

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 05/01/2016 To 08/31/2016	Worksheet S Parts I-III Date/Time Prepared: 1/26/2017 4:42 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 1/26/2017	Time: 4:42 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 05/01/2016 and ending 08/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	213,055	245,536	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	213,055	245,536	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 05/01/2016 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 4:38 pm							
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 1302 N. MAIN STREET			PO Box:						1.00			
2.00	City: SANDWICH			State: IL		Zip Code: 60548-		County: DEKALB		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		VALLEY WEST COMMUNITY HOSPITAL	141340	20994	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)						05/01/2016	08/31/2016		20.00			
21.00	Type of Control (see instructions)						2			21.00			
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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	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) 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 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/(col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/(col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

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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
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

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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	137,078	118.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 4:38 pm	
		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	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 2, "Y" for yes or "N" for no.				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 05/01/2016 To 08/31/2016		Worksheet S-2 Part I Date/Time Prepared: 1/26/2017 4:38 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 05/01/2016 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/26/2017 4:38 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/19/2016	Y	12/19/2016
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet S-2 Part II Date/Time Prepared: 1/26/2017 4:38 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON	HOFMANN		41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHWESTERN MEMORIAL HEALTHCARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548	BHOFMANN@KISHHEALTH.ORG		43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 4:38 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	2,583	13,496.91	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	2,583	13,496.91	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	492	220.68	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	3,075	13,717.59	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 05/01/2016
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 4:38 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)	280	73	555			1.00
2.00 HMO and other (see instructions)	28	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	280	73	555			7.00
8.00 INTENSIVE CARE UNIT	5	5	16			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		23	82			13.00
14.00 Total (see instructions)	285	101	653	0.00	183.31	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	183.31	27.00
28.00 Observation Bed Days		0	149			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	3	15			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 05/01/2016
To 08/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
1/26/2017 4:38 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	111	43	247	1.00
2.00 HMO and other (see instructions)				14	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		111	43	247	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 05/01/2016 To 08/31/2016	Worksheet S-10 Date/Time Prepared: 1/26/2017 4:38 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)		0.356190	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		1,532,124	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		7,214,620	6.00
7.00	Medicaid cost (line 1 times line 6)		2,569,775	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)		1,037,651	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		3,905	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,037,651	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	270,737	31,727	302,464
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	96,434	11,301	107,735
22.00	Partial payment by patients approved for charity care	50	0	50
23.00	Cost of charity care (line 21 minus line 22)	96,384	11,301	107,685
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,260,573	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		127,660	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		1,132,913	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		403,532	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		511,217	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		1,548,868	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet A Date/Time Prepared: 1/26/2017 4:38 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		1,763,284	1,763,284	-1,053,534	709,750	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,072,168	1,072,168	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	1,387,576	1,387,576	0	1,387,576	4.00
5.01 00540	NONPATIENT TELEPHONES	0	212,372	212,372	0	212,372	5.01
5.02 00550	DATA PROCESSING	0	64,355	64,355	0	64,355	5.02
5.03 00560	PURCHASING RECEIVING AND STORES	26,213	1,970	28,183	0	28,183	5.03
5.04 00570	ADMINISTRATIVE	159,817	2,334	162,151	0	162,151	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	13,357	104,720	118,077	0	118,077	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	126,127	1,885,274	2,011,401	-91,333	1,920,068	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	57,673	423,981	481,654	0	481,654	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,942	29,942	0	29,942	8.00
9.00 00900	HOUSEKEEPING	93,949	59,513	153,462	0	153,462	9.00
10.00 01000	DIETARY	123,384	55,355	178,739	-145,179	33,560	10.00
11.00 01100	CAFETERIA	0	0	0	145,179	145,179	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	70,413	412,948	483,361	0	483,361	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,822	79,608	95,430	-39,385	56,045	14.00
15.00 01500	PHARMACY	171,947	213,121	385,068	-198,077	186,991	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	103,406	44,225	147,631	0	147,631	16.00
17.00 01700	SOCIAL SERVICE	56,985	0	56,985	-10,036	46,949	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	732,600	54,314	786,914	-108,568	678,346	30.00
31.00 03100	INTENSIVE CARE UNIT	66,671	4,492	71,163	-503	70,660	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	136,643	136,643	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	427,725	640,490	1,068,215	-433,252	634,963	50.00
51.00 05100	RECOVERY ROOM	27,011	775	27,786	0	27,786	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	49,991	49,991	52.00
53.00 05300	ANESTHESIOLOGY	0	104,791	104,791	0	104,791	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	329,877	322,995	652,872	0	652,872	54.00
55.00 03480	ONCOLOGY	51,860	491,447	543,307	34,010	577,317	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	212,735	201,076	413,811	28,707	442,518	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	13,219	13,219	64.00
65.00 06500	RESPIRATORY THERAPY	127,925	42,814	170,739	950	171,689	65.00
66.00 06600	PHYSICAL THERAPY	34,582	161	34,743	0	34,743	66.00
66.01 06601	O/P PHYSICAL THERAPY	114,648	29,387	144,035	495	144,530	66.01
69.00 06900	ELECTROCARDIOLOGY	3,311	281	3,592	0	3,592	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	233,961	233,961	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,290	232,290	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	176,933	176,933	73.00
76.00 03020	CLINICAL NUTRITION	13,685	4	13,689	2,126	15,815	76.00
76.01 03950	SLEEP LAB	0	14,551	14,551	3,600	18,151	76.01
76.97 07697	CARDIAC REHABILITATION	36,924	7,345	44,269	31,588	75,857	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	10,451	528	10,979	2,915	13,894	90.00
91.00 09100	EMERGENCY	459,038	839,427	1,298,465	35,542	1,334,007	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 05/01/2016
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/26/2017 4:38 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	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		8,309	8,309	-8,309	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,668,136	9,503,765	13,171,901	112,141	13,284,042	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,603	21,603	0	21,603	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	161,516	161,516	-112,141	49,375	192.00
194.00	07950	COMMUNITY WELLNESS	72,049	99,035	171,084	0	171,084	194.00
200.00		TOTAL (SUM OF LINES 118-199)	3,740,185	9,785,919	13,526,104	0	13,526,104	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
1/26/2017 4:38 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	-218,369	491,381	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-781,068	291,100	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-21,342	1,366,234	4.00
5.01	00540	NONPATIENT TELEPHONES	0	212,372	5.01
5.02	00550	DATA PROCESSING	0	64,355	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	28,183	5.03
5.04	00570	ADMINISTRATIVE	0	162,151	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-6,286	111,791	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	292,055	2,212,123	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-2,741	478,913	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,942	8.00
9.00	00900	HOUSEKEEPING	0	153,462	9.00
10.00	01000	DIETARY	-874	32,686	10.00
11.00	01100	CAFETERIA	-26,951	118,228	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATIVE	-409,814	73,547	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,888	53,157	14.00
15.00	01500	PHARMACY	0	186,991	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,850	143,781	16.00
17.00	01700	SOCIAL SERVICE	0	46,949	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	-74,061	604,285	30.00
31.00	03100	INTENSIVE CARE UNIT	0	70,660	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	136,643	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-11,000	623,963	50.00
51.00	05100	RECOVERY ROOM	0	27,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	49,991	52.00
53.00	05300	ANESTHESIOLOGY	-85,530	19,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-30,578	622,294	54.00
55.00	03480	ONCOLOGY	-81,290	496,027	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	442,518	60.00
64.00	06400	INTRAVENOUS THERAPY	0	13,219	64.00
65.00	06500	RESPIRATORY THERAPY	0	171,689	65.00
66.00	06600	PHYSICAL THERAPY	0	34,743	66.00
66.01	06601	O/P PHYSICAL THERAPY	-3,000	141,530	66.01
69.00	06900	ELECTROCARDIOLOGY	0	3,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-4,701	229,260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	232,290	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,312	174,621	73.00
76.00	03020	CLINICAL NUTRITION	-225	15,590	76.00
76.01	03950	SLEEP LAB	0	18,151	76.01
76.97	07697	CARDIAC REHABILITATION	0	75,857	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	13,894	90.00
91.00	09100	EMERGENCY	-650,427	683,580	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 05/01/2016
To 08/31/2016

Worksheet A
Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,125,252	11,158,790	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,603	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	49,375	192.00
194.00	07950 COMMUNITY WELLNESS	-89,227	81,857	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-2,214,479	11,311,625	200.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
1/26/2017 4:38 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	176,933	1.00	
	TOTALS		0	176,933		
C - NURSERY AND DELIVERY AND LABOR ROOM						
1.00	NURSERY	43.00	131,160	5,483	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	47,985	2,006	2.00	
	TOTALS		179,145	7,489		
D - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	19,642	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	446,609	2.00	
3.00	INTRAVENOUS THERAPY	64.00	0	13,219	3.00	
	TOTALS		0	479,470		
E - EQUIPMENT LEASE						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	28,357	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	28,357		
F - CAFETERIA						
1.00	CAFETERIA	11.00	100,218	44,961	1.00	
	TOTALS		100,218	44,961		
G - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,309	1.00	
	TOTALS		0	8,309		
H - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,044,972	1.00	
	TOTALS		0	1,044,972		
I - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	16,269	9,237	1.00	
	TOTALS		16,269	9,237		
J - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	3,732	2,038	1.00	
	TOTALS		3,732	2,038		
K - ICU OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	1,361	92	1.00	
	TOTALS		1,361	92		
L - MOB RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45,049	1.00	
2.00	ONCOLOGY	55.00	0	29,653	2.00	
3.00	CLINICAL NUTRITION	76.00	0	7,469	3.00	
4.00	CARDIAC REHABILITATION	76.97	0	29,881	4.00	
5.00	CLINIC	90.00	0	2,758	5.00	
	TOTALS		0	114,810		
M - ON CALL SOCIAL SERVICE						
1.00	EMERGENCY	91.00	35,542	0	1.00	
	TOTALS		35,542	0		
N - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	232,290	1.00	
	TOTALS		0	232,290		
O - MEDICAL DIRECTOR RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	73,200	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	950	2.00	
3.00	OPERATING ROOM	50.00	0	11,000	3.00	
4.00	ONCOLOGY	55.00	0	2,663	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	950	5.00	
6.00	SLEEP LAB	76.01	0	3,600	6.00	
	TOTALS		0	92,363		
P - VW MOB BLDG DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,388	1.00	
2.00	ONCOLOGY	55.00	0	1,572	2.00	
3.00	CLINICAL NUTRITION	76.00	0	396	3.00	
4.00	CARDIAC REHABILITATION	76.97	0	1,584	4.00	
5.00	CLINIC	90.00	0	146	5.00	
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,476	6.00	
	TOTALS		0	8,562		

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6

Date/Time Prepared:
1/26/2017 4:38 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
Q - VW MOB MOV EQ DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	186	1.00
2.00	ONCOLOGY	55.00	0	122	2.00
3.00	CLINICAL NUTRITION	76.00	0	31	3.00
4.00	CARDIAC REHABILITATION	76.97	0	123	4.00
5.00	CLINIC	90.00	0	11	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	193	6.00
	TOTALS		0	666	
R - ARROWHEAD MOV EQ DEPRECIATION					
1.00	O/P PHYSICAL THERAPY	66.01	0	495	1.00
	TOTALS		0	495	
S - RECLASS LAB FEES					
1.00	LABORATORY	60.00	0	29,396	1.00
	TOTALS		0	29,396	
T - RECLASS OR C SECTION COSTS					
1.00	OPERATING ROOM	50.00	2,357	0	1.00
	TOTALS		2,357	0	
500.00	Grand Total: Increases		338,624	2,280,440	500.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
1/26/2017 4:38 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
B - DRUGS SOLD							
1.00	PHARMACY	15.00	0	176,933	0		1.00
	TOTALS		0	176,933			
C - NURSERY AND DELIVERY AND LABOR ROOM							
1.00	ADULTS & PEDIATRICS	30.00	179,145	7,489	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		179,145	7,489			
D - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,642	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,219	0		2.00
3.00	OPERATING ROOM	50.00	0	446,609	0		3.00
	TOTALS		0	479,470			
E - EQUIPMENT LEASE							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,524	10		1.00
2.00	PHARMACY	15.00	0	21,144	0		2.00
3.00	LABORATORY	60.00	0	689	0		3.00
	TOTALS		0	28,357			
F - CAFETERIA							
1.00	DIETARY	10.00	100,218	44,961	0		1.00
	TOTALS		100,218	44,961			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	8,309	0		1.00
	TOTALS		0	8,309			
H - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,044,972	9		1.00
	TOTALS		0	1,044,972			
I - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	16,269	9,237	0		1.00
	TOTALS		16,269	9,237			
J - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	3,732	2,038	0		1.00
	TOTALS		3,732	2,038			
K - ICU OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	1,361	92	0		1.00
	TOTALS		1,361	92			
L - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	114,810	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
	TOTALS		0	114,810			
M - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	35,542	0	0		1.00
	TOTALS		35,542	0			
N - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	232,290	0		1.00
	TOTALS		0	232,290			
O - MEDICAL DIRECTOR RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	92,363	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	92,363			
P - VW MOB BLDG DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,562	9		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	8,562			
Q - VW MOB MOV EQ DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	666	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6

Date/Time Prepared:
1/26/2017 4:38 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
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	666			
R - ARROWHEAD MOV EQ DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	495	9		1.00
	EQUIP						
	TOTALS		0	495			
S - RECLASS LAB FEES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	29,396	0		1.00
	TOTALS		0	29,396			
T - RECLASS OR C SECTION COSTS							
1.00	ADULTS & PEDIATRICS	30.00	2,357	0	0		1.00
	TOTALS		2,357	0			
500.00	Grand Total: Decreases		338,624	2,280,440			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part I
Date/Time Prepared:
1/26/2017 4:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,560,000	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	19,537,804	3,468	0	3,468	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	4,064,217	716,740	0	716,740	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	25,162,021	720,208	0	720,208	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	25,162,021	720,208	0	720,208	0	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	19,541,272	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	4,780,957	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	25,882,229	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	25,882,229	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part II
Date/Time Prepared:
1/26/2017 4:38 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	1,763,284	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)	1,763,284	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	1,763,284				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	1,763,284				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Part III
Date/Time Prepared:
1/26/2017 4:38 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	19,541,272	0	19,541,272	0.803455	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,780,957	687	4,780,270	0.196545	0	2.00
3.00	Total (sum of lines 1-2)	24,322,229	687	24,321,542	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	491,381	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	262,743	28,357	2.00
3.00	Total (sum of lines 1-2)	0	0	0	754,124	28,357	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	491,381	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	291,100	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	782,481	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
1/26/2017 4:38 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	5.00
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	-2,888	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	-2,741	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	-1,328,369				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,301	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	901,530				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-26,951	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-3,850	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

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.00 INTEREST INCOME	B	-8,176	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
34.00 OTHER MISCELLANEOUS INCOME	B	-295	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
35.00 MRI SPACE RENTAL	B	-12,169	RADIOLOGY-DIAGNOSTIC	54.00	0	35.00
36.00		0		0.00	0	36.00
37.00 OTHER REVENUE	B	-1,890	O/P PHYSICAL THERAPY	66.01	0	37.00
38.00 OTHER REVENUE	B	-1,110	O/P PHYSICAL THERAPY	66.01	0	38.00
39.00 OTHER REVENUE	B	-4,701	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	39.00
39.01 PHARMACY REBATES	B	-2,312	DRUGS CHARGED TO PATIENTS	73.00	0	39.01
39.02 DIABETES COMMUNITY EDUCATION	B	-225	CLINICAL NUTRITION	76.00	0	39.02
39.03		0		0.00	0	39.03
40.00 PROVIDER TAX	A	-312,290	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 PHYSICIAN RECRUITMENT	A	-168,210	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.01 LOBBYIST PORTION OF DUES	A	-224	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.01
42.00		0		0.00	0	42.00
43.00 PROPERTY TAX	A	-1,243	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 DEPRECIATION TO MEDICARE	A	-274,964	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.00
44.01 DEPERECIATION TO MEDICARE	A	-816,597	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.01
44.02		0		0.00	0	44.02
44.03		0		0.00	0	44.03
44.04 CONTRIBUTIONS	A	7,580	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.04
44.05		0		0.00	0	44.05
44.06		0		0.00	0	44.06
44.07 CONTRIBUTIONS	A	-89,227	COMMUNITY WELLNESS	194.00	0	44.07
44.08 MARKETING	A	-40,112	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.08
44.09		0		0.00	0	44.09
44.10 PHYSICIAN BILLING	A	-6,286	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	44.10
45.00		0		0.00	0	45.00
45.01		0		0.00	0	45.01
45.02 MU ASSET OFFSET	A	-11,804	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.02
45.03 HOSPICE COSTS	A	-861	ADULTS & PEDIATRICS	30.00	0	45.03
45.04 MEALS ON WHEELS COST	A	-874	DIETARY	10.00	0	45.04
45.05 INTANGIBLE OFFSET	A	-31,616	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.05
45.06 AMORIZATION OF PREPAID EXPENSE	A	27,697	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.06
45.07		0		0.00	0	45.07
45.08		0		0.00	0	45.08
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,214,479				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 05/01/2016
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/26/2017 4:38 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	1,788,530	1,001,202 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE CAPITAL	88,211	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE CAPITAL	47,333	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE HEALTH INSURANCE	828,082	849,424 4.00
4.01	60.00	LABORATORY	KH LAB WORK	19,602	19,602 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	PROF LIABILITY INSURANCE	137,078	137,078 4.02
4.03	60.00	LABORATORY	CADENCE LAB WORK	29,396	29,396 4.03
5.00	0		0	2,938,232	2,036,702 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	KI SHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A	0.00	HEALTH VENTURES	51.00	7.00
8.00	A	0.00	KI SHWAUKEE HOSP	100.00	8.00
9.00	A	0.00	NW MEDICINE	100.00	9.00
10.00	A	0.00	CADENCE	100.00	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 05/01/2016
To 08/31/2016

Worksheet A-8-1

Date/Time Prepared:
1/26/2017 4:38 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	787,328	0		1.00
2.00	88,211	9		2.00
3.00	47,333	9		3.00
4.00	-21,342	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	901,530			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00	HEALTHCARE RENT		7.00
8.00	HEALTHCARE		8.00
9.00	HEALTHCARE		9.00
10.00	HEALTHCARE		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 05/01/2016
To 08/31/2016

Worksheet A-8-2

Date/Time Prepared:
1/26/2017 4:38 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	409,814	409,814	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	73,200	73,200	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	11,000	11,000	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	85,530	85,530	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	16,938	16,938	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	170	170	0	0	0	6.00
7.00	55.00	AGGREGATE-ONCOLOGY	81,290	81,290	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	810,494	650,427	160,067	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			1,488,436	1,328,369	160,067	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	409,814		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	73,200		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	11,000		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	85,530		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	16,938		5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	170		6.00
7.00	55.00	AGGREGATE-ONCOLOGY	0	0	0	81,290		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	650,427		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	1,328,369		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 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	491,381	491,381				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	291,100		291,100			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,366,234	3,009	1,783	1,371,026		4.00
5.01 00540 NONPATIENT TELEPHONES	212,372	4,228	2,505	0	219,105	5.01
5.02 00550 DATA PROCESSING	64,355	6,224	3,687	0	6,235	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	28,183	0	0	9,609	2,672	5.03
5.04 00570 ADMINISTRATION	162,151	7,360	4,360	58,583	10,688	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	111,791	918	544	4,896	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	2,212,123	29,355	17,390	40,270	30,283	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	478,913	80,743	47,829	21,141	1,781	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	29,942	3,369	1,996	0	891	8.00
9.00 00900 HOUSEKEEPING	153,462	9,079	5,379	34,439	891	9.00
10.00 01000 DIETARY	32,686	4,466	2,646	8,492	3,563	10.00
11.00 01100 CAFETERIA	118,228	16,111	9,545	36,737	891	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	73,547	5,139	3,045	25,811	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	53,157	17,882	10,594	5,800	0	14.00
15.00 01500 PHARMACY	186,991	7,295	4,322	63,030	5,344	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	143,781	4,427	2,623	37,905	7,125	16.00
17.00 01700 SOCIAL SERVICE	46,949	0	0	13,824	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 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	604,285	77,708	46,035	203,882	18,704	30.00
31.00 03100 INTENSIVE CARE UNIT	70,660	11,094	6,572	23,940	7,125	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	136,643	2,624	1,555	48,079	891	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	623,963	64,709	38,334	157,653	38,299	50.00
51.00 05100 RECOVERY ROOM	27,786	10,260	6,078	9,901	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	49,991	3,182	1,885	17,590	891	52.00
53.00 05300 ANESTHESIOLOGY	19,261	2,137	1,266	0	891	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	622,294	48,822	28,923	120,922	24,048	54.00
55.00 03480 ONCOLOGY	496,027	0	0	19,010	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	442,518	16,920	10,024	77,981	10,688	60.00
64.00 06400 INTRAVENOUS THERAPY	13,219	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	171,689	4,106	2,433	46,893	2,672	65.00
66.00 06600 PHYSICAL THERAPY	34,743	6,140	3,638	12,677	1,781	66.00
66.01 06601 O/P PHYSICAL THERAPY	141,530	0	0	42,026	0	66.01
69.00 06900 ELECTROCARDIOLOGY	3,592	1,437	851	1,214	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	229,260	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	232,290	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	174,621	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	15,590	0	0	3,648	4,453	76.00
76.01 03950 SLEEP LAB	18,151	3,927	2,326	0	1,781	76.01
76.97 07697 CARDIAC REHABILITATION	75,857	0	0	13,535	2,672	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	13,894	0	0	3,831	6,235	90.00
91.00 09100 EMERGENCY	683,580	26,352	15,611	181,296	17,813	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 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 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	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)	11,158,790	479,023	283,779	1,344,615	209,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,603	4,203	2,490	0	1,781	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,375	1,995	1,182	0	1,781	192.00
194.00	07950	COMMUNITY WELLNESS	81,857	6,160	3,649	26,411	6,235	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)	11,311,625	491,381	291,100	1,371,026	219,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	80,501					5.02
5.03	00560	970	41,434				5.03
5.04	00570	3,233	54	246,429			5.04
5.05	00580	0	0	0	118,149		5.05
5.06	00590	8,406	1	0	0	2,337,828	5.06
6.00	00600	0	0	0	0	0	6.00
7.00	00700	647	2	0	0	631,056	7.00
8.00	00800	323	0	0	0	36,521	8.00
9.00	00900	323	375	0	0	203,948	9.00
10.00	01000	1,940	48	0	0	53,841	10.00
11.00	01100	0	209	0	0	181,721	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	107,542	13.00
14.00	01400	0	1,991	0	0	89,424	14.00
15.00	01500	1,940	74	0	0	268,996	15.00
16.00	01600	2,263	0	0	0	198,124	16.00
17.00	01700	0	0	0	0	60,773	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	14,547	1,076	49,033	6,082	1,021,352	30.00
31.00	03100	2,586	0	1,803	185	123,965	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	1,293	183	4,399	451	196,118	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,639	2,394	14,208	8,861	960,060	50.00
51.00	05100	0	32	2,132	1,227	57,416	51.00
52.00	05200	647	67	6,117	627	80,997	52.00
53.00	05300	323	428	4,566	3,003	31,875	53.00
54.00	05400	4,849	951	31,873	29,470	912,152	54.00
55.00	03480	3,233	238	0	8,568	527,076	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	3,880	4,935	32,418	17,931	617,295	60.00
64.00	06400	0	755	10,559	2,984	27,517	64.00
65.00	06500	647	275	10,876	2,423	242,014	65.00
66.00	06600	647	4	2,107	273	62,010	66.00
66.01	06601	2,263	59	0	1,154	187,032	66.01
69.00	06900	0	12	0	103	7,209	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	13,253	20,623	8,425	271,561	71.00
72.00	07200	0	13,266	7,362	5,076	257,994	72.00
73.00	07300	0	92	34,778	8,171	217,662	73.00
76.00	03020	1,616	0	0	50	25,357	76.00
76.01	03950	0	1	0	363	26,549	76.01
76.97	07697	970	63	0	388	93,485	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	2,263	0	0	121	26,344	90.00
91.00	09100	5,496	544	13,575	12,213	956,480	91.00
92.00	09200					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 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 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)	76,944	41,382	246,429	118,149	11,099,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	647	0	0	0	30,724	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	647	0	0	0	54,980	192.00
194.00	07950	COMMUNITY WELLNESS	2,263	52	0	0	126,627	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)	80,501	41,434	246,429	118,149	11,311,625	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 pm

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	
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	2,337,828				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	164,401	0	795,457		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,514	0	7,453	53,488	8.00
9.00	00900	HOUSEKEEPING	53,132	0	20,087	0	277,167 9.00
10.00	01000	DIETARY	14,026	0	9,880	0	3,566 10.00
11.00	01100	CAFETERIA	47,341	0	35,645	0	12,865 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	28,017	0	11,371	0	4,104 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,296	0	39,563	0	14,280 14.00
15.00	01500	PHARMACY	70,078	0	16,140	0	5,826 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,615	0	9,795	0	3,535 16.00
17.00	01700	SOCIAL SERVICE	15,832	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	266,083	0	171,919	16,823	62,050 30.00
31.00	03100	INTENSIVE CARE UNIT	32,295	0	24,544	383	8,859 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	51,092	0	5,806	1,462	2,096 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	250,112	0	143,161	3,979	51,672 50.00
51.00	05100	RECOVERY ROOM	14,958	0	22,699	0	8,193 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,101	0	7,041	2,034	2,541 52.00
53.00	05300	ANESTHESIOLOGY	8,304	0	4,727	379	1,706 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	237,631	0	108,013	8,914	38,986 54.00
55.00	03480	ONCOLOGY	137,312	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	160,816	0	37,433	0	13,511 60.00
64.00	06400	INTRAVENOUS THERAPY	7,169	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	63,049	0	9,085	3,508	3,279 65.00
66.00	06600	PHYSICAL THERAPY	16,155	0	13,585	401	4,903 66.00
66.01	06601	O/P PHYSICAL THERAPY	48,725	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	1,878	0	3,180	106	1,148 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,746	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	67,212	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,705	0	0	0	0 73.00
76.00	03020	CLINICAL NUTRITION	6,606	0	0	0	0 76.00
76.01	03950	SLEEP LAB	6,916	0	8,688	0	3,136 76.01
76.97	07697	CARDIAC REHABILITATION	24,354	0	0	32	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	6,863	0	0	69	0 90.00
91.00	09100	EMERGENCY	249,179	0	58,301	15,398	21,043 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
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 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
1/26/2017 4:38 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)	2,282,513	0	768,116	53,488	267,299	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,004	0	9,298	0	3,356	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,323	0	4,415	0	1,593	192.00
194.00	07950	COMMUNITY WELLNESS	32,988	0	13,628	0	4,919	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)	2,337,828	0	795,457	53,488	277,167	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part I Date/Time Prepared: 1/26/2017 4:38 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	81,313					10.00
11.00	01100	CAFETERIA	0	277,572				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,465	0	155,499		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,951	0	0	168,514	14.00
15.00	01500	PHARMACY	0	10,412	0	0	322	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,145	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,947	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	79,035	49,694	0	51,804	4,680	30.00
31.00	03100	INTENSIVE CARE UNIT	2,278	3,974	0	4,142	0	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	11,093	0	11,563	797	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,896	0	37,420	10,408	50.00
51.00	05100	RECOVERY ROOM	0	1,244	0	1,297	140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,059	0	4,231	292	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,265	0	0	4,134	54.00
55.00	03480	ONCOLOGY	0	5,247	0	0	1,034	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	24,178	0	0	21,461	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,282	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,935	0	0	1,196	65.00
66.00	06600	PHYSICAL THERAPY	0	2,717	0	0	16	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	10,438	0	0	258	66.01
69.00	06900	ELECTROCARDIOLOGY	0	268	0	0	54	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	57,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	57,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	400	73.00
76.00	03020	CLINICAL NUTRITION	0	1,352	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	6	76.01
76.97	07697	CARDIAC REHABILITATION	0	4,327	0	0	274	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	848	0	0	0	90.00
91.00	09100	EMERGENCY	0	43,208	0	45,042	2,367	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 05/01/2016
To 08/31/2016

Worksheet B
Part I
Date/Time Prepared:
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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)	81,313	268,663	0	155,499	168,289	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	8,909	0	0	225	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)	81,313	277,572	0	155,499	168,514	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet B Part I Date/Time Prepared: 1/26/2017 4:38 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	371,774			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	274,214		16.00
17.00	01700	SOCIAL SERVICE	0	0	78,552	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	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	14,115	76,351	0
31.00	03100	INTENSIVE CARE UNIT	0	429	2,201	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	1,047	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	20,563	0	0
51.00	05100	RECOVERY ROOM	0	2,848	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,456	0	0
53.00	05300	ANESTHESIOLOGY	0	6,969	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,423	0	0
55.00	03480	ONCOLOGY	258,323	19,883	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	41,611	0	0
64.00	06400	INTRAVENOUS THERAPY	0	6,924	0	0
65.00	06500	RESPIRATORY THERAPY	0	5,623	0	0
66.00	06600	PHYSICAL THERAPY	0	634	0	0
66.01	06601	O/P PHYSICAL THERAPY	0	2,679	0	0
69.00	06900	ELECTROCARDIOLOGY	0	239	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,550	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,780	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	113,451	18,961	0	0
76.00	03020	CLINICAL NUTRITION	0	115	0	0
76.01	03950	SLEEP LAB	0	842	0	0
76.97	07697	CARDIAC REHABILITATION	0	901	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	281	0	0
91.00	09100	EMERGENCY	0	28,341	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
99.20	09920	OPT	0	0	0	0
99.30	09930	OOT	0	0	0	0
99.40	09940	OSP	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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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	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,774	274,214	78,552	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)	371,774	274,214	78,552	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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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 ADMINITTING							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	1,813,906	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	203,070	0	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	281,074	0	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	1,513,271	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	108,795	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	123,752	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	55,823	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	1,407,518	0	0	54.00
55.00 03480 ONCOLOGY	0	0	0	948,875	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	916,305	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	44,892	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	338,689	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	100,421	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	249,132	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,082	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	419,488	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	394,660	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	407,179	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	33,430	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	46,137	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	123,373	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	34,405	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	1,419,359	0	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 05/01/2016
To 08/31/2016

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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					
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	10,997,636	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	51,382	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	75,311	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	187,296	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	11,311,625	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

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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	1,813,906	30.00
31.00	03100 INTENSIVE CARE UNIT	203,070	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	281,074	43.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,513,271	50.00
51.00	05100 RECOVERY ROOM	108,795	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	123,752	52.00
53.00	05300 ANESTHESIOLOGY	55,823	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,407,518	54.00
55.00	03480 ONCOLOGY	948,875	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	916,305	60.00
64.00	06400 INTRAVENOUS THERAPY	44,892	64.00
65.00	06500 RESPIRATORY THERAPY	338,689	65.00
66.00	06600 PHYSICAL THERAPY	100,421	66.00
66.01	06601 O/P PHYSICAL THERAPY	249,132	66.01
69.00	06900 ELECTROCARDIOLOGY	14,082	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	419,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	394,660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	407,179	73.00
76.00	03020 CLINICAL NUTRITION	33,430	76.00
76.01	03950 SLEEP LAB	46,137	76.01
76.97	07697 CARDIAC REHABILITATION	123,373	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	34,405	90.00
91.00	09100 EMERGENCY	1,419,359	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)	10,997,636	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2016
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,382	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	75,311	192.00
194.00	07950 COMMUNITY WELLNESS	187,296	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)	11,311,625	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
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	3,009	1,783	4,792	4,792 4.00
5.01 00540	NONPATIENT TELEPHONES	0	4,228	2,505	6,733	0 5.01
5.02 00550	DATA PROCESSING	0	6,224	3,687	9,911	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	0	0	0	34 5.03
5.04 00570	ADMITTING	0	7,360	4,360	11,720	205 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	918	544	1,462	17 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	86,225	29,355	17,390	132,970	141 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	80,743	47,829	128,572	74 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,369	1,996	5,365	0 8.00
9.00 00900	HOUSEKEEPING	0	9,079	5,379	14,458	120 9.00
10.00 01000	DIETARY	751	4,466	2,646	7,863	30 10.00
11.00 01100	CAFETERIA	3,247	16,111	9,545	28,903	128 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	5,139	3,045	8,184	90 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	17,882	10,594	28,476	20 14.00
15.00 01500	PHARMACY	0	7,295	4,322	11,617	220 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	14,720	4,427	2,623	21,770	132 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	48 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	77,708	46,035	123,743	714 30.00
31.00 03100	INTENSIVE CARE UNIT	0	11,094	6,572	17,666	84 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	2,624	1,555	4,179	168 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	64,709	38,334	103,043	551 50.00
51.00 05100	RECOVERY ROOM	0	10,260	6,078	16,338	35 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	3,182	1,885	5,067	61 52.00
53.00 05300	ANESTHESIOLOGY	0	2,137	1,266	3,403	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	48,822	28,923	77,745	423 54.00
55.00 03480	ONCOLOGY	19,077	0	0	19,077	66 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	16,920	10,024	26,944	273 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	4,106	2,433	6,539	164 65.00
66.00 06600	PHYSICAL THERAPY	0	6,140	3,638	9,778	44 66.00
66.01 06601	O/P PHYSICAL THERAPY	23,319	0	0	23,319	147 66.01
69.00 06900	ELECTROCARDIOLOGY	0	1,437	851	2,288	4 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	4,897	0	0	4,897	13 76.00
76.01 03950	SLEEP LAB	0	3,927	2,326	6,253	0 76.01
76.97 07697	CARDIAC REHABILITATION	19,608	0	0	19,608	47 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	1,812	0	0	1,812	13 90.00
91.00 09100	EMERGENCY	0	26,352	15,611	41,963	634 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 05/01/2016
To 08/31/2016

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	2A
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)	173,656	479,023	283,779	936,458	4,700	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,203	2,490	6,693	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,653	1,995	1,182	33,830	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	6,160	3,649	9,809	92	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)	204,309	491,381	291,100	986,790	4,792	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	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	6,733					5.01
5.02	00550	DATA PROCESSING	192	10,103				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	82	122	238			5.03
5.04	00570	ADMINING	328	406	0	12,659		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	1,479	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	931	1,055	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	55	81	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	27	41	0	0	0	8.00
9.00	00900	HOUSEKEEPING	27	41	2	0	0	9.00
10.00	01000	DIETARY	109	243	0	0	0	10.00
11.00	01100	CAFETERIA	27	0	1	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	11	0	0	14.00
15.00	01500	PHARMACY	164	243	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	219	284	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	575	1,824	6	2,519	76	30.00
31.00	03100	INTENSIVE CARE UNIT	219	325	0	93	2	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	27	162	1	226	6	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,178	1,461	14	730	111	50.00
51.00	05100	RECOVERY ROOM	0	0	0	110	15	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27	81	0	314	8	52.00
53.00	05300	ANESTHESIOLOGY	27	41	2	235	38	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	739	609	5	1,637	368	54.00
55.00	03480	ONCOLOGY	0	406	1	0	107	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	328	487	28	1,665	225	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4	542	37	64.00
65.00	06500	RESPIRATORY THERAPY	82	81	2	559	30	65.00
66.00	06600	PHYSICAL THERAPY	55	81	0	108	3	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	284	0	0	14	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	81	1,059	106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	76	378	64	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1	1,787	102	73.00
76.00	03020	CLINICAL NUTRITION	137	203	0	0	1	76.00
76.01	03950	SLEEP LAB	55	0	0	0	5	76.01
76.97	07697	CARDIAC REHABILITATION	82	122	0	0	5	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	192	284	0	0	2	90.00
91.00	09100	EMERGENCY	547	690	3	697	153	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 05/01/2016
To 08/31/2016

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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)	6,431	9,657	238	12,659	1,479	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55	81	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55	81	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	192	284	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)	6,733	10,103	238	12,659	1,479	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 pm		
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
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	135,097				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	9,501	0	138,283		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	550	0	1,296	7,279	8.00
9.00	00900	HOUSEKEEPING	3,070	0	3,492	0	21,210 9.00
10.00	01000	DIETARY	811	0	1,718	0	273 10.00
11.00	01100	CAFETERIA	2,736	0	6,197	0	985 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	1,619	0	1,977	0	314 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,346	0	6,878	0	1,093 14.00
15.00	01500	PHARMACY	4,050	0	2,806	0	446 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,983	0	1,703	0	271 16.00
17.00	01700	SOCIAL SERVICE	915	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	15,371	0	29,886	2,290	4,748 30.00
31.00	03100	INTENSIVE CARE UNIT	1,866	0	4,267	52	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	2,953	0	1,009	199	160 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,454	0	24,887	541	3,954 50.00
51.00	05100	RECOVERY ROOM	864	0	3,946	0	627 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,219	0	1,224	277	194 52.00
53.00	05300	ANESTHESIOLOGY	480	0	822	52	131 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,732	0	18,777	1,213	2,983 54.00
55.00	03480	ONCOLOGY	7,935	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	9,293	0	6,507	0	1,034 60.00
64.00	06400	INTRAVENOUS THERAPY	414	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	3,644	0	1,579	477	251 65.00
66.00	06600	PHYSICAL THERAPY	934	0	2,362	55	375 66.00
66.01	06601	O/P PHYSICAL THERAPY	2,816	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	109	0	553	14	88 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,088	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,884	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,277	0	0	0	0 73.00
76.00	03020	CLINICAL NUTRITION	382	0	0	0	0 76.00
76.01	03950	SLEEP LAB	400	0	1,510	0	240 76.01
76.97	07697	CARDIAC REHABILITATION	1,407	0	0	4	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	397	0	0	9	0 90.00
91.00	09100	EMERGENCY	14,400	0	10,135	2,096	1,610 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
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 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 4:38 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)	131,900	0	133,531	7,279	20,455	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	463	0	1,616	0	257	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	828	0	767	0	122	192.00
194.00	07950	COMMUNITY WELLNESS	1,906	0	2,369	0	376	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)	135,097	0	138,283	7,279	21,210	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 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	11,047					10.00
11.00	01100	CAFETERIA	0	38,977				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	627	0	12,811		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	274	0	0	38,098	14.00
15.00	01500	PHARMACY	0	1,462	0	0	73	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,565	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	273	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	10,737	6,977	0	4,267	1,058	30.00
31.00	03100	INTENSIVE CARE UNIT	310	558	0	341	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,558	0	953	180	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,041	0	3,083	2,353	50.00
51.00	05100	RECOVERY ROOM	0	175	0	107	32	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	570	0	349	66	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	421	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,109	0	0	935	54.00
55.00	03480	ONCOLOGY	0	737	0	0	234	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	3,395	0	0	4,852	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	742	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,536	0	0	270	65.00
66.00	06600	PHYSICAL THERAPY	0	381	0	0	4	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,466	0	0	58	66.01
69.00	06900	ELECTROCARDIOLOGY	0	38	0	0	12	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	13,029	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,040	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	90	73.00
76.00	03020	CLINICAL NUTRITION	0	190	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	1	76.01
76.97	07697	CARDIAC REHABILITATION	0	608	0	0	62	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	119	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,067	0	3,711	535	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 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description			DI ETARY	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)	11,047	37,726	0	12,811	38,047	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	1,251	0	0	51	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)	11,047	38,977	0	12,811	38,098	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 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	21,081					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,927				16.00
17.00	01700	SOCIAL SERVICE	0	0	1,236			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,489	1,201			30.00
31.00	03100	INTENSIVE CARE UNIT	0	45	35			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	110	0			43.00
45.00	04500	NURSING FACILITY	0	0	0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,170	0			50.00
51.00	05100	RECOVERY ROOM	0	301	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	154	0			52.00
53.00	05300	ANESTHESIOLOGY	0	735	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,214	0			54.00
55.00	03480	ONCOLOGY	14,648	2,098	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	4,390	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0	731	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	593	0			65.00
66.00	06600	PHYSICAL THERAPY	0	67	0			66.00
66.01	06601	O/P PHYSICAL THERAPY	0	283	0			66.01
69.00	06900	ELECTROCARDIOLOGY	0	25	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,063	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,243	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,433	2,000	0			73.00
76.00	03020	CLINICAL NUTRITION	0	12	0			76.00
76.01	03950	SLEEP LAB	0	89	0			76.01
76.97	07697	CARDIAC REHABILITATION	0	95	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	30	0			90.00
91.00	09100	EMERGENCY	0	2,990	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 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 4:38 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)	21,081	28,927	1,236	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		0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	21,081	28,927	1,236	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 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				207,481	0	30.00
31.00 03100	INTENSIVE CARE UNIT				26,541	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				11,891	0	43.00
45.00 04500	NURSING FACILITY				0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				163,571	0	50.00
51.00 05100	RECOVERY ROOM				22,550	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				9,611	0	52.00
53.00 05300	ANESTHESIOLOGY				6,387	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				130,489	0	54.00
55.00 03480	ONCOLOGY				45,309	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				59,421	0	60.00
64.00 06400	INTRAVENOUS THERAPY				2,470	0	64.00
65.00 06500	RESPIRATORY THERAPY				15,807	0	65.00
66.00 06600	PHYSICAL THERAPY				14,247	0	66.00
66.01 06601	O/P PHYSICAL THERAPY				28,387	0	66.01
69.00 06900	ELECTROCARDIOLOGY				3,132	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				20,426	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				18,685	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				13,690	0	73.00
76.00 03020	CLINICAL NUTRITION				5,835	0	76.00
76.01 03950	SLEEP LAB				8,553	0	76.01
76.97 07697	CARDIAC REHABILITATION				22,040	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				2,858	0	90.00
91.00 09100	EMERGENCY				86,231	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 05/01/2016
To 08/31/2016

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 4:38 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	925,612	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				9,165	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				35,683	0	192.00
194.00	07950	COMMUNITY WELLNESS				16,330	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	986,790	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet B Part II Date/Time Prepared: 1/26/2017 4:38 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	207,481		30.00
31.00	03100 INTENSIVE CARE UNIT	26,541		31.00
41.00	04100 SUBPROVIDER - I RF	0		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	11,891		43.00
45.00	04500 NURSING FACILITY	0		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	163,571		50.00
51.00	05100 RECOVERY ROOM	22,550		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,611		52.00
53.00	05300 ANESTHESIOLOGY	6,387		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	130,489		54.00
55.00	03480 ONCOLOGY	45,309		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	59,421		60.00
64.00	06400 INTRAVENOUS THERAPY	2,470		64.00
65.00	06500 RESPIRATORY THERAPY	15,807		65.00
66.00	06600 PHYSICAL THERAPY	14,247		66.00
66.01	06601 O/P PHYSICAL THERAPY	28,387		66.01
69.00	06900 ELECTROCARDIOLOGY	3,132		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,426		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,685		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,690		73.00
76.00	03020 CLINICAL NUTRITION	5,835		76.00
76.01	03950 SLEEP LAB	8,553		76.01
76.97	07697 CARDIAC REHABILITATION	22,040		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	2,858		90.00
91.00	09100 EMERGENCY	86,231		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)	925,612		118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,165	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	35,683	192.00
194.00	07950 COMMUNITY WELLNESS	16,330	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)	986,790	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
1/26/2017 4:38 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	3,740,185		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	26,213	3	3 5.03
5.04 00570	ADMINISTRATIVE	1,147	1,147	159,817	12	10 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	143	143	13,357	0	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	4,575	4,575	109,858	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	57,673	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	93,949	1	1 9.00
10.00 01000	DIETARY	696	696	23,166	4	6 10.00
11.00 01100	CAFETERIA	2,511	2,511	100,218	1	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	801	801	70,413	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,787	2,787	15,822	0	0 14.00
15.00 01500	PHARMACY	1,137	1,137	171,947	6	6 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	690	690	103,406	8	7 16.00
17.00 01700	SOCIAL SERVICE	0	0	37,712	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	556,191	21	45 30.00
31.00 03100	INTENSIVE CARE UNIT	1,729	1,729	65,310	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	131,160	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	430,082	43	36 50.00
51.00 05100	RECOVERY ROOM	1,599	1,599	27,011	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	496	496	47,985	1	2 52.00
53.00 05300	ANESTHESIOLOGY	333	333	0	1	1 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,609	7,609	329,877	27	15 54.00
55.00 03480	ONCOLOGY	0	0	51,860	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	212,735	12	12 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	640	640	127,925	3	2 65.00
66.00 06600	PHYSICAL THERAPY	957	957	34,582	2	2 66.00
66.01 06601	O/P PHYSICAL THERAPY	0	0	114,648	0	7 66.01
69.00 06900	ELECTROCARDIOLOGY	224	224	3,311	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	9,953	5	5 76.00
76.01 03950	SLEEP LAB	612	612	0	2	0 76.01
76.97 07697	CARDIAC REHABILITATION	0	0	36,924	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	10,451	7	7 90.00
91.00 09100	EMERGENCY	4,107	4,107	494,580	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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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					4.00	5.01
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)	74,657	74,657	3,668,136	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	72,049	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)	491,381	291,100	1,371,026	219,105	80,501	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.416320	3.801105	0.366566	890.670732	323.297189	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			4,792	6,733	10,103	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001281	27.369919	40.574297	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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						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	725,702					5.03
5.04	00570	949	6,604,179				5.04
5.05	00580	0	0	30,875,717			5.05
5.06	00590	23	0	0	-2,337,828	8,973,797	5.06
6.00	00600	0	0	0	0	0	6.00
7.00	00700	38	0	0	0	631,056	7.00
8.00	00800	0	0	0	0	36,521	8.00
9.00	00900	6,574	0	0	0	203,948	9.00
10.00	01000	846	0	0	0	53,841	10.00
11.00	01100	3,657	0	0	0	181,721	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	107,542	13.00
14.00	01400	34,879	0	0	0	89,424	14.00
15.00	01500	1,296	0	0	0	268,996	15.00
16.00	01600	0	0	0	0	198,124	16.00
17.00	01700	0	0	0	0	60,773	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	18,851	1,314,096	1,589,292	0	1,021,352	30.00
31.00	03100	0	48,316	48,316	0	123,965	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	3,212	117,886	117,886	0	196,118	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	41,923	380,761	2,315,400	0	960,060	50.00
51.00	05100	564	57,128	320,732	0	57,416	51.00
52.00	05200	1,175	163,940	163,940	0	80,997	52.00
53.00	05300	7,503	122,354	784,729	0	31,875	53.00
54.00	05400	16,651	854,191	7,703,702	0	912,152	54.00
55.00	03480	4,163	0	2,238,880	0	527,076	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	86,440	868,776	4,685,388	0	617,295	60.00
64.00	06400	13,219	282,974	779,618	0	27,517	64.00
65.00	06500	4,818	291,467	633,188	0	242,014	65.00
66.00	06600	64	56,469	71,341	0	62,010	66.00
66.01	06601	1,039	0	301,601	0	187,032	66.01
69.00	06900	218	0	26,871	0	7,209	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	232,126	552,677	2,201,366	0	271,561	71.00
72.00	07200	232,290	197,297	1,326,475	0	257,994	72.00
73.00	07300	1,611	932,046	2,134,980	0	217,662	73.00
76.00	03020	0	0	12,947	0	25,357	76.00
76.01	03950	26	0	94,808	0	26,549	76.01
76.97	07697	1,105	0	101,405	0	93,485	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	31,671	0	26,344	90.00
91.00	09100	9,535	363,801	3,191,181	0	956,480	91.00
92.00	09200						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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	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)	724,795	6,604,179	30,875,717	-2,337,828	8,761,466
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	30,724	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	54,980	192.00
194.00	07950	COMMUNITY WELLNESS	906	0	0	126,627	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)	41,434	246,429	118,149	2,337,828	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.057095	0.037314	0.003827	0.260517	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	238	12,659	1,479	135,097	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000328	0.001917	0.000048	0.015055	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	49,499		8.00
9.00	00900	HOUSEKEEPING	0	1,415	0	54,096	9.00
10.00	01000	DIETARY	0	696	0	696	571 10.00
11.00	01100	CAFETERIA	0	2,511	0	2,511	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	801	0	801	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,787	0	2,787	0 14.00
15.00	01500	PHARMACY	0	1,137	0	1,137	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	690	0	690	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,111	15,569	12,111	555 30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,729	354	1,729	16 31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	409	1,353	409	0 43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,085	3,682	10,085	0 50.00
51.00	05100	RECOVERY ROOM	0	1,599	0	1,599	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	496	1,882	496	0 52.00
53.00	05300	ANESTHESIOLOGY	0	333	351	333	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,609	8,249	7,609	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	2,637	0	2,637	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	640	3,246	640	0 65.00
66.00	06600	PHYSICAL THERAPY	0	957	371	957	0 66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	0 66.01
69.00	06900	ELECTROCARDIOLOGY	0	224	98	224	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0 76.00
76.01	03950	SLEEP LAB	0	612	0	612	0 76.01
76.97	07697	CARDIAC REHABILITATION	0	0	30	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	64	0	0 90.00
91.00	09100	EMERGENCY	0	4,107	14,250	4,107	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OPT	0	0	0	0	0 99.20
99.30	09930	OOT	0	0	0	0	0 99.30
99.40	09940	OSP	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	49,499	52,170	571	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	795,457	53,488	277,167	81,313	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	14.195464	1.080587	5.123614	142.404553	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	138,283	7,279	21,210	11,047	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.467753	0.147053	0.392081	19.346760	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	84,804					11.00
12.00	01200		0				12.00
13.00	01300	1,364	0	45,574			13.00
14.00	01400	596	0	0	678,736		14.00
15.00	01500	3,181	0	0	1,296	579,800	15.00
16.00	01600	3,405	0	0	0	0	16.00
17.00	01700	595	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	15,183	0	15,183	18,851	0	30.00
31.00	03100	1,214	0	1,214	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	3,389	0	3,389	3,212	0	43.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,967	0	10,967	41,923	0	50.00
51.00	05100	380	0	380	564	0	51.00
52.00	05200	1,240	0	1,240	1,175	0	52.00
53.00	05300	0	0	0	7,503	0	53.00
54.00	05400	8,941	0	0	16,651	0	54.00
55.00	03480	1,603	0	0	4,163	402,867	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	7,387	0	0	86,440	0	60.00
64.00	06400	0	0	0	13,219	0	64.00
65.00	06500	3,341	0	0	4,818	0	65.00
66.00	06600	830	0	0	64	0	66.00
66.01	06601	3,189	0	0	1,039	0	66.01
69.00	06900	82	0	0	218	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	232,126	0	71.00
72.00	07200	0	0	0	232,290	0	72.00
73.00	07300	0	0	0	1,611	176,933	73.00
76.00	03020	413	0	0	0	0	76.00
76.01	03950	0	0	0	26	0	76.01
76.97	07697	1,322	0	0	1,105	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	259	0	0	0	0	90.00
91.00	09100	13,201	0	13,201	9,535	0	91.00
92.00	09200						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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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		82,082	0	45,574	677,829	579,800	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	1	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	2,722	0	0	906	0	194.00
200.00							200.00
201.00							201.00
202.00		277,572	0	155,499	168,514	371,774	202.00
203.00		3.273100	0.000000	3.412011	0.248276	0.641211	203.00
204.00		38,977	0	12,811	38,098	21,081	204.00
205.00		0.459613	0.000000	0.281103	0.056131	0.036359	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	30,875,717					16.00
17.00 01700 SOCIAL SERVICE	0	571				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	1,589,292	555	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	48,316	16	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	117,886	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	2,315,400	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	320,732	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	163,940	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	784,729	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,703,702	0	0	0	0	54.00
55.00 03480 ONCOLOGY	2,238,880	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	4,685,388	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	779,618	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	633,188	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	71,341	0	0	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	301,601	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	26,871	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	2,201,366	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,326,475	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,134,980	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	12,947	0	0	0	0	76.00
76.01 03950 SLEEP LAB	94,808	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	101,405	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	31,671	0	0	0	0	90.00
91.00 09100 EMERGENCY	3,191,181	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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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	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)	30,875,717	571	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	274,214	78,552	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008881	137.569177	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,927	1,236	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000937	2.164623	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
1/26/2017 4:38 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	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 05/01/2016
To 08/31/2016

Worksheet B-1

Date/Time Prepared:
1/26/2017 4:38 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			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 05/01/2016 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/26/2017 4:38 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		1,813,906	0	0
31.00	03100 INTENSIVE CARE UNIT		203,070	0	0
41.00	04100 SUBPROVIDER - I RF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		281,074	0	0
45.00	04500 NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		1,513,271	0	0
51.00	05100 RECOVERY ROOM		108,795	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM		123,752	0	0
53.00	05300 ANESTHESIOLOGY		55,823	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		1,407,518	0	0
55.00	03480 ONCOLOGY		948,875	0	0
57.00	05700 CT SCAN		0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		916,305	0	0
64.00	06400 INTRAVENOUS THERAPY		44,892	0	0
65.00	06500 RESPIRATORY THERAPY	0	338,689	0	0
66.00	06600 PHYSICAL THERAPY	0	100,421	0	0
66.01	06601 O/P PHYSICAL THERAPY	0	249,132	0	0
69.00	06900 ELECTROCARDIOLOGY		14,082	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		419,488	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		394,660	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS		407,179	0	0
76.00	03020 CLINICAL NUTRITION		33,430	0	0
76.01	03950 SLEEP LAB		46,137	0	0
76.97	07697 CARDIAC REHABILITATION		123,373	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		34,405	0	0
91.00	09100 EMERGENCY		1,419,359	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		383,909	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF		0	0	0
99.20	09920 OPT		0	0	0
99.30	09930 OOT		0	0	0
99.40	09940 OSP		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION		0	0	0
110.00	11000 INTESTINAL ACQUISITION		0	0	0
111.00	11100 ISLET ACQUISITION		0	0	0
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)		11,381,545	0	0
201.00	Less Observation Beds		383,909		0
202.00	Total (see instructions)		10,997,636	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet C Part I Date/Time Prepared: 1/26/2017 4:38 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	1,281,265		1,281,265				30.00
31.00	03100	INTENSIVE CARE UNIT	48,316		48,316				31.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	117,886		117,886				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	380,761	1,934,639	2,315,400	0.653568	0.000000		50.00
51.00	05100	RECOVERY ROOM	57,128	263,604	320,732	0.339208	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	163,940	0	163,940	0.754862	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	122,354	662,375	784,729	0.071137	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	854,191	6,849,511	7,703,702	0.182707	0.000000		54.00
55.00	03480	ONCOLOGY	0	2,238,880	2,238,880	0.423817	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	868,776	3,816,612	4,685,388	0.195567	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	282,974	496,644	779,618	0.057582	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	291,467	341,721	633,188	0.534895	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	56,469	14,872	71,341	1.407620	0.000000		66.00
66.01	06601	O/P PHYSICAL THERAPY	0	301,601	301,601	0.826032	0.000000		66.01
69.00	06900	ELECTROCARDIOLOGY	0	26,871	26,871	0.524059	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	552,677	1,648,689	2,201,366	0.190558	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197,297	1,129,178	1,326,475	0.297525	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	932,046	1,202,934	2,134,980	0.190718	0.000000		73.00
76.00	03020	CLINICAL NUTRITION	0	12,947	12,947	2.582065	0.000000		76.00
76.01	03950	SLEEP LAB	0	94,808	94,808	0.486636	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0	101,405	101,405	1.216636	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	31,671	31,671	1.086325	0.000000		90.00
91.00	09100	EMERGENCY	363,801	2,827,380	3,191,181	0.444775	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	32,831	275,196	308,027	1.246349	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)	6,604,179	24,271,538	30,875,717				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	6,604,179	24,271,538	30,875,717				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/26/2017 4:38 pm
		Title XVIII	Hospital	Cost
Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
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 05/01/2016
To 08/31/2016

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 4:38 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	1,813,906		1,813,906	0	1,813,906	30.00
31.00	03100 INTENSIVE CARE UNIT	203,070		203,070	0	203,070	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	281,074		281,074	0	281,074	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,513,271		1,513,271	0	1,513,271	50.00
51.00	05100 RECOVERY ROOM	108,795		108,795	0	108,795	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	123,752		123,752	0	123,752	52.00
53.00	05300 ANESTHESIOLOGY	55,823		55,823	0	55,823	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,407,518		1,407,518	0	1,407,518	54.00
55.00	03480 ONCOLOGY	948,875		948,875	0	948,875	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	916,305		916,305	0	916,305	60.00
64.00	06400 INTRAVENOUS THERAPY	44,892		44,892	0	44,892	64.00
65.00	06500 RESPIRATORY THERAPY	338,689	0	338,689	0	338,689	65.00
66.00	06600 PHYSICAL THERAPY	100,421	0	100,421	0	100,421	66.00
66.01	06601 O/P PHYSICAL THERAPY	249,132	0	249,132	0	249,132	66.01
69.00	06900 ELECTROCARDIOLOGY	14,082		14,082	0	14,082	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	419,488		419,488	0	419,488	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	394,660		394,660	0	394,660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	407,179		407,179	0	407,179	73.00
76.00	03020 CLINICAL NUTRITION	33,430		33,430	0	33,430	76.00
76.01	03950 SLEEP LAB	46,137		46,137	0	46,137	76.01
76.97	07697 CARDIAC REHABILITATION	123,373		123,373	0	123,373	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	34,405		34,405	0	34,405	90.00
91.00	09100 EMERGENCY	1,419,359		1,419,359	0	1,419,359	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	383,909		383,909	0	383,909	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	0		0	0	0	113.00
200.00	Subtotal (see instructions)	11,381,545	0	11,381,545	0	11,381,545	200.00
201.00	Less Observation Beds	383,909		383,909	0	383,909	201.00
202.00	Total (see instructions)	10,997,636	0	10,997,636	0	10,997,636	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 141340

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

Worksheet C
Part I
Date/Time Prepared:
1/26/2017 4:38 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,281,265		1,281,265		30.00
31.00	03100	INTENSIVE CARE UNIT	48,316		48,316		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	117,886		117,886		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	380,761	1,934,639	2,315,400	0.653568	50.00
51.00	05100	RECOVERY ROOM	57,128	263,604	320,732	0.339208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	163,940	0	163,940	0.754862	52.00
53.00	05300	ANESTHESIOLOGY	122,354	662,375	784,729	0.071137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	854,191	6,849,511	7,703,702	0.182707	54.00
55.00	03480	ONCOLOGY	0	2,238,880	2,238,880	0.423817	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	868,776	3,816,612	4,685,388	0.195567	60.00
64.00	06400	INTRAVENOUS THERAPY	282,974	496,644	779,618	0.057582	64.00
65.00	06500	RESPIRATORY THERAPY	291,467	341,721	633,188	0.534895	65.00
66.00	06600	PHYSICAL THERAPY	56,469	14,872	71,341	1.407620	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	301,601	301,601	0.826032	66.01
69.00	06900	ELECTROCARDIOLOGY	0	26,871	26,871	0.524059	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	552,677	1,648,689	2,201,366	0.190558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197,297	1,129,178	1,326,475	0.297525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	932,046	1,202,934	2,134,980	0.190718	73.00
76.00	03020	CLINICAL NUTRITION	0	12,947	12,947	2.582065	76.00
76.01	03950	SLEEP LAB	0	94,808	94,808	0.486636	76.01
76.97	07697	CARDIAC REHABILITATION	0	101,405	101,405	1.216636	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	31,671	31,671	1.086325	90.00
91.00	09100	EMERGENCY	363,801	2,827,380	3,191,181	0.444775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	32,831	275,196	308,027	1.246349	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)	6,604,179	24,271,538	30,875,717		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	6,604,179	24,271,538	30,875,717		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet C Part I Date/Time Prepared: 1/26/2017 4:38 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 05/01/2016 To 08/31/2016	Worksheet D Part II Date/Time Prepared: 1/26/2017 4:38 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	163,571	2,315,400	0.070645	107,988	7,629	50.00
51.00	05100 RECOVERY ROOM	22,550	320,732	0.070308	20,841	1,465	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,611	163,940	0.058625	0	0	52.00
53.00	05300 ANESTHESIOLOGY	6,387	784,729	0.008139	37,409	304	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	130,489	7,703,702	0.016938	200,760	3,400	54.00
55.00	03480 ONCOLOGY	45,309	2,238,880	0.020237	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	59,421	4,685,388	0.012682	222,974	2,828	60.00
64.00	06400 INTRAVENOUS THERAPY	2,470	779,618	0.003168	103,785	329	64.00
65.00	06500 RESPIRATORY THERAPY	15,807	633,188	0.024964	154,152	3,848	65.00
66.00	06600 PHYSICAL THERAPY	14,247	71,341	0.199703	36,091	7,207	66.00
66.01	06601 O/P PHYSICAL THERAPY	28,387	301,601	0.094121	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	3,132	26,871	0.116557	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,426	2,201,366	0.009279	181,678	1,686	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18,685	1,326,475	0.014086	121,874	1,717	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,690	2,134,980	0.006412	370,291	2,374	73.00
76.00	03020 CLINICAL NUTRITION	5,835	12,947	0.450684	0	0	76.00
76.01	03950 SLEEP LAB	8,553	94,808	0.090214	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	22,040	101,405	0.217346	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	2,858	31,671	0.090240	0	0	90.00
91.00	09100 EMERGENCY	86,231	3,191,181	0.027022	74	2	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	43,913	308,027	0.142562	0	0	92.00
200.00	Total (lines 50-199)	723,612	29,428,250		1,557,917	32,789	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
1/26/2017 4:38 pm

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 05/01/2016
To 08/31/2016

Worksheet D
Part IV
Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,315,400	0.000000	0.000000	107,988	50.00
51.00	05100	RECOVERY ROOM	0	320,732	0.000000	0.000000	20,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	163,940	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	784,729	0.000000	0.000000	37,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,703,702	0.000000	0.000000	200,760	54.00
55.00	03480	ONCOLOGY	0	2,238,880	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	4,685,388	0.000000	0.000000	222,974	60.00
64.00	06400	INTRAVENOUS THERAPY	0	779,618	0.000000	0.000000	103,785	64.00
65.00	06500	RESPIRATORY THERAPY	0	633,188	0.000000	0.000000	154,152	65.00
66.00	06600	PHYSICAL THERAPY	0	71,341	0.000000	0.000000	36,091	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	301,601	0.000000	0.000000	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	26,871	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,201,366	0.000000	0.000000	181,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,326,475	0.000000	0.000000	121,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,134,980	0.000000	0.000000	370,291	73.00
76.00	03020	CLINICAL NUTRITION	0	12,947	0.000000	0.000000	0	76.00
76.01	03950	SLEEP LAB	0	94,808	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	101,405	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	31,671	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	3,191,181	0.000000	0.000000	74	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	308,027	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	29,428,250			1,557,917	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part IV Date/Time Prepared: 1/26/2017 4:38 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
Title XVIII						
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 05/01/2016 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/26/2017 4:38 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	0.653568	0	538,424	0	0 50.00
51.00 05100 RECOVERY ROOM	0.339208	0	53,605	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.754862	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.071137	0	173,305	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.182707	0	2,508,965	0	0 54.00
55.00 03480 ONCOLOGY	0.423817	0	833,445	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	0.195567	0	1,545,636	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0.057582	0	138,528	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.534895	0	169,211	0	0 65.00
66.00 06600 PHYSICAL THERAPY	1.407620	0	10,137	0	0 66.00
66.01 06601 O/P PHYSICAL THERAPY	0.826032	0	110,400	0	0 66.01
69.00 06900 ELECTROCARDIOLOGY	0.524059	0	14,668	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.190558	0	299,522	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.297525	0	178,816	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190718	0	440,181	492	0 73.00
76.00 03020 CLINICAL NUTRITION	2.582065	0	4,866	0	0 76.00
76.01 03950 SLEEP LAB	0.486636	0	53,754	0	0 76.01
76.97 07697 CARDIAC REHABILITATION	1.216636	0	51,322	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	1.086325	0	14,096	0	0 90.00
91.00 09100 EMERGENCY	0.444775	0	881,034	83	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.246349	0	107,311	0	0 92.00
200.00 Subtotal (see instructions)		0	8,127,226	575	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	8,127,226	575	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet D Part V Date/Time Prepared: 1/26/2017 4:38 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	351,897	0		50.00
51.00 05100 RECOVERY ROOM	18,183	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	12,328	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	458,405	0		54.00
55.00 03480 ONCOLOGY	353,228	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	302,275	0		60.00
64.00 06400 INTRAVENOUS THERAPY	7,977	0		64.00
65.00 06500 RESPIRATORY THERAPY	90,510	0		65.00
66.00 06600 PHYSICAL THERAPY	14,269	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	91,194	0		66.01
69.00 06900 ELECTROCARDIOLOGY	7,687	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,076	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	53,202	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	83,950	94		73.00
76.00 03020 CLINICAL NUTRITION	12,564	0		76.00
76.01 03950 SLEEP LAB	26,159	0		76.01
76.97 07697 CARDIAC REHABILITATION	62,440	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	15,313	0		90.00
91.00 09100 EMERGENCY	391,862	37		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	133,747	0		92.00
200.00 Subtotal (see instructions)	2,544,266	131		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,544,266	131		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/26/2017 4:38 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)		704	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		704	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)		555	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)		280	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)		1,813,906	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)		1,813,906	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)		1,813,906	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)		2,576.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		721,440	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)		721,440	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 1/26/2017 4:38 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	203,070	16	12,691.88	5	63,459		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)					441,362		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,226,261		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)						149	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						2,576.57	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						383,909	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2016 To 08/31/2016		Worksheet D-1 Date/Time Prepared: 1/26/2017 4:38 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	207,481	1,813,906	0.114384	383,909	43,913	90.00
91.00	Nursing School cost	0	1,813,906	0.000000	383,909	0	91.00
92.00	Allied health cost	0	1,813,906	0.000000	383,909	0	92.00
93.00	All other Medical Education	0	1,813,906	0.000000	383,909	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/26/2017 4:38 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		447,074	30.00
31.00	03100	INTENSIVE CARE UNIT		16,185	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	0.653568	107,988	50.00
51.00	05100	RECOVERY ROOM	0.339208	20,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.754862	0	52.00
53.00	05300	ANESTHESIOLOGY	0.071137	37,409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182707	200,760	54.00
55.00	03480	ONCOLOGY	0.423817	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.195567	222,974	60.00
64.00	06400	INTRAVENOUS THERAPY	0.057582	103,785	64.00
65.00	06500	RESPIRATORY THERAPY	0.534895	154,152	65.00
66.00	06600	PHYSICAL THERAPY	1.407620	36,091	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.826032	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.524059	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.190558	181,678	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.297525	121,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190718	370,291	73.00
76.00	03020	CLINICAL NUTRITION	2.582065	0	76.00
76.01	03950	SLEEP LAB	0.486636	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.216636	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	1.086325	0	90.00
91.00	09100	EMERGENCY	0.444775	74	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.246349	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,557,917	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,557,917	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet D-3 Date/Time Prepared: 1/26/2017 4:38 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		119,328	30.00
31.00	03100	INTENSIVE CARE UNIT		7,043	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		18,962	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.653568	32,034	50.00
51.00	05100	RECOVERY ROOM	0.339208	4,461	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.754862	37,371	52.00
53.00	05300	ANESTHESIOLOGY	0.071137	11,646	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.182707	95,454	54.00
55.00	03480	ONCOLOGY	0.423817	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.195567	98,535	60.00
64.00	06400	INTRAVENOUS THERAPY	0.057582	38,976	64.00
65.00	06500	RESPIRATORY THERAPY	0.534895	24,496	65.00
66.00	06600	PHYSICAL THERAPY	1.407620	5,150	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.826032	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.524059	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.190558	41,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.297525	44,629	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190718	113,613	73.00
76.00	03020	CLINICAL NUTRITION	2.582065	0	76.00
76.01	03950	SLEEP LAB	0.486636	0	76.01
76.97	07697	CARDIAC REHABILITATION	1.216636	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	1.086325	0	90.00
91.00	09100	EMERGENCY	0.444775	50,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.246349	7,600	92.00
200.00		Total (sum of lines 50-94 and 96-98)		605,368	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		605,368	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2016 To 08/31/2016	Worksheet E Part B Date/Time Prepared: 1/26/2017 4:38 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			2,544,397 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)			2,544,397 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)			2,569,841 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)			3,243 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,340,323 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)			1,226,275 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)			1,226,275 30.00
31.00	Primary payer payments			958 31.00
32.00	Subtotal (line 30 minus line 31)			1,225,317 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)			183,708 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			119,410 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			148,690 36.00
37.00	Subtotal (see instructions)			1,344,727 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)			1,344,727 40.00
40.01	Sequestration adjustment (see instructions)			26,895 40.01
41.00	Interim payments			1,072,296 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			245,536 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			26,895 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 05/01/2016
To 08/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
1/26/2017 4:38 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		887,761		1,072,296	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		887,761		1,072,296		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		213,055		245,536		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,100,816		1,317,832		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 05/01/2016 To 08/31/2016	Worksheet E-1 Part II Date/Time Prepared: 1/26/2017 4:38 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 05/01/2016 To 08/31/2016	Worksheet E-3 Part V Date/Time Prepared: 1/26/2017 4:38 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT				
1.00	Inpatient services			1,226,261 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)			1,226,261 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,230,308 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)			1,230,308 19.00
20.00	Deductibles (exclude professional component)			113,344 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			1,116,964 22.00
23.00	Coinsurance			1,932 23.00
24.00	Subtotal (line 22 minus line 23)			1,115,032 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			12,692 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			8,250 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			11,536 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			1,123,282 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)			1,123,282 30.00
30.01	Sequestration adjustment (see instructions)			22,466 30.01
31.00	Interim payments			887,761 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)			213,055 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			22,466 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 05/01/2016
To 08/31/2016

Worksheet G

Date/Time Prepared:
1/26/2017 4:38 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	11,713,525	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,498,462	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,524,830	0	0	0	6.00
7.00	Inventory	1,599,108	0	0	0	7.00
8.00	Prepaid expenses	248,406	0	0	0	8.00
9.00	Other current assets	562,420	0	0	0	9.00
10.00	Due from other funds	-649,116	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,447,975	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	0	0	0	0	14.00
15.00	Buildings	19,541,272	0	0	0	15.00
16.00	Accumulated depreciation	-1,435,690	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	4,780,270	0	0	0	23.00
24.00	Accumulated depreciation	-1,517,781	0	0	0	24.00
25.00	Minor equipment depreciable	687	0	0	0	25.00
26.00	Accumulated depreciation	-687	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)	22,928,071	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	29,400,068	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,400,068	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	70,776,114	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,265,074	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,461,078	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,046	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,605	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,747,803	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,698,985	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,698,985	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	6,446,788	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	64,329,326				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)	64,329,326	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	70,776,114	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
1/26/2017 4:38 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		64,077,996		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		348,068			2.00
3.00	Total (sum of line 1 and line 2)		64,426,064		0	3.00
4.00	TRANSFER OF FUNDS	39,036		0		4.00
5.00	MISC	418,211		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)		457,247		0	10.00
11.00	Subtotal (line 3 plus line 10)		64,883,311		0	11.00
12.00	TRANSFERS OF FUNDS	450,000		0		12.00
13.00	OTHER	103,985		0		13.00
14.00		0		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)		553,985		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		64,329,326		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	TRANSFER OF FUNDS		0			4.00
5.00	MISC		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			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 05/01/2016
To 08/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/26/2017 4:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,281,265		1,281,265	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)	1,281,265		1,281,265	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	48,316		48,316	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)	48,316		48,316	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,329,581		1,329,581	17.00
18.00	Ancillary services	4,760,080	21,137,291	25,897,371	18.00
19.00	Outpatient services	396,632	3,134,247	3,530,879	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	352,198	1,501,853	1,854,051	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	6,838,491	25,773,391	32,611,882	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		13,526,104		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	1			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)		1		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		13,526,103		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141340

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

Worksheet G-3

Date/Time Prepared:
1/26/2017 4:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	32,611,882	1.00
2.00	Less contractual allowances and discounts on patients' accounts	18,399,060	2.00
3.00	Net patient revenues (line 1 minus line 2)	14,212,822	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	13,526,103	4.00
5.00	Net income from service to patients (line 3 minus line 4)	686,719	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,176	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	-243,872	24.00
24.01	MI SCCELLANEOUS	0	24.01
24.02	UNREALIZED GAINS / LOSSES	-102,957	24.02
24.03	ROUNDING	2	24.03
25.00	Total other income (sum of lines 6-24)	-338,651	25.00
26.00	Total (line 5 plus line 25)	348,068	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	348,068	29.00