.00 OTHER REVENUE	B	-83	LABORATORY	60.00	0	35.00
36.00 OTHER REVENUE	B	-9,235	O/P PHYSICAL THERAPY	66.01	0	36.00
37.00 OTHER REVENUE	B	-2,795	O/P PHYSICAL THERAPY	66.01	0	37.00
38.00 OTHER REVENUE	B	-850	O/P PHYSICAL THERAPY	66.01	0	38.00
39.00 OTHER REVENUE	B	-17,296	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39.00
39.01 PHARMACY REBATES	B	-12,763	DRUGS CHARGED TO PATIENTS	73.00	0	39.01
39.02		0		0.00	0	39.02
39.03		0		0.00	0	39.03
40.00 PROVIDER TAX	A	-948,279	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 PHYSICIAN RECRUITMENT	A	-441,310	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.01 LOBBYIST PORTION OF DUES	A	-298	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.01
42.00 LOBBYIST PORTION OF DUES	A	-24,513	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 PROPERTY TAX	A	-3,746	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 DEPR TO STRAIGHTLINE THRU 11/30/15	A	36,007	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.00
44.01 DEPR TO STRAIGHTLINE THRU 11/30/15	A	47,272	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.01
44.02 DEPR TO STRAIGHTLINE THRU 4/30/16	A	-9,350	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.02
44.03 DEPR TO STRAIGHTLINE THRU 4/30/16	A	-44,913	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.03
44.04 CONTRIBUTIONS	A	-16,721	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.04
44.05 CONTRIBUTIONS	A	-3,059	EMERGENCY	91.00	0	44.05
44.06 CONTRIBUTIONS	A	-19,000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.06
44.07 CONTRIBUTIONS	A	-132,416	COMMUNITY WELLNESS	194.00	0	44.07
44.08 MARKETING	A	-137,931	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.08
44.09 PENALTIES	A	-513	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.09
44.10 PHYSICIAN BILLING	A	-17,270	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	44.10
45.00 PHYSICIAN MALPRACTICE	A	-58,512	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 PHYSICIAN MALPRACTICE	A	-76,972	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 MU ASSET OFFSET	A	-116,357	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.02
45.03 HOSPICE COSTS	A	-1,412	ADULTS & PEDIATRICS	30.00	0	45.03
45.04 MEALS ON WHEELS COST	A	-2,119	DIETARY	10.00	0	45.04
45.05 CHAPLAIN GIFTS	A	-165	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06 UBIT PAYMENTS	A	-1,341	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.06
45.07 FOUNDATION TRANSFERS	A	-820	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.07
45.08 DEBT CANCELLATION COSTS	A	6,632	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,168,548				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: 141340

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

Worksheet A-8-1

Date/Time Prepared: 9/22/2016 6:16 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	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE ADMINISTRATIVE	3,504,406	3,101,263 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE CAPITAL	139,093	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE CAPITAL	219,629	0 3.00
4.00	55.00	ONCOLOGY	ONCOLOGY BUILDING RENT	30,231	44,459 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE HEALTH INSURANCE	2,166,990	2,050,309 4.01
4.02	60.00	LABORATORY	KH LAB WORK	66,097	66,097 4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GEN	PROF LIABILITY INSURANCE	96,169	96,169 4.03
4.04	13.00	NURSING ADMINISTRATION	KH MONITORING	7,798	0 4.04
5.00	0			6,230,413	5,358,297 5.00

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

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

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

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

6.00	A		0.00	KISHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A		0.00	HEALTH VENTURES	51.00	7.00
8.00	A		0.00	KISHWAUKEE HOSP	100.00	8.00
9.00	A		0.00	NW MEDICINE	100.00	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: 141340

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

Worksheet A-8-1

Date/Time Prepared:
9/22/2016 6:16 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	403,143	0		1.00
2.00	139,093	9		2.00
3.00	219,629	9		3.00
4.00	-14,228	0		4.00
4.01	116,681	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	7,798	0		4.04
5.00	872,116			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	HEALTHCARE		6.00
7.00	HEALTHCARE RENT		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		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: 141340

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

Worksheet A-8-2

Date/Time Prepared:
9/22/2016 6:16 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	13.00	AGGREGATE-NURSING ADMINISTRATION	1,094,283	1,094,283	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	224,200	224,200	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	74,000	74,000	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	254,760	254,760	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	68,680	68,680	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	570	570	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	286,752	286,752	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	2,286,852	1,848,695	438,157	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,290,097	3,851,940	438,157	0	0	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	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	1,094,283		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	224,200		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	74,000		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	254,760		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	68,680		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	570		6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	286,752		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,848,695		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	3,851,940		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,991,023	1,991,023				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,277,560		1,277,560			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,680,857	12,193	7,824	3,700,874		4.00
5.01 00540 NONPATIENT TELEPHONES	611,553	17,133	10,993	0	639,679	5.01
5.02 00550 DATA PROCESSING	255,182	25,218	16,182	0	18,202	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	87,975	0	0	26,744	7,801	5.03
5.04 00570 ADMINISTRATION	478,571	29,820	19,134	152,709	31,204	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	325,671	3,718	2,386	14,210	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	5,586,197	118,942	76,320	268,819	88,411	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,360,012	327,161	209,926	72,817	5,201	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	91,604	13,649	8,758	0	2,600	8.00
9.00 00900 HOUSEKEEPING	453,330	36,788	23,605	91,876	2,600	9.00
10.00 01000 DIETARY	107,943	18,095	11,611	25,887	10,401	10.00
11.00 01100 CAFETERIA	302,521	65,282	41,889	93,334	2,600	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	146,395	20,825	13,362	40,454	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	176,283	72,457	46,493	16,598	0	14.00
15.00 01500 PHARMACY	554,452	29,560	18,967	168,630	15,602	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	476,791	17,939	11,511	106,377	20,803	16.00
17.00 01700 SOCIAL SERVICE	161,816	0	0	39,124	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,963,719	314,865	202,036	566,908	54,607	30.00
31.00 03100 INTENSIVE CARE UNIT	176,544	44,951	28,843	54,090	20,803	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	381,805	10,633	6,823	111,110	2,600	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,620,656	262,192	168,238	357,479	111,813	50.00
51.00 05100 RECOVERY ROOM	113,376	41,571	26,675	35,398	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	140,131	12,895	8,274	41,077	2,600	52.00
53.00 05300 ANESTHESIOLOGY	49,340	8,657	5,555	0	2,600	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,953,242	197,821	126,934	322,714	70,209	54.00
55.00 03480 ONCOLOGY	860,463	0	0	49,447	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,456,988	68,557	43,991	210,878	31,204	60.00
64.00 06400 INTRAVENOUS THERAPY	29,980	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	450,378	16,639	10,676	124,117	7,801	65.00
66.00 06600 PHYSICAL THERAPY	102,177	24,880	15,965	32,894	5,201	66.00
66.01 06601 O/P PHYSICAL THERAPY	383,777	0	0	99,390	0	66.01
69.00 06900 ELECTROCARDIOLOGY	10,139	5,824	3,737	2,921	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	783,303	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	770,701	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	624,261	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	63,216	0	0	12,794	13,002	76.00
76.01 03950 SLEEP LAB	70,375	15,911	10,209	0	5,201	76.01
76.97 07697 CARDIAC REHABILITATION	246,820	0	0	36,443	7,801	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	49,208	0	0	11,290	18,202	90.00
91.00 09100 EMERGENCY	1,932,868	106,775	68,513	442,650	52,006	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
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)	32,359,203	1,940,951	1,245,430	3,629,179	611,075	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,359	17,029	10,927	0	5,201	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	196,041	8,085	5,188	0	5,201	192.00
194.00	07950	COMMUNITY WELLNESS	259,451	24,958	16,015	71,695	18,202	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	32,840,054	1,991,023	1,277,560	3,700,874	639,679	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540 NONPATIENT TELEPHONES						5.01
5.02	00550 DATA PROCESSING	314,784					5.02
5.03	00560 PURCHASING RECEIVING AND STORES	3,793	126,313				5.03
5.04	00570 ADMINITTING	12,642	141	724,221			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	345,985		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	32,869	0	0	0	6,171,558	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	2,528	4	0	0	1,977,649	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	1,264	0	0	0	117,875	8.00
9.00	00900 HOUSEKEEPING	1,264	970	0	0	610,433	9.00
10.00	01000 DIETARY	7,585	171	0	0	181,693	10.00
11.00	01100 CAFETERIA	0	617	0	0	506,243	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	0	0	0	221,036	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,522	0	0	318,353	14.00
15.00	01500 PHARMACY	7,585	317	0	0	795,113	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	8,849	0	0	0	642,270	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	200,940	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	56,892	2,962	140,546	21,325	3,323,860	30.00
31.00	03100 INTENSIVE CARE UNIT	10,114	59	9,994	1,280	346,678	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	5,057	539	12,160	1,557	532,284	43.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	45,511	5,694	42,226	25,225	2,639,034	50.00
51.00	05100 RECOVERY ROOM	0	123	8,905	3,910	229,958	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,528	199	17,268	2,252	227,224	52.00
53.00	05300 ANESTHESIOLOGY	1,264	1,087	13,917	8,958	91,378	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	18,963	2,610	83,465	88,357	2,864,315	54.00
55.00	03480 ONCOLOGY	12,642	277	0	12,335	935,164	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	15,170	19,699	93,670	53,874	1,994,031	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,523	34,621	10,072	76,196	64.00
65.00	06500 RESPIRATORY THERAPY	2,528	603	32,482	7,782	653,006	65.00
66.00	06600 PHYSICAL THERAPY	2,528	10	5,120	779	189,554	66.00
66.01	06601 O/P PHYSICAL THERAPY	8,849	301	0	2,699	495,016	66.01
69.00	06900 ELECTROCARDIOLOGY	0	18	44	317	23,000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,516	63,285	25,118	912,222	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,221	17,665	14,164	841,751	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	239	116,113	29,258	769,871	73.00
76.00	03020 CLINICAL NUTRITION	6,321	0	0	171	95,504	76.00
76.01	03950 SLEEP LAB	0	0	0	1,238	102,934	76.01
76.97	07697 CARDIAC REHABILITATION	3,793	63	0	932	295,852	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	8,849	0	0	417	87,966	90.00
91.00	09100 EMERGENCY	21,491	1,785	32,740	33,965	2,692,793	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OPT	0	0	0	0	0	99.20
99.30	09930 OOT	0	0	0	0	0	99.30
99.40	09940 OSP	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	300,879	126,270	724,221	345,985	32,162,754	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,528	37	0	0	61,081	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,528	0	0	0	217,043	192.00
194.00	07950	COMMUNITY WELLNESS	8,849	6	0	0	399,176	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	314,784	126,313	724,221	345,985	32,840,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,171,558					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	457,664	0	2,435,313			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,278	0	22,816	167,969		8.00
9.00	00900	HOUSEKEEPING	141,265	0	61,496	0	813,194	9.00
10.00	01000	DIETARY	42,047	0	30,248	0	10,223	10.00
11.00	01100	CAFETERIA	117,154	0	109,128	0	36,881	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	51,152	0	34,811	0	11,765	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	73,673	0	121,122	0	40,935	14.00
15.00	01500	PHARMACY	184,003	0	49,414	0	16,700	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	148,633	0	29,987	0	10,135	16.00
17.00	01700	SOCIAL SERVICE	46,501	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	769,187	0	526,344	59,573	177,886	30.00
31.00	03100	INTENSIVE CARE UNIT	80,228	0	75,142	2,326	25,395	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	123,180	0	17,775	4,661	6,007	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	610,720	0	438,292	13,278	148,127	50.00
51.00	05100	RECOVERY ROOM	53,216	0	69,492	0	23,486	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,584	0	21,556	6,738	7,285	52.00
53.00	05300	ANESTHESIOLOGY	21,147	0	14,472	1,116	4,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	662,854	0	330,686	26,282	111,760	54.00
55.00	03480	ONCOLOGY	216,414	0	0	0	18,639	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	461,455	0	114,603	0	38,732	60.00
64.00	06400	INTRAVENOUS THERAPY	17,633	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	151,117	0	27,814	10,589	9,400	65.00
66.00	06600	PHYSICAL THERAPY	43,866	0	41,591	448	14,056	66.00
66.01	06601	O/P PHYSICAL THERAPY	114,556	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	5,323	0	9,735	0	3,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	211,105	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	194,796	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,162	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	22,101	0	0	0	0	76.00
76.01	03950	SLEEP LAB	23,821	0	26,597	0	8,989	76.01
76.97	07697	CARDIAC REHABILITATION	68,465	0	0	253	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	20,357	0	0	334	0	90.00
91.00	09100	EMERGENCY	623,161	0	178,489	42,371	60,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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Part I
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,014,818	0	2,351,610	167,969	784,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,135	0	28,466	0	9,621	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	50,228	0	13,516	0	4,568	192.00
194.00	07950	COMMUNITY WELLNESS	92,377	0	41,721	0	14,100	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,171,558	0	2,435,313	167,969	813,194	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	264,211					10.00
11.00	01100	CAFETERIA	0	769,406				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	7,490	0	326,254		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,050	0	0	560,133	14.00
15.00	01500	PHARMACY	0	30,024	0	0	1,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	35,115	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,630	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	251,667	146,253	0	116,414	14,074	30.00
31.00	03100	INTENSIVE CARE UNIT	12,544	10,174	0	8,098	280	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	27,577	0	21,951	2,562	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	92,126	0	73,330	27,056	50.00
51.00	05100	RECOVERY ROOM	0	6,478	0	5,156	583	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,195	0	8,115	947	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	5,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,419	0	0	12,402	54.00
55.00	03480	ONCOLOGY	0	13,926	0	0	1,314	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	69,305	0	0	93,598	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	7,236	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,312	0	0	2,864	65.00
66.00	06600	PHYSICAL THERAPY	0	7,308	0	0	47	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	27,211	0	0	1,429	66.01
69.00	06900	ELECTROCARDIOLOGY	0	647	0	0	87	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	192,511	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	186,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,136	73.00
76.00	03020	CLINICAL NUTRITION	0	4,480	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	9,937	0	0	297	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	2,779	0	0	2	90.00
91.00	09100	EMERGENCY	0	117,076	0	93,190	8,482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	264,211	743,512	0	326,254	559,930	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	175	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	25,894	0	0	28	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	264,211	769,406	0	326,254	560,133	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
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
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	1,076,759					15.00
16.00	01600	0	866,140				16.00
17.00	01700	0	0	253,071			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	53,391	241,055	0	0	30.00
31.00	03100	0	3,205	12,016	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	3,899	0	0	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	63,156	0	0	0	50.00
51.00	05100	0	9,790	0	0	0	51.00
52.00	05200	0	5,637	0	0	0	52.00
53.00	05300	0	22,428	0	0	0	53.00
54.00	05400	0	221,128	0	0	0	54.00
55.00	03480	519,875	30,883	0	0	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	134,881	0	0	0	60.00
64.00	06400	0	25,217	0	0	0	64.00
65.00	06500	0	19,484	0	0	0	65.00
66.00	06600	0	1,949	0	0	0	66.00
66.01	06601	0	6,757	0	0	0	66.01
69.00	06900	0	793	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	62,887	0	0	0	71.00
72.00	07200	0	35,461	0	0	0	72.00
73.00	07300	556,884	73,252	0	0	0	73.00
76.00	03020	0	429	0	0	0	76.00
76.01	03950	0	3,098	0	0	0	76.01
76.97	07697	0	2,335	0	0	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	1,044	0	0	0	90.00
91.00	09100	0	85,036	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2015
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,076,759	866,140	253,071	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,076,759	866,140	253,071	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
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To 04/30/2016

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00560 PURCHASING RECEIVING AND STORES							5.03
5.04 00570 ADMITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	5,679,704	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	576,086	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	739,896	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	4,105,119	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	398,159	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	340,281	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	160,595	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	4,310,846	0	54.00
55.00 03480 ONCOLOGY	0	0	0	0	1,736,215	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	2,906,605	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	126,282	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	906,586	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	298,819	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	0	644,969	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	42,875	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,378,725	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,258,363	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,579,305	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	0	122,514	0	76.00
76.01 03950 SLEEP LAB	0	0	0	0	165,439	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	377,139	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	112,482	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	3,900,921	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00	23.00					
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	31,867,925	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	113,478	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	285,355	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	573,296	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	32,840,054	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part I Date/Time Prepared: 9/22/2016 6:16 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
5.01	00540 NONPATIENT TELEPHONES			5.01
5.02	00550 DATA PROCESSING			5.02
5.03	00560 PURCHASING RECEIVING AND STORES			5.03
5.04	00570 ADMITTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
12.00	01200 MAINTENANCE OF PERSONNEL			12.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000 NURSING SCHOOL			20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	5,679,704		30.00
31.00	03100 INTENSIVE CARE UNIT	576,086		31.00
41.00	04100 SUBPROVIDER - I RF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	739,896		43.00
45.00	04500 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	4,105,119		50.00
51.00	05100 RECOVERY ROOM	398,159		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	340,281		52.00
53.00	05300 ANESTHESIOLOGY	160,595		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,310,846		54.00
55.00	03480 ONCOLOGY	1,736,215		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	2,906,605		60.00
64.00	06400 INTRAVENOUS THERAPY	126,282		64.00
65.00	06500 RESPIRATORY THERAPY	906,586		65.00
66.00	06600 PHYSICAL THERAPY	298,819		66.00
66.01	06601 O/P PHYSICAL THERAPY	644,969		66.01
69.00	06900 ELECTROCARDIOLOGY	42,875		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,378,725		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,258,363		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,579,305		73.00
76.00	03020 CLINICAL NUTRITION	122,514		76.00
76.01	03950 SLEEP LAB	165,439		76.01
76.97	07697 CARDIAC REHABILITATION	377,139		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	112,482		90.00
91.00	09100 EMERGENCY	3,900,921		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0		99.10
99.20	09920 OPT	0		99.20
99.30	09930 OOT	0		99.30
99.40	09940 OSP	0		99.40
101.00	10100 HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0		110.00
111.00	11100 ISLET ACQUISITION	0		111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,867,925		118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	113,478	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	285,355	192.00
194.00	07950 COMMUNITY WELLNESS	573,296	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	32,840,054	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 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			
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	12,193	7,824	20,017	20,017	4.00
5.01 00540 NONPATIENT TELEPHONES	0	17,133	10,993	28,126	0	5.01
5.02 00550 DATA PROCESSING	0	25,218	16,182	41,400	0	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0	0	0	145	5.03
5.04 00570 ADMITTING	0	29,820	19,134	48,954	826	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	3,718	2,386	6,104	77	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	318,846	118,942	76,320	514,108	1,454	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	327,161	209,926	537,087	394	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	13,649	8,758	22,407	0	8.00
9.00 00900 HOUSEKEEPING	0	36,788	23,605	60,393	497	9.00
10.00 01000 DIETARY	1,395	18,095	11,611	31,101	140	10.00
11.00 01100 CAFETERIA	5,027	65,282	41,889	112,198	505	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	20,825	13,362	34,187	219	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	72,457	46,493	118,950	90	14.00
15.00 01500 PHARMACY	0	29,560	18,967	48,527	912	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	25,617	17,939	11,511	55,067	576	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	212	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	314,865	202,036	516,901	3,059	30.00
31.00 03100 INTENSIVE CARE UNIT	0	44,951	28,843	73,794	293	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	10,633	6,823	17,456	601	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	262,192	168,238	430,430	1,934	50.00
51.00 05100 RECOVERY ROOM	0	41,571	26,675	68,246	192	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	12,895	8,274	21,169	222	52.00
53.00 05300 ANESTHESIOLOGY	0	8,657	5,555	14,212	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	197,821	126,934	324,755	1,746	54.00
55.00 03480 ONCOLOGY	65,145	0	0	65,145	268	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	68,557	43,991	112,548	1,141	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	16,639	10,676	27,315	672	65.00
66.00 06600 PHYSICAL THERAPY	0	24,880	15,965	40,845	178	66.00
66.01 06601 O/P PHYSICAL THERAPY	63,587	0	0	63,587	538	66.01
69.00 06900 ELECTROCARDIOLOGY	0	5,824	3,737	9,561	16	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	18,184	0	0	18,184	69	76.00
76.01 03950 SLEEP LAB	0	15,911	10,209	26,120	0	76.01
76.97 07697 CARDIAC REHABILITATION	72,748	0	0	72,748	197	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	6,715	0	0	6,715	61	90.00
91.00 09100 EMERGENCY	0	106,775	68,513	175,288	2,395	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	577,264	1,940,951	1,245,430	3,763,645	19,629
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,029	10,927	27,956	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	119,721	8,085	5,188	132,994	0
194.00 07950	COMMUNITY WELLNESS	4,155	24,958	16,015	45,128	388
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	701,140	1,991,023	1,277,560	3,969,723	20,017

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	28,126					5.01
5.02	00550	DATA PROCESSING	800	42,200				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	343	508	996			5.03
5.04	00570	ADMINISTRATIVE	1,372	1,695	1	52,848		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	6,181	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,887	4,406	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	229	339	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114	169	0	0	0	8.00
9.00	00900	HOUSEKEEPING	114	169	8	0	0	9.00
10.00	01000	DIETARY	457	1,017	1	0	0	10.00
11.00	01100	CAFETERIA	114	0	5	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	51	0	0	14.00
15.00	01500	PHARMACY	686	1,017	2	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	915	1,186	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,401	7,630	23	10,251	378	30.00
31.00	03100	INTENSIVE CARE UNIT	915	1,356	0	729	23	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	114	678	4	887	28	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,917	6,101	45	3,082	447	50.00
51.00	05100	RECOVERY ROOM	0	0	1	650	69	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	114	339	2	1,260	40	52.00
53.00	05300	ANESTHESIOLOGY	114	169	9	1,016	159	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,087	2,542	21	6,091	1,610	54.00
55.00	03480	ONCOLOGY	0	1,695	2	0	219	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,372	2,034	155	6,836	956	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	12	2,527	179	64.00
65.00	06500	RESPIRATORY THERAPY	343	339	5	2,371	138	65.00
66.00	06600	PHYSICAL THERAPY	229	339	0	374	14	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,186	2	0	48	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3	6	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	322	4,619	446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	309	1,289	251	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2	8,474	519	73.00
76.00	03020	CLINICAL NUTRITION	572	847	0	0	3	76.00
76.01	03950	SLEEP LAB	229	0	0	0	22	76.01
76.97	07697	CARDIAC REHABILITATION	343	508	0	0	17	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	800	1,186	0	0	7	90.00
91.00	09100	EMERGENCY	2,287	2,881	14	2,389	602	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,868	40,336	996	52,848	6,181	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	229	339	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	229	339	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	800	1,186	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	28,126	42,200	996	52,848	6,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 pm	
Cost Center Description			OTHER ADMIN STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN STRATIVE AND GENERAL	523,855					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	38,847	0	576,896			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,315	0	5,405	30,410		8.00
9.00	00900	HOUSEKEEPING	11,991	0	14,568	0	87,740	9.00
10.00	01000	DIETARY	3,569	0	7,165	0	1,103	10.00
11.00	01100	CAFETERIA	9,944	0	25,851	0	3,979	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,342	0	8,246	0	1,269	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,253	0	28,692	0	4,417	14.00
15.00	01500	PHARMACY	15,618	0	11,706	0	1,802	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,616	0	7,104	0	1,093	16.00
17.00	01700	SOCIAL SERVICE	3,947	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,295	0	124,685	10,786	19,194	30.00
31.00	03100	INTENSIVE CARE UNIT	6,810	0	17,800	421	2,740	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	10,456	0	4,211	844	648	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,839	0	103,826	2,404	15,982	50.00
51.00	05100	RECOVERY ROOM	4,517	0	16,462	0	2,534	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,463	0	5,106	1,220	786	52.00
53.00	05300	ANESTHESIOLOGY	1,795	0	3,428	202	528	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,264	0	78,335	4,758	12,058	54.00
55.00	03480	ONCOLOGY	18,369	0	0	0	2,011	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	39,169	0	27,148	0	4,179	60.00
64.00	06400	INTRAVENOUS THERAPY	1,497	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,827	0	6,589	1,917	1,014	65.00
66.00	06600	PHYSICAL THERAPY	3,723	0	9,852	81	1,517	66.00
66.01	06601	O/P PHYSICAL THERAPY	9,724	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	452	0	2,306	0	355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,919	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,535	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,123	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	1,876	0	0	0	0	76.00
76.01	03950	SLEEP LAB	2,022	0	6,301	0	970	76.01
76.97	07697	CARDIAC REHABILITATION	5,811	0	0	46	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,728	0	0	60	0	90.00
91.00	09100	EMERGENCY	52,895	0	42,282	7,671	6,509	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	510,551	0	557,068	30,410	84,688	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,200	0	6,743	0	1,038	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,263	0	3,202	0	493	192.00
194.00	07950	COMMUNITY WELLNESS	7,841	0	9,883	0	1,521	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	523,855	0	576,896	30,410	87,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 pm			
Cost Center	Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00560	PURCHASING RECEIVING AND STORES					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	44,553				10.00	
11.00	01100	CAFETERIA	0	152,596			11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00	
13.00	01300	NURSING ADMINISTRATION	0	1,486	0	49,749	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,200	0	0	14.00	
15.00	01500	PHARMACY	0	5,955	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,964	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	1,117	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,438	29,006	0	17,752	4,011	30.00
31.00	03100	INTENSIVE CARE UNIT	2,115	2,018	0	1,235	80	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,469	0	3,347	730	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,271	0	11,182	7,712	50.00
51.00	05100	RECOVERY ROOM	0	1,285	0	786	166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,022	0	1,237	270	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,472	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,148	0	0	3,535	54.00
55.00	03480	ONCOLOGY	0	2,762	0	0	375	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	13,745	0	0	26,678	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,063	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,408	0	0	816	65.00
66.00	06600	PHYSICAL THERAPY	0	1,449	0	0	13	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	5,397	0	0	407	66.01
69.00	06900	ELECTROCARDIOLOGY	0	128	0	0	25	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	54,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	324	73.00
76.00	03020	CLINICAL NUTRITION	0	889	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,971	0	0	85	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	551	0	0	1	90.00
91.00	09100	EMERGENCY	0	23,220	0	14,210	2,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,553	147,461	0	49,749	159,595	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	50	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	5,135	0	0	8	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	44,553	152,596	0	49,749	159,653	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 pm
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY	86,654				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	85,521			16.00
17.00 01700 SOCIAL SERVICE	0	0	5,276		17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	5,271	5,026		30.00
31.00 03100 INTENSIVE CARE UNIT	0	316	250		31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	385	0		43.00
45.00 04500 NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	6,235	0		50.00
51.00 05100 RECOVERY ROOM	0	967	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	557	0		52.00
53.00 05300 ANESTHESIOLOGY	0	2,214	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	21,840	0		54.00
55.00 03480 ONCOLOGY	41,838	3,049	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	13,317	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,490	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	1,924	0		65.00
66.00 06600 PHYSICAL THERAPY	0	192	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	0	667	0		66.01
69.00 06900 ELECTROCARDIOLOGY	0	78	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,209	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,501	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	44,816	7,232	0		73.00
76.00 03020 CLINICAL NUTRITION	0	42	0		76.00
76.01 03950 SLEEP LAB	0	306	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	230	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	103	0		90.00
91.00 09100 EMERGENCY	0	8,396	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
99.20 09920 OPT	0	0	0		99.20
99.30 09930 OOT	0	0	0		99.30
99.40 09940 OSP	0	0	0		99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,654	85,521	5,276	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0			194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	86,654	85,521	5,276	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 pm
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540	NONPATIENT TELEPHONES						5.01
5.02 00550	DATA PROCESSING						5.02
5.03 00560	PURCHASING RECEIVING AND STORES						5.03
5.04 00570	ADMINISTRATIVE						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				864,107	0	30.00
31.00 03100	INTENSIVE CARE UNIT				110,895	0	31.00
41.00 04100	SUBPROVIDER - I&R				0	0	41.00
42.00 04200	SUBPROVIDER				0	0	42.00
43.00 04300	NURSERY				45,858	0	43.00
45.00 04500	NURSING FACILITY				0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				664,407	0	50.00
51.00 05100	RECOVERY ROOM				95,875	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				38,807	0	52.00
53.00 05300	ANESTHESIOLOGY				25,318	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				532,790	0	54.00
55.00 03480	ONCOLOGY				135,733	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				249,278	0	60.00
64.00 06400	INTRAVENOUS THERAPY				8,768	0	64.00
65.00 06500	RESPIRATORY THERAPY				62,678	0	65.00
66.00 06600	PHYSICAL THERAPY				58,806	0	66.00
66.01 06601	O/P PHYSICAL THERAPY				81,556	0	66.01
69.00 06900	ELECTROCARDIOLOGY				12,930	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				84,385	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				75,001	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				76,490	0	73.00
76.00 03020	CLINICAL NUTRITION				22,482	0	76.00
76.01 03950	SLEEP LAB				35,970	0	76.01
76.97 07697	CARDIAC REHABILITATION				81,956	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				11,212	0	90.00
91.00 09100	EMERGENCY				343,456	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF				0	0	99.10
99.20 09920	OPT				0	0	99.20
99.30 09930	OOT				0	0	99.30
99.40 09940	OSP				0	0	99.40
101.00 10100	HOME HEALTH AGENCY				0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00	23.00					
24.00	25.00							
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	3,718,758	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				37,555	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				141,520	0	192.00
194.00	07950	COMMUNITY WELLNESS				71,890	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	3,969,723	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet B Part II Date/Time Prepared: 9/22/2016 6:16 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
5.01	00540 NONPATIENT TELEPHONES		5.01
5.02	00550 DATA PROCESSING		5.02
5.03	00560 PURCHASING RECEIVING AND STORES		5.03
5.04	00570 ADMITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	864,107	30.00
31.00	03100 INTENSIVE CARE UNIT	110,895	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	45,858	43.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	664,407	50.00
51.00	05100 RECOVERY ROOM	95,875	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,807	52.00
53.00	05300 ANESTHESIOLOGY	25,318	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	532,790	54.00
55.00	03480 ONCOLOGY	135,733	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	249,278	60.00
64.00	06400 INTRAVENOUS THERAPY	8,768	64.00
65.00	06500 RESPIRATORY THERAPY	62,678	65.00
66.00	06600 PHYSICAL THERAPY	58,806	66.00
66.01	06601 O/P PHYSICAL THERAPY	81,556	66.01
69.00	06900 ELECTROCARDIOLOGY	12,930	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	84,385	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	75,001	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,490	73.00
76.00	03020 CLINICAL NUTRITION	22,482	76.00
76.01	03950 SLEEP LAB	35,970	76.01
76.97	07697 CARDIAC REHABILITATION	81,956	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	11,212	90.00
91.00	09100 EMERGENCY	343,456	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,718,758	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,555	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	141,520	192.00
194.00	07950 COMMUNITY WELLNESS	71,890	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	3,969,723	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	76,583					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		76,583				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	469	469	11,461,156			4.00
5.01 00540 NONPATIENT TELEPHONES	659	659	0	246		5.01
5.02 00550 DATA PROCESSING	970	970	0	7	249	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	0	0	82,823	3	3	5.03
5.04 00570 ADMINISTRATION	1,147	1,147	472,922	12	10	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	143	143	44,007	0	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	4,575	4,575	832,500	34	26	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	12,584	12,584	225,505	2	2	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	525	525	0	1	1	8.00
9.00 00900 HOUSEKEEPING	1,415	1,415	284,528	1	1	9.00
10.00 01000 DIETARY	696	696	80,168	4	6	10.00
11.00 01100 CAFETERIA	2,511	2,511	289,043	1	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	801	801	125,281	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,787	2,787	51,403	0	0	14.00
15.00 01500 PHARMACY	1,137	1,137	522,225	6	6	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	690	690	329,436	8	7	16.00
17.00 01700 SOCIAL SERVICE	0	0	121,162	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,111	12,111	1,755,648	21	45	30.00
31.00 03100 INTENSIVE CARE UNIT	1,729	1,729	167,509	8	8	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	409	409	344,095	1	4	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,085	10,085	1,107,068	43	36	50.00
51.00 05100 RECOVERY ROOM	1,599	1,599	109,624	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	496	496	127,211	1	2	52.00
53.00 05300 ANESTHESIOLOGY	333	333	0	1	1	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,609	7,609	999,405	27	15	54.00
55.00 03480 ONCOLOGY	0	0	153,132	0	10	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,637	2,637	653,062	12	12	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	640	640	384,376	3	2	65.00
66.00 06600 PHYSICAL THERAPY	957	957	101,868	2	2	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	307,798	0	7	66.01
69.00 06900 ELECTROCARDIOLOGY	224	224	9,047	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	39,622	5	5	76.00
76.01 03950 SLEEP LAB	612	612	0	2	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	112,860	3	3	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	34,964	7	7	90.00
91.00 09100 EMERGENCY	4,107	4,107	1,370,833	20	17	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	CAPITAL RELATED COSTS							
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)			
	1.00	2.00	4.00	5.01	5.02			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	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)	74,657	74,657	11,239,125	235	238	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	655	655	0	2	2	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	311	311	0	2	2	192.00
194.00	07950	COMMUNITY WELLNESS	960	960	222,031	7	7	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,991,023	1,277,560	3,700,874	639,679	314,784	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.998237	16.682031	0.322906	2,600.321138	1,264.192771	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,017	28,126	42,200	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001747	114.333333	169.477912	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	2,482,058				5.03
5.04	00570	ADMITTING	2,771	26,114,439			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	97,395,140		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-6,171,558	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	72	0	0	0	1,977,649
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	117,875
9.00	00900	HOUSEKEEPING	19,053	0	0	0	610,433
10.00	01000	DIETARY	3,361	0	0	0	181,693
11.00	01100	CAFETERIA	12,115	0	0	0	506,243
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	221,036
14.00	01400	CENTRAL SERVICES & SUPPLY	128,160	0	0	0	318,353
15.00	01500	PHARMACY	6,225	0	0	0	795,113
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	0	0	642,270
17.00	01700	SOCIAL SERVICE	0	0	0	0	200,940
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	58,206	5,068,193	6,003,659	0	3,323,860
31.00	03100	INTENSIVE CARE UNIT	1,159	360,349	360,349	0	346,678
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	10,597	438,470	438,470	0	532,284
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	111,893	1,522,597	7,101,721	0	2,639,034
51.00	05100	RECOVERY ROOM	2,411	321,082	1,100,884	0	229,958
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,918	622,636	633,886	0	227,224
53.00	05300	ANESTHESIOLOGY	21,352	501,821	2,522,005	0	91,378
54.00	05400	RADIOLOGY-DIAGNOSTIC	51,290	3,009,574	24,864,859	0	2,864,315
55.00	03480	ONCOLOGY	5,435	0	3,472,752	0	935,164
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	387,090	3,377,577	15,167,110	0	1,994,031
64.00	06400	INTRAVENOUS THERAPY	29,927	1,248,379	2,835,569	0	76,196
65.00	06500	RESPIRATORY THERAPY	11,844	1,171,250	2,190,950	0	653,006
66.00	06600	PHYSICAL THERAPY	193	184,603	219,174	0	189,554
66.01	06601	O/P PHYSICAL THERAPY	5,911	0	759,823	0	495,016
69.00	06900	ELECTROCARDIOLOGY	358	1,592	89,152	0	23,000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	796,165	2,281,953	7,071,495	0	912,222
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	770,701	636,978	3,987,566	0	841,751
73.00	07300	DRUGS CHARGED TO PATIENTS	4,697	4,186,827	8,237,072	0	769,871
76.00	03020	CLINICAL NUTRITION	2	0	48,229	0	95,504
76.01	03950	SLEEP LAB	0	0	348,397	0	102,934
76.97	07697	CARDIAC REHABILITATION	1,229	0	262,523	0	295,852
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	8	0	117,416	0	87,966
91.00	09100	EMERGENCY	35,077	1,180,558	9,562,079	0	2,692,793
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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		2,481,221	26,114,439	97,395,140	-6,171,558	25,991,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	723	0	0	0	61,081	190.00
192.00	19200	0	0	0	0	217,043	192.00
194.00	07950	114	0	0	0	399,176	194.00
200.00							200.00
201.00							201.00
202.00		126,313	724,221	345,985		6,171,558	202.00
203.00		0.050890	0.027733	0.003552		0.231418	203.00
204.00		996	52,848	6,181		523,855	204.00
205.00		0.000401	0.002024	0.000063		0.019643	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	56,036			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	525	159,439		8.00
9.00	00900	HOUSEKEEPING	0	1,415	0	55,365	9.00
10.00	01000	DIETARY	0	696	0	696	10.00
11.00	01100	CAFETERIA	0	2,511	0	2,511	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	801	0	801	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,787	0	2,787	14.00
15.00	01500	PHARMACY	0	1,137	0	1,137	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	690	0	690	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,111	56,549	12,111	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,729	2,208	1,729	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	409	4,424	409	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,085	12,604	10,085	50.00
51.00	05100	RECOVERY ROOM	0	1,599	0	1,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	496	6,396	496	52.00
53.00	05300	ANESTHESIOLOGY	0	333	1,059	333	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,609	24,947	7,609	54.00
55.00	03480	ONCOLOGY	0	0	0	1,269	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	2,637	0	2,637	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	640	10,051	640	65.00
66.00	06600	PHYSICAL THERAPY	0	957	425	957	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	224	0	224	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	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	612	0	612	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	240	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	0	317	0	90.00
91.00	09100	EMERGENCY	0	4,107	40,219	4,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	54,110	159,439	53,439	2,380	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	655	0	655	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	311	0	311	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	960	0	960	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,435,313	167,969	813,194	264,211	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	43.459794	1.053500	14.687871	111.013025	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	576,896	30,410	87,740	44,553	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	10.295096	0.190731	1.584756	18.719748	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	256,907					11.00
12.00	01200	0	0				12.00
13.00	01300	2,501	0	136,860			13.00
14.00	01400	2,020	0	0	2,316,526		14.00
15.00	01500	10,025	0	0	6,225	1,231,713	15.00
16.00	01600	11,725	0	0	1	0	16.00
17.00	01700	1,880	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	48,835	0	48,835	58,206	0	30.00
31.00	03100	3,397	0	3,397	1,159	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9,208	0	9,208	10,597	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,761	0	30,761	111,893	0	50.00
51.00	05100	2,163	0	2,163	2,411	0	51.00
52.00	05200	3,404	0	3,404	3,918	0	52.00
53.00	05300	0	0	0	21,352	0	53.00
54.00	05400	27,186	0	0	51,290	0	54.00
55.00	03480	4,650	0	0	5,435	594,689	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	23,141	0	0	387,090	0	60.00
64.00	06400	0	0	0	29,927	0	64.00
65.00	06500	10,789	0	0	11,844	0	65.00
66.00	06600	2,440	0	0	193	0	66.00
66.01	06601	9,086	0	0	5,911	0	66.01
69.00	06900	216	0	0	358	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	796,165	0	71.00
72.00	07200	0	0	0	770,701	0	72.00
73.00	07300	0	0	0	4,697	637,024	73.00
76.00	03020	1,496	0	0	2	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	3,318	0	0	1,229	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	928	0	0	8	0	90.00
91.00	09100	39,092	0	39,092	35,077	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
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		248,261	0	136,860	2,315,689	1,231,713	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	723	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	8,646	0	0	114	0	194.00
200.00							200.00
201.00							201.00
202.00		769,406	0	326,254	560,133	1,076,759	202.00
203.00		2.994881	0.000000	2.383852	0.241799	0.874196	203.00
204.00		152,596	0	49,749	159,653	86,654	204.00
205.00		0.593974	0.000000	0.363503	0.068919	0.070352	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	97,395,140					16.00
17.00 01700 SOCIAL SERVICE	0	2,380				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,003,659	2,267	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	360,349	113	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	438,470	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,101,721	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1,100,884	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	633,886	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	2,522,005	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,864,859	0	0	0	0	54.00
55.00 03480 ONCOLOGY	3,472,752	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	15,167,110	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	2,835,569	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,190,950	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	219,174	0	0	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	759,823	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	89,152	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	7,071,495	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,987,566	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,237,072	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	48,229	0	0	0	0	76.00
76.01 03950 SLEEP LAB	348,397	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	262,523	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	117,416	0	0	0	0	90.00
91.00 09100 EMERGENCY	9,562,079	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,395,140	2,380	0	0	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	866,140	253,071	0	0	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008893	106.332353	0.000000	0.000000	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	85,521	5,276	0	0	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000878	2.216807	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00			
GENERAL SERVICE COST CENTERS				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00540 NONPATIENT TELEPHONES				5.01
5.02 00550 DATA PROCESSING				5.02
5.03 00560 PURCHASING RECEIVING AND STORES				5.03
5.04 00570 ADMITTING				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
45.00 04500 NURSING FACILITY	0	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 03480 ONCOLOGY	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0		66.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 CLINICAL NUTRITION	0	0		76.00
76.01 03950 SLEEP LAB	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10 09910 CORF	0	0		99.10
99.20 09920 OPT	0	0		99.20
99.30 09930 OOT	0	0		99.30
99.40 09940 OSP	0	0		99.40
101.00 10100 HOME HEALTH AGENCY	0	0		101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)	
	SERVICES-OTHER			
	22.00			
SPECIAL PURPOSE COST CENTERS				
109.00 10900	PANCREAS ACQUISITION	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00 07950	COMMUNITY WELLNESS	0	0	194.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/22/2016 6:16 pm	
			Title XVIII	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		5,679,704	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		576,086	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		739,896	0	0	43.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,105,119	0	0	50.00
51.00	05100 RECOVERY ROOM		398,159	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		340,281	0	0	52.00
53.00	05300 ANESTHESIOLOGY		160,595	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,310,846	0	0	54.00
55.00	03480 ONCOLOGY		1,736,215	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		2,906,605	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY		126,282	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	906,586	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	298,819	0	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	644,969	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY		42,875	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,378,725	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		1,258,363	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,579,305	0	0	73.00
76.00	03020 CLINICAL NUTRITION		122,514	0	0	76.00
76.01	03950 SLEEP LAB		165,439	0	0	76.01
76.97	07697 CARDIAC REHABILITATION		377,139	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		112,482	0	0	90.00
91.00	09100 EMERGENCY		3,900,921	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,049,752	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OPT		0	0	0	99.20
99.30	09930 OOT		0	0	0	99.30
99.40	09940 OSP		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		32,917,677	0	0	200.00
201.00	Less Observation Beds		1,049,752			201.00
202.00	Total (see instructions)		31,867,925	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet C Part I Date/Time Prepared: 9/22/2016 6:16 pm	
			Title XVIII		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,942,128		4,942,128			30.00
31.00	03100	INTENSIVE CARE UNIT	360,349		360,349			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	438,470		438,470			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,522,597	5,579,124	7,101,721	0.578046	0.000000	50.00
51.00	05100	RECOVERY ROOM	321,082	779,802	1,100,884	0.361672	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,636	11,250	633,886	0.536817	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	501,821	2,020,184	2,522,005	0.063678	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,009,574	21,855,285	24,864,859	0.173371	0.000000	54.00
55.00	03480	ONCOLOGY	0	3,472,752	3,472,752	0.499954	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	3,377,577	11,789,533	15,167,110	0.191639	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,248,379	1,587,190	2,835,569	0.044535	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,171,250	1,019,700	2,190,950	0.413787	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	184,603	34,571	219,174	1.363387	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	759,823	759,823	0.848841	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	1,592	87,560	89,152	0.480920	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,281,953	4,789,542	7,071,495	0.194969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	636,978	3,350,588	3,987,566	0.315572	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,186,827	4,050,245	8,237,072	0.191731	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	0	48,229	48,229	2.540256	0.000000	76.00
76.01	03950	SLEEP LAB	0	348,397	348,397	0.474858	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	262,523	262,523	1.436594	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	117,416	117,416	0.957978	0.000000	90.00
91.00	09100	EMERGENCY	1,180,558	8,381,521	9,562,079	0.407957	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	126,065	935,466	1,061,531	0.988904	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	26,114,439	71,280,701	97,395,140			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	26,114,439	71,280,701	97,395,140			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/22/2016 6:16 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480 ONCOLOGY	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 CLINICAL NUTRITION	0.000000		76.00
76.01	03950 SLEEP LAB	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141340

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

Worksheet C
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,679,704		5,679,704	0	5,679,704	30.00
31.00	03100	INTENSIVE CARE UNIT	576,086		576,086	0	576,086	31.00
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	739,896		739,896	0	739,896	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,105,119		4,105,119	0	4,105,119	50.00
51.00	05100	RECOVERY ROOM	398,159		398,159	0	398,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	340,281		340,281	0	340,281	52.00
53.00	05300	ANESTHESIOLOGY	160,595		160,595	0	160,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,310,846		4,310,846	0	4,310,846	54.00
55.00	03480	ONCOLOGY	1,736,215		1,736,215	0	1,736,215	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	2,906,605		2,906,605	0	2,906,605	60.00
64.00	06400	INTRAVENOUS THERAPY	126,282		126,282	0	126,282	64.00
65.00	06500	RESPIRATORY THERAPY	906,586	0	906,586	0	906,586	65.00
66.00	06600	PHYSICAL THERAPY	298,819	0	298,819	0	298,819	66.00
66.01	06601	O/P PHYSICAL THERAPY	644,969	0	644,969	0	644,969	66.01
69.00	06900	ELECTROCARDIOLOGY	42,875		42,875	0	42,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,378,725		1,378,725	0	1,378,725	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,258,363		1,258,363	0	1,258,363	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,579,305		1,579,305	0	1,579,305	73.00
76.00	03020	CLINICAL NUTRITION	122,514		122,514	0	122,514	76.00
76.01	03950	SLEEP LAB	165,439		165,439	0	165,439	76.01
76.97	07697	CARDIAC REHABILITATION	377,139		377,139	0	377,139	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	112,482		112,482	0	112,482	90.00
91.00	09100	EMERGENCY	3,900,921		3,900,921	0	3,900,921	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,049,752		1,049,752	0	1,049,752	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OPT	0		0	0	0	99.20
99.30	09930	OOT	0		0	0	0	99.30
99.40	09940	OSP	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	32,917,677	0	32,917,677	0	32,917,677	200.00
201.00		Less Observation Beds	1,049,752		1,049,752		1,049,752	201.00
202.00		Total (see instructions)	31,867,925	0	31,867,925	0	31,867,925	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet C Part I Date/Time Prepared: 9/22/2016 6:16 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,942,128		4,942,128			30.00
31.00	03100	INTENSIVE CARE UNIT	360,349		360,349			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	438,470		438,470			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,522,597	5,579,124	7,101,721	0.578046	0.000000	50.00
51.00	05100	RECOVERY ROOM	321,082	779,802	1,100,884	0.361672	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	622,636	11,250	633,886	0.536817	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	501,821	2,020,184	2,522,005	0.063678	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,009,574	21,855,285	24,864,859	0.173371	0.000000	54.00
55.00	03480	ONCOLOGY	0	3,472,752	3,472,752	0.499954	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	3,377,577	11,789,533	15,167,110	0.191639	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,248,379	1,587,190	2,835,569	0.044535	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,171,250	1,019,700	2,190,950	0.413787	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	184,603	34,571	219,174	1.363387	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	759,823	759,823	0.848841	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	1,592	87,560	89,152	0.480920	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,281,953	4,789,542	7,071,495	0.194969	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	636,978	3,350,588	3,987,566	0.315572	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,186,827	4,050,245	8,237,072	0.191731	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	0	48,229	48,229	2.540256	0.000000	76.00
76.01	03950	SLEEP LAB	0	348,397	348,397	0.474858	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	262,523	262,523	1.436594	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	117,416	117,416	0.957978	0.000000	90.00
91.00	09100	EMERGENCY	1,180,558	8,381,521	9,562,079	0.407957	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	126,065	935,466	1,061,531	0.988904	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	26,114,439	71,280,701	97,395,140			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	26,114,439	71,280,701	97,395,140			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet C Part I Date/Time Prepared: 9/22/2016 6:16 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
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	03480	ONCOLOGY	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	0.000000	76.00
76.01	03950	SLEEP LAB	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
99.20	09920	OPT		99.20
99.30	09930	OOT		99.30
99.40	09940	OSP		99.40
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part II Date/Time Prepared: 9/22/2016 6:16 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	664,407	7,101,721	0.093556	410,857	38,438	50.00
51.00	05100 RECOVERY ROOM	95,875	1,100,884	0.087089	94,411	8,222	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,807	633,886	0.061221	0	0	52.00
53.00	05300 ANESTHESIOLOGY	25,318	2,522,005	0.010039	129,906	1,304	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	532,790	24,864,859	0.021427	725,555	15,546	54.00
55.00	03480 ONCOLOGY	135,733	3,472,752	0.039085	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	249,278	15,167,110	0.016435	876,504	14,405	60.00
64.00	06400 INTRAVENOUS THERAPY	8,768	2,835,569	0.003092	364,785	1,128	64.00
65.00	06500 RESPIRATORY THERAPY	62,678	2,190,950	0.028608	654,034	18,711	65.00
66.00	06600 PHYSICAL THERAPY	58,806	219,174	0.268307	126,300	33,887	66.00
66.01	06601 O/P PHYSICAL THERAPY	81,556	759,823	0.107336	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	12,930	89,152	0.145033	796	115	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	84,385	7,071,495	0.011933	768,655	9,172	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	75,001	3,987,566	0.018809	329,140	6,191	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	76,490	8,237,072	0.009286	1,764,177	16,382	73.00
76.00	03020 CLINICAL NUTRITION	22,482	48,229	0.466151	0	0	76.00
76.01	03950 SLEEP LAB	35,970	348,397	0.103244	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	81,956	262,523	0.312186	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	11,212	117,416	0.095490	0	0	90.00
91.00	09100 EMERGENCY	343,456	9,562,079	0.035919	19,156	688	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	159,708	1,061,531	0.150451	12,639	1,902	92.00
200.00	Total (lines 50-199)	2,857,606	91,654,193		6,276,915	166,091	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part IV Date/Time Prepared: 9/22/2016 6:16 pm
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Cost Center Description		Title XVIII				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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	03480	ONCOLOGY	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description			Title XVIII			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	7,101,721	0.000000	0.000000	410,857	50.00
51.00	05100	RECOVERY ROOM	0	1,100,884	0.000000	0.000000	94,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	633,886	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,522,005	0.000000	0.000000	129,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,864,859	0.000000	0.000000	725,555	54.00
55.00	03480	ONCOLOGY	0	3,472,752	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	15,167,110	0.000000	0.000000	876,504	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,835,569	0.000000	0.000000	364,785	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,190,950	0.000000	0.000000	654,034	65.00
66.00	06600	PHYSICAL THERAPY	0	219,174	0.000000	0.000000	126,300	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	759,823	0.000000	0.000000	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	89,152	0.000000	0.000000	796	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,071,495	0.000000	0.000000	768,655	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,987,566	0.000000	0.000000	329,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,237,072	0.000000	0.000000	1,764,177	73.00
76.00	03020	CLINICAL NUTRITION	0	48,229	0.000000	0.000000	0	76.00
76.01	03950	SLEEP LAB	0	348,397	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	262,523	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	117,416	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	9,562,079	0.000000	0.000000	19,156	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,061,531	0.000000	0.000000	12,639	92.00
200.00		Total (lines 50-199)	0	91,654,193			6,276,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part IV Date/Time Prepared: 9/22/2016 6:16 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)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	03480 ONCOLOGY	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 O/P PHYSICAL THERAPY	0	0	0		66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03020 CLINICAL NUTRITION	0	0	0		76.00
76.01	03950 SLEEP LAB	0	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/22/2016 6:16 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.578046	0	1,526,416	0	0 50.00
51.00 05100 RECOVERY ROOM	0.361672	0	164,256	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.536817	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.063678	0	501,572	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.173371	0	7,523,798	0	0 54.00
55.00 03480 ONCOLOGY	0.499954	0	1,827,580	0	0 55.00
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.191639	0	4,835,158	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0.044535	0	301,110	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.413787	0	497,789	0	0 65.00
66.00 06600 PHYSICAL THERAPY	1.363387	0	23,617	0	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	0.848841	0	269,924	0	0 66.01
69.00 06900 ELECTROCARDIOLOGY	0.480920	0	38,208	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.194969	0	1,014,528	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.315572	0	427,930	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.191731	0	1,498,983	6,545	0 73.00
76.00 03020 CLINICAL NUTRITION	2.540256	0	20,081	0	0 76.00
76.01 03950 SLEEP LAB	0.474858	0	129,767	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	1.436594	0	166,407	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.957978	0	55,669	0	0 90.00
91.00 09100 EMERGENCY	0.407957	0	2,732,323	2,988	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.988904	0	368,246	0	0 92.00
200.00 Subtotal (see instructions)		0	23,923,362	9,533	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	23,923,362	9,533	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D Part V Date/Time Prepared: 9/22/2016 6:16 pm
	Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	882,339	0		50.00
51.00 05100 RECOVERY ROOM	59,407	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	31,939	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,304,408	0		54.00
55.00 03480 ONCOLOGY	913,706	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	926,605	0		60.00
64.00 06400 INTRAVENOUS THERAPY	13,410	0		64.00
65.00 06500 RESPIRATORY THERAPY	205,979	0		65.00
66.00 06600 PHYSICAL THERAPY	32,199	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	229,123	0		66.01
69.00 06900 ELECTROCARDIOLOGY	18,375	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	197,802	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	135,043	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	287,402	1,255		73.00
76.00 03020 CLINICAL NUTRITION	51,011	0		76.00
76.01 03950 SLEEP LAB	61,621	0		76.01
76.97 07697 CARDIAC REHABILITATION	239,059	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	53,330	0		90.00
91.00 09100 EMERGENCY	1,114,670	1,219		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	364,160	0		92.00
200.00 Subtotal (see instructions)	7,121,588	2,474		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	7,121,588	2,474		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 9/22/2016 6:16 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,781	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,267	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,117	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,679,704	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)		5,679,704	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)		5,679,704	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,042.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,281,271	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,281,271	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 9/22/2016 6:16 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	576,086	113	5,098.11	53	270,200		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)					1,645,422		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,196,893		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/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)						514	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						2,042.32	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,049,752	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2015 To 04/30/2016		Worksheet D-1 Date/Time Prepared: 9/22/2016 6:16 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	864,107	5,679,704	0.152139	1,049,752	159,708	90.00
91.00	Nursing School cost	0	5,679,704	0.000000	1,049,752	0	91.00
92.00	Allied health cost	0	5,679,704	0.000000	1,049,752	0	92.00
93.00	All other Medical Education	0	5,679,704	0.000000	1,049,752	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/22/2016 6:16 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		1,753,982	30.00
31.00	03100	INTENSIVE CARE UNIT		171,561	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.578046	410,857	237,494 50.00
51.00	05100	RECOVERY ROOM	0.361672	94,411	34,146 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.536817	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.063678	129,906	8,272 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173371	725,555	125,790 54.00
55.00	03480	ONCOLOGY	0.499954	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	0.191639	876,504	167,972 60.00
64.00	06400	INTRAVENOUS THERAPY	0.044535	364,785	16,246 64.00
65.00	06500	RESPIRATORY THERAPY	0.413787	654,034	270,631 65.00
66.00	06600	PHYSICAL THERAPY	1.363387	126,300	172,196 66.00
66.01	06601	O/P PHYSICAL THERAPY	0.848841	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0.480920	796	383 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.194969	768,655	149,864 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.315572	329,140	103,867 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191731	1,764,177	338,247 73.00
76.00	03020	CLINICAL NUTRITION	2.540256	0	0 76.00
76.01	03950	SLEEP LAB	0.474858	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	1.436594	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.957978	0	0 90.00
91.00	09100	EMERGENCY	0.407957	19,156	7,815 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.988904	12,639	12,499 92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,276,915	1,645,422 200.00
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)		6,276,915	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet D-3 Date/Time Prepared: 9/22/2016 6:16 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		579,095	30.00
31.00	03100	INTENSIVE CARE UNIT		92,901	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		129,251	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.578046	326,857	188,938 50.00
51.00	05100	RECOVERY ROOM	0.361672	61,489	22,239 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.536817	160,204	86,000 52.00
53.00	05300	ANESTHESIOLOGY	0.063678	114,580	7,296 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.173371	374,959	65,007 54.00
55.00	03480	ONCOLOGY	0.499954	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	0.191639	501,460	96,099 60.00
64.00	06400	INTRAVENOUS THERAPY	0.044535	242,416	10,796 64.00
65.00	06500	RESPIRATORY THERAPY	0.413787	93,200	38,565 65.00
66.00	06600	PHYSICAL THERAPY	1.363387	8,696	11,856 66.00
66.01	06601	O/P PHYSICAL THERAPY	0.848841	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0.480920	796	383 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.194969	400,916	78,166 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.315572	47,480	14,983 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191731	671,001	128,652 73.00
76.00	03020	CLINICAL NUTRITION	2.540256	0	0 76.00
76.01	03950	SLEEP LAB	0.474858	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	1.436594	0	0 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	0.957978	0	0 90.00
91.00	09100	EMERGENCY	0.407957	143,156	58,401 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.988904	17,292	17,100 92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,164,502	824,481 200.00
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)		3,164,502	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet E Part B Date/Time Prepared: 9/22/2016 6:16 pm
		Title XVII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,124,062	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,124,062	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		7,195,303	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		22,636	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,909,509	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)		3,263,158	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		3,263,158	30.00
31.00	Primary payer payments		1,144	31.00
32.00	Subtotal (line 30 minus line 31)		3,262,014	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)		401,436	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		260,933	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		292,826	36.00
37.00	Subtotal (see instructions)		3,522,947	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00			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)		3,522,947	40.00
40.01	Sequestration adjustment (see instructions)		70,459	40.01
41.00	Interim payments		3,307,695	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		144,793	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		70,459	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: 141340

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

Worksheet E-1
Part I
Date/Time Prepared:
9/22/2016 6:16 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,902,783		3,935,826	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/24/2015	117,869	11/24/2015	249,287	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/21/2016	252,003	04/21/2016	877,418	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)		-134,134		-628,131	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)		3,768,649		3,307,695	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		31,724		144,793	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		3,800,373		3,452,488	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: 141340

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

Worksheet E-1
Part II
Date/Time Prepared:
9/22/2016 6:16 pm

Title XVIII		Hospital	Cost
			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	897	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	1,170	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	115	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	2,380	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	97,395,140	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	1,461,847	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2015 To 04/30/2016	Worksheet E-3 Part V Date/Time Prepared: 9/22/2016 6:16 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			4,196,893 1.00
2.00	Nursing and Allied Health Managed Care payment (see instructions)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			4,196,893 4.00
5.00	Primary payer payments			2,690 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			4,221,902 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of physicians' services in a teaching hospital (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			4,221,902 19.00
20.00	Deductibles (exclude professional component)			372,652 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			3,849,250 22.00
23.00	Coinsurance			2,576 23.00
24.00	Subtotal (line 22 minus line 23)			3,846,674 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			48,089 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			31,258 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			30,322 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			3,877,932 28.00
29.00	SEQUESTRATION ADJUSTMENT			0 29.00
29.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 29.50
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (see instructions)			3,877,932 30.00
30.01	Sequestration adjustment (see instructions)			77,559 30.01
31.00	Interim payments			3,768,649 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus lines 30.01, 31, and 32)			31,724 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			77,559 34.00

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

Provider CCN: 141340

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

Worksheet G

Date/Time Prepared:
9/22/2016 6:16 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	10,409,594	0	0	0	1.00
2.00	Temporary investments	4,494,992	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	15,422,970	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,703,000	0	0	0	6.00
7.00	Inventory	1,599,935	0	0	0	7.00
8.00	Prepaid expenses	219,758	0	0	0	8.00
9.00	Other current assets	926,267	0	0	0	9.00
10.00	Due from other funds	90,164	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	23,460,680	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,560,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	-47,996	0	0	0	14.00
15.00	Buildings	19,537,804	0	0	0	15.00
16.00	Accumulated depreciation	-700,998	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	4,063,530	0	0	0	23.00
24.00	Accumulated depreciation	-477,020	0	0	0	24.00
25.00	Minor equipment depreciable	687	0	0	0	25.00
26.00	Accumulated depreciation	-859	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)	23,935,148	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	25,651,300	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	25,651,300	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	73,047,128	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,413,994	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,453,561	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,085	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	2,024,366	0	0	0	43.00
44.00	Other current liabilities	20,729	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,914,735	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,054,397	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,054,397	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,969,132	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	64,077,996				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)	64,077,996	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	73,047,128	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
9/22/2016 6:16 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		62,194,260		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		67,532,585			2.00
3.00	Total (sum of line 1 and line 2)		129,726,845		0	3.00
4.00	OTHER	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		129,726,845		0	11.00
12.00	TRANSFERS OF FUNDS	2,712,697		0		12.00
13.00	OTHER	62,375,205		0		13.00
14.00	OTHER	560,947		0		14.00
15.00		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)		65,648,849		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		64,077,996		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	OTHER		0			4.00
5.00			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	TRANSFERS OF FUNDS		0			12.00
13.00	OTHER		0			13.00
14.00	OTHER		0			14.00
15.00			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: 141340

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/22/2016 6:16 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,942,128		4,942,128	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,942,128		4,942,128	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	360,349		360,349	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)	360,349		360,349	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,302,477		5,302,477	17.00
18.00	Ancillary services	19,066,869	61,846,298	80,913,167	18.00
19.00	Outpatient services	1,306,623	9,434,403	10,741,026	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / PRO FEES / OTHER	1,257,854	4,345,422	5,603,276	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	26,933,823	75,626,123	102,559,946	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		38,008,602		29.00
30.00	ROUNDING	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	ROUNDING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		38,008,602		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141340

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

Worksheet G-3

Date/Time Prepared:
9/22/2016 6:16 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	102,559,946	1.00
2.00	Less contractual allowances and discounts on patients' accounts	58,283,918	2.00
3.00	Net patient revenues (line 1 minus line 2)	44,276,028	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	38,008,602	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,267,426	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	94,770	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	GAIN/LOSS NW MERGER	61,758,851	24.00
24.01	MISCELLANEOUS	-2,163,280	24.01
24.02	UNREALIZED GAINS / LOSSES	1,574,820	24.02
24.03	GRANT REVENUE	0	24.03
25.00	Total other income (sum of lines 6-24)	61,265,161	25.00
26.00	Total (line 5 plus line 25)	67,532,587	26.00
27.00	ROUNDING	2	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	67,532,585	29.00