

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 05/01/2013 To 04/30/2014	Worksheet S Parts I-III Date/Time Prepared: 9/25/2014 3:31 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/25/2014 Time: 3:31 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by VALLEY WEST COMMUNITY HOSPITAL (141340) for the cost reporting period beginning 05/01/2013 and ending 04/30/2014 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 V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	859,015	407,609	291,255	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	859,015	407,609	291,255	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/25/2014 3:28 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 1302 N. MAIN STREET	PO Box:		Zip Code: 60548-		County: DEKALB				1.00
2.00	City: SANDWICH	State: IL								2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	VALLEY WEST COMMUNITY HOSPITAL	141340	16974	1	08/02/2004	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2013	04/30/2014	20.00
21.00	Type of Control (see instructions)					2		21.00

22.00 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 §412.06(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)								22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	0	0	0	0	0	0	24.00
25.00	0	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/25/2014 3:28 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for 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)				39.00	
		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 Worksheet L, Part III and L-1, Parts I through 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 Worksheet D, Part III & IV and D-2, Part 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, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/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

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		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		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider 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 Nonprovi der Si te	Unweighted FTEs in Hospi tal	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 non-provider 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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/25/2014 3:28 pm																																																																																																																																																																				
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(see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. 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Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="7">Title V and XIX Services</td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>Y</td> <td></td> <td></td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>93.00</td> <td>Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> <td>N</td> <td></td> <td></td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. 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		V	XIX			
		1.00	2.00			
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	Column 1: 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 would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	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	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	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 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 hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	285,914		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/25/2014 3:28 pm			
		1.00	2.00				
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H134	140.00			
		1.00	2.00	3.00			
141.00	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
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			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)	N	N	N	N		
156.00	Hospital	N	N	N	N		
157.00	Subprovider - IPF	N	N	N	N		
158.00	Subprovider - IRF	N	N	N	N		
159.00	SUBPROVIDER	N	N	N	N		
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC	N	N	N	N		
161.10	CORF	N	N	N	N		
161.20	OPT	N	N	N	N		
161.30	OOT	N	N	N	N		
161.40	OSP	N	N	N	N		
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		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)	400,970		168.00			
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)	05/01/2013		04/30/2014			
				170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 9/25/2014 3:28 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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been 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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/02/2014	Y	17.00
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 9/25/2014 3:28 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	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.			Y	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.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRANDON		HOFMANN	41.00
42.00	Enter the employer/company name of the cost report preparer.	KI SHHEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153548		BHOFMANN@KI SHHEALTH.ORG	43.00

		Part B	
		Date	
		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)		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)	09/02/2014	17.00
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.		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.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT SPECIALIST/FIN ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	21	7,857	73,965.61	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		21	7,857	73,965.61	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,268	2,827.66	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,125	76,793.27	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						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 05/01/2013
To 04/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	1,198	392	2,387			1.00
2.00 HMO and other (see instructions)	43	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,198	392	2,387			7.00
8.00 INTENSIVE CARE UNIT	148	21	256			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		180	464			13.00
14.00 Total (see instructions)	1,346	593	3,107	0.00	194.80	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	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
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	194.80	27.00
28.00 Observation Bed Days		0	471			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	0	62			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 05/01/2013
To 04/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
9/25/2014 3:28 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	446	197	1,022	1.00
2.00 HMO and other (see instructions)				14			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							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		446	197	1,022	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	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
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 05/01/2013 To 04/30/2014	Worksheet S-10 Date/Time Prepared: 9/25/2014 3:28 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)		0.356330		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,795,278		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		16,297,698		6.00
7.00	Medicaid cost (line 1 times line 6)		5,807,359		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,012,081		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		23,034		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,012,081		19.00
				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	2,140,151	532,954	2,673,105	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	762,600	189,907	952,507	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	762,600	189,907	952,507	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,392,759		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		438,888		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		1,953,871		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		696,223		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,648,730		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,660,811		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet A Date/Time Prepared: 9/25/2014 3:28 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		2,822,861		1,438,357	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		1,471,342	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	4,468,741		4,498,795	4.00
5.01	00510	NONPATIENT PHONES	0	386,922		386,922	5.01
5.02	00511	DATA PROCESSING	0	366,393		366,393	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	107,061	8,976	116,037	0	5.03
5.04	00513	ADMINISTRATIVE	453,742	5,551	459,293	0	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	75,683	260,127	335,810	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	614,925	6,500,789	7,115,714	-12,663	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	305,258	1,640,654	1,945,912	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	89,221	89,221	0	8.00
9.00	00900	HOUSEKEEPING	238,698	174,011	412,709	0	9.00
10.00	01000	DIETARY	378,400	182,254	560,654	-425,586	10.00
11.00	01100	CAFETERIA	0	0	0	425,586	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	119,021	1,037,085	1,156,106	3,164	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	49,648	258,028	307,676	-86,517	14.00
15.00	01500	PHARMACY	533,276	781,337	1,314,613	-749,221	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	366,066	262,678	628,744	0	16.00
17.00	01700	SOCIAL SERVICE	126,122	65	126,187	86,361	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,344,679	197,576	2,542,255	-505,846	30.00
31.00	03100	INTENSIVE CARE UNIT	278,994	8,465	287,459	-4,422	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	424,835	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,105,758	1,900,595	3,006,353	-1,273,556	50.00
51.00	05100	RECOVERY ROOM	140,141	8,352	148,493	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	105,302	52.00
53.00	05300	ANESTHESIOLOGY	0	326,509	326,509	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,057,440	1,349,849	2,407,289	0	54.00
55.00	03480	ONCOLOGY	115,686	1,097,437	1,213,123	-33,449	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	703,603	1,058,734	1,762,337	-189	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	16,644	64.00
65.00	06500	RESPIRATORY THERAPY	405,983	53,594	459,577	-347	65.00
66.00	06600	PHYSICAL THERAPY	121,494	2,917	124,411	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	350,727	84,742	435,469	0	66.01
69.00	06900	ELECTROCARDIOLOGY	15,035	933	15,968	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	112	112	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	868,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	457,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	680,101	73.00
76.00	03020	CLINICAL NUTRITION	54,307	572	54,879	-1,895	76.00
76.01	03950	SLEEP LAB	0	54,657	54,657	0	76.01
76.97	07697	CARDIAC REHABILITATION	104,665	6,305	110,970	92,179	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	33,252	2,546	35,798	6,583	90.00
91.00	09100	EMERGENCY	1,250,382	2,357,877	3,608,259	71,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,679,398	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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE		99,521	99,521	-99,521	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,450,046	27,856,986	39,307,032	161,936	39,468,968	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	499,311	499,311	-161,936	337,375	192.00
194.00	07950	COMMUNITY WELLNESS	275,375	48,593	323,968	0	323,968	194.00
200.00		TOTAL (SUM OF LINES 118-199)	11,725,421	28,404,890	40,130,311	0	40,130,311	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A
Date/Time Prepared:
9/25/2014 3:28 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	177,695	1,616,052	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	55,878	1,527,220	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	4,498,795	4.00
5.01	00510 NONPATIENT PHONES	0	386,922	5.01
5.02	00511 DATA PROCESSING	0	366,393	5.02
5.03	00512 PURCHASING RECEIVING AND STORES	0	116,037	5.03
5.04	00513 ADMITTING	0	459,293	5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE	-17,686	318,124	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-2,634,033	4,469,018	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-7,425	1,938,487	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	89,221	8.00
9.00	00900 HOUSEKEEPING	-767	411,942	9.00
10.00	01000 DIETARY	-2,719	132,349	10.00
11.00	01100 CAFETERIA	-93,557	332,029	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-1,031,960	127,310	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-10,490	210,669	14.00
15.00	01500 PHARMACY	0	565,392	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-23,961	604,783	16.00
17.00	01700 SOCIAL SERVICE	0	212,548	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 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-8,876	2,027,533	30.00
31.00	03100 INTENSIVE CARE UNIT	0	283,037	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	424,835	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	1,732,797	50.00
51.00	05100 RECOVERY ROOM	0	148,493	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	105,302	52.00
53.00	05300 ANESTHESIOLOGY	-253,850	72,659	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-167,993	2,239,296	54.00
55.00	03480 ONCOLOGY	-286,767	892,907	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	-31,899	1,730,249	60.00
64.00	06400 INTRAVENOUS THERAPY	0	16,644	64.00
65.00	06500 RESPIRATORY THERAPY	0	459,230	65.00
66.00	06600 PHYSICAL THERAPY	0	124,411	66.00
66.01	06601 O/P PHYSICAL THERAPY	-3,373	432,096	66.01
69.00	06900 ELECTROCARDIOLOGY	0	15,968	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	112	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-3,126	865,424	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	457,812	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-13,460	666,641	73.00
76.00	03020 CLINICAL NUTRITION	-125	52,859	76.00
76.01	03950 SLEEP LAB	0	54,657	76.01
76.97	07697 CARDIAC REHABILITATION	0	203,149	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	42,381	90.00
91.00	09100 EMERGENCY	-1,758,346	1,921,052	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,116,840	33,352,128	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,044	335,331	192.00
194.00	07950	COMMUNITY WELLNESS	0	323,968	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-6,118,884	34,011,427	200.00

RECLASSIFICATIONS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-6
Date/Time Prepared:
9/25/2014 3:28 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSING ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	3,164	0	1.00
	TOTALS		3,164	0	
B - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	680,101	1.00
	TOTALS		0	680,101	
C - NURSERY AND DELIVERY AND LABOR ROOM					
1.00	NURSERY	43.00	392,049	32,786	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	97,175	8,127	2.00
	TOTALS		489,224	40,913	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,326,362	1.00
2.00	INTRAVENOUS THERAPY	64.00	0	16,644	2.00
	TOTALS		0	1,343,006	
E - EQUIPMENT LEASE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	86,838	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	86,838	
F - CAFETERIA					
1.00	CAFETERIA	11.00	287,239	138,347	1.00
	TOTALS		287,239	138,347	
G - INTEREST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	99,521	1.00
	TOTALS		0	99,521	
H - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,384,504	1.00
	TOTALS		0	1,384,504	
I - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,190	1.00
	TOTALS		0	1,190	
J - EMPLOYEE BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS	4.00	0	28,864	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,585	2.00
	TOTALS		0	33,449	
K - CONTINUITY OF CARE					
1.00	SOCIAL SERVICE	17.00	107,055	50,445	1.00
	TOTALS		107,055	50,445	
L - ROUTINE DIABETES					
1.00	ADULTS & PEDIATRICS	30.00	14,811	5,058	1.00
	TOTALS		14,811	5,058	
M - OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	4,292	130	1.00
	TOTALS		4,292	130	
N - MOB RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45,200	1.00
2.00	CLINICAL NUTRITION	76.00	0	17,974	2.00
3.00	CARDIAC REHABILITATION	76.97	0	71,214	3.00
4.00	CARDIAC REHABILITATION	76.97	0	20,965	4.00
5.00	CLINIC	90.00	0	6,583	5.00
	TOTALS		0	161,936	
O - ON CALL SOCIAL SERVICE					
1.00	EMERGENCY	91.00	71,102	37	1.00
	TOTALS		71,102	37	
P - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	457,812	1.00
	TOTALS		0	457,812	
500.00	Grand Total: Increases		976,887	4,483,287	500.00

RECLASSIFICATIONS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-6
Date/Time Prepared:
9/25/2014 3:28 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSING ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	3,164	0	0		1.00
	TOTALS		3,164	0			
B - DRUGS SOLD							
1.00	PHARMACY	15.00	0	680,101	0		1.00
	TOTALS		0	680,101			
C - NURSERY AND DELIVERY AND LABOR ROOM							
1.00	ADULTS & PEDIATRICS	30.00	489,224	40,913	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		489,224	40,913			
D - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	70,064	0		1.00
2.00	OPERATING ROOM	50.00	0	1,272,942	0		2.00
	TOTALS		0	1,343,006			
E - EQUIPMENT LEASE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,453	0		2.00
3.00	PHARMACY	15.00	0	69,120	0		3.00
4.00	OPERATING ROOM	50.00	0	614	0		4.00
5.00	LABORATORY	60.00	0	189	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	347	0		6.00
	TOTALS		0	86,838			
F - CAFETERIA							
1.00	DIETARY	10.00	287,239	138,347	0		1.00
	TOTALS		287,239	138,347			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	99,521	0		1.00
	TOTALS		0	99,521			
H - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,384,504	9		1.00
	TOTALS		0	1,384,504			
I - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,190	0		1.00
	TOTALS		0	1,190			
J - EMPLOYEE BENEFIT ALLOCATION							
1.00	ONCOLOGY	55.00	0	33,449	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	33,449			
K - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	107,055	50,445	0		1.00
	TOTALS		107,055	50,445			
L - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	14,811	5,058	0		1.00
	TOTALS		14,811	5,058			
M - OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	4,292	130	0		1.00
	TOTALS		4,292	130			
N - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	161,936	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	161,936			
O - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	71,102	37	0		1.00
	TOTALS		71,102	37			
P - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	457,812	0		1.00
	TOTALS		0	457,812			
500.00	Grand Total: Decreases		976,887	4,483,287			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,279,463	0	0	0	1.00
2.00	Land Improvements	1,541,067	826,425	0	826,425	2.00
3.00	Buildings and Fixtures	13,618,375	8,934,908	0	8,934,908	3.00
4.00	Building Improvements	420,249	0	0	0	4.00
5.00	Fixed Equipment	8,727,628	59,784	0	59,784	5.00
6.00	Movable Equipment	11,437,923	1,973,190	0	1,973,190	684,967
7.00	HIT designated Assets	0	208,625	0	208,625	0
8.00	Subtotal (sum of lines 1-7)	37,024,705	12,002,932	0	12,002,932	684,967
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	37,024,705	12,002,932	0	12,002,932	684,967
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,279,463	0			1.00
2.00	Land Improvements	2,367,492	0			2.00
3.00	Buildings and Fixtures	22,553,283	0			3.00
4.00	Building Improvements	420,249	0			4.00
5.00	Fixed Equipment	8,787,412	0			5.00
6.00	Movable Equipment	12,726,146	0			6.00
7.00	HIT designated Assets	208,625	0			7.00
8.00	Subtotal (sum of lines 1-7)	48,342,670	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	48,342,670	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,822,861	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,822,861	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,822,861				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,822,861				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
9/25/2014 3:28 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	31,760,945	0	31,760,945	0.710604	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,934,771	0	12,934,771	0.289396	0	2.00
3.00	Total (sum of lines 1-2)	44,695,716	0	44,695,716	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	1,616,052	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,440,382	86,838	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,056,434	86,838	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	1,616,052	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,527,220	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,143,272	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-8

Date/Time Prepared:
9/25/2014 3:28 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
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	-10,490	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-7,425	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,675,924			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-1,619	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	301,934			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-93,557	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	-23,961	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 OTHER REVENUE	B	-1,915	LABORATORY	60.00	0	33.00
34.00 OTHER REVENUE	B	-3,373	O/P PHYSICAL THERAPY	66.01	0	34.00
35.00 MEDICAL STAFF CREDENTIALING OTHR REV	B	-5,900	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00 HOUSEKEEPING MISC INCOME	B	-767	HOUSEKEEPING	9.00	0	36.00
37.00 OTHER REVENUE	B	-3,126	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	37.00
38.00 INTEREST INCOME	B	-99,521	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
39.00 OTHER REVENUE	B	-3,279	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
39.01 PHARMACY REBATE	B	-13,460	DRUGS CHARGED TO PATIENTS	73.00	0	39.01
39.02 DIABETES COMMUNITY EDUCATION	B	-125	CLINICAL NUTRITION	76.00	0	39.02
40.00 PROVIDER TAX	A	-1,359,579	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 PHYSICIAN RECRUITMENT	A	-384,223	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
41.01 LOBBYIST PORTION OF DUES	A	-911	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.01
42.00 LOBBYIST PORTION OF DUES	A	-16,706	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 PROPERTY TAX	A	-4,342	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 PROPERTY TAX	A	-2,044	PHYSICIANS' PRIVATE OFFICES	192.00	0	44.00
44.01 DEPRECIATION TO STRAIGHTLINE	A	-34,602	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.01
44.02 CONTRIBUTIONS	A	-98,608	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.02
44.03 CONTRIBUTIONS	A	-2,892	EMERGENCY	91.00	0	44.03
44.04 MARKETING	A	-280,069	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.04
44.05 PENALTIES	A	-120	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.05
44.06 PHYSICIAN BILLING	A	-17,686	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	44.06
44.07 PHYSICIAN MALPRACTICE	A	-42,938	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.07
44.08 PHYSICIAN MALPRACTICE	A	-67,754	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.08
44.09 MATERNITY GIFTS - DINNERS ON THE TOW	A	-6,325	ADULTS & PEDIATRICS	30.00	0	44.09
45.00 MEDICAL EXCISE TAX	A	-121	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.00
45.01 KHS MU ASSET RECORDED AT VW	A	-41,721	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.01
45.02 MU ASSET OFFSET	A	-110,465	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.02
45.03 MEALS ON WHEELS COST	A	-2,719	DIETARY	10.00	0	45.03
45.04 HOSPICE COSTS	A	-2,551	ADULTS & PEDIATRICS	30.00	0	45.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,118,884				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 05/01/2013
To 04/30/2014

Worksheet A-8-1

Date/Time Prepared:
9/25/2014 3:28 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	ADMINISTRATIVE	3,461,642	3,557,321 1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	CAPITAL	177,695	0 2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	CAPITAL	242,666	0 3.00
4.00	55.00	ONCOLOGY	BUILDING RENT	65,020	87,768 4.00
5.00	0		0	3,947,023	3,645,089 5.00

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

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

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

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

6.00	A	0.00	KISHWAUKEE HEALTH SYSTEM	100.00	6.00
7.00	A	0.00	HEALTH VENTURES	51.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-8-1

Date/Time Prepared:
9/25/2014 3:28 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	-95,679	0		1.00
2.00	177,695	9		2.00
3.00	242,666	9		3.00
4.00	-22,748	0		4.00
5.00	301,934			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			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet A-8-2

Date/Time Prepared:
9/25/2014 3:28 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	174,283	174,283	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	1,031,960	1,031,960	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	2,175	0	2,175	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	272,570	253,850	18,720	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	105,390	105,390	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	60,984	60,984	0	0	0	6.00
7.00	55.00	ONCOLOGY	5,250	0	5,250	0	0	7.00
8.00	55.00	ONCOLOGY	264,019	264,019	0	0	0	8.00
9.00	60.00	LABORATORY	51,006	29,984	21,022	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	2,175	0	2,175	0	0	10.00
11.00	91.00	EMERGENCY	2,257,576	1,755,454	502,122	0	0	11.00
200.00			4,227,388	3,675,924	551,464			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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	ONCOLOGY	0	0	0	0	0	7.00
8.00	55.00	ONCOLOGY	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	174,283	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	1,031,960	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	253,850	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	105,390	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	60,984	6.00
7.00	55.00	ONCOLOGY	0	0	0	0	7.00
8.00	55.00	ONCOLOGY	0	0	0	264,019	8.00
9.00	60.00	LABORATORY	0	0	0	29,984	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	1,755,454	11.00
200.00			0	0	0	3,675,924	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,616,052	1,616,052				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,527,220		1,527,220			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,498,795	11,324	10,701	4,520,820		4.00
5.01 00510 NONPATIENT PHONES	386,922	10,204	9,643	0	406,769	5.01
5.02 00511 DATA PROCESSING	366,393	15,021	14,195	0	3,968	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	116,037	0	0	41,278	9,921	5.03
5.04 00513 ADMINISTRATION	459,293	29,851	28,210	174,943	7,937	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	318,124	3,317	3,134	29,180	1,984	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,469,018	152,234	143,866	194,593	47,622	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,938,487	236,209	223,225	117,694	7,937	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	89,221	21,041	19,885	0	1,984	8.00
9.00 00900 HOUSEKEEPING	411,942	22,140	20,923	92,032	1,984	9.00
10.00 01000 DIETARY	132,349	31,816	30,067	35,148	7,937	10.00
11.00 01100 CAFETERIA	332,029	38,872	36,735	110,747	1,984	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	127,310	18,908	17,868	47,109	1,984	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	210,669	74,870	70,755	19,142	1,984	14.00
15.00 01500 PHARMACY	565,392	21,210	20,045	205,608	9,921	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	604,783	14,197	13,416	141,139	23,811	16.00
17.00 01700 SOCIAL SERVICE	212,548	0	0	62,489	1,984	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	2,027,533	243,349	229,974	722,752	49,606	30.00
31.00 03100 INTENSIVE CARE UNIT	283,037	30,189	28,530	105,913	7,937	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	424,835	8,767	8,285	151,157	1,984	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,732,797	211,365	199,747	426,333	61,514	50.00
51.00 05100 RECOVERY ROOM	148,493	25,584	24,177	54,032	1,984	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	105,302	12,126	11,460	37,467	1,984	52.00
53.00 05300 ANESTHESIOLOGY	72,659	6,760	6,389	0	3,968	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,239,296	129,228	122,124	407,703	41,669	54.00
55.00 03480 ONCOLOGY	892,907	0	0	44,604	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,730,249	50,723	47,935	271,279	25,795	60.00
64.00 06400 INTRAVENOUS THERAPY	16,644	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	459,230	9,021	8,525	156,530	5,953	65.00
66.00 06600 PHYSICAL THERAPY	124,411	28,098	26,553	46,843	5,953	66.00
66.01 06601 O/P PHYSICAL THERAPY	432,096	0	0	135,225	0	66.01
69.00 06900 ELECTROCARDIOLOGY	15,968	4,732	4,472	5,797	1,984	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	112	1,732	1,637	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	865,424	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	457,812	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	666,641	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	52,859	0	0	15,228	5,953	76.00
76.01 03950 SLEEP LAB	54,657	12,612	11,919	0	1,984	76.01
76.97 07697 CARDIAC REHABILITATION	203,149	11,324	10,701	40,354	5,953	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	42,381	0	0	12,821	0	90.00
91.00 09100 EMERGENCY	1,921,052	90,546	85,569	509,507	29,764	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 - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,352,128	1,577,370	1,490,665	4,414,647	386,927	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,450	10,821	0	5,953	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	335,331	13,669	12,917	0	3,968	192.00
194.00	07950	COMMUNITY WELLNESS	323,968	13,563	12,817	106,173	9,921	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)	34,011,427	1,616,052	1,527,220	4,520,820	406,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING	399,577				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	7,332	174,568			5.03
5.04	00513	ADMINITTING	16,496	130	716,860		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	5,499	0	0	361,238	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	42,157	6	0	0	5,049,496
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	5,499	5	0	0	2,529,056
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	132,131
9.00	00900	HOUSEKEEPING	1,833	603	0	0	551,457
10.00	01000	DIETARY	9,165	427	0	0	246,909
11.00	01100	CAFETERIA	1,833	1,344	0	0	523,544
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,833	0	0	0	215,012
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,325	0	0	386,745
15.00	01500	PHARMACY	10,998	279	0	0	833,453
16.00	01600	MEDICAL RECORDS & LIBRARY	21,995	0	0	0	819,341
17.00	01700	SOCIAL SERVICE	0	0	0	0	277,021
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,150	5,282	136,003	21,397	3,489,046
31.00	03100	INTENSIVE CARE UNIT	10,998	298	22,616	2,996	492,514
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	7,332	1,262	18,303	2,424	624,349
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	51,322	8,005	48,038	28,530	2,767,651
51.00	05100	RECOVERY ROOM	0	428	11,878	5,034	271,610
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,499	313	14,211	1,882	190,244
53.00	05300	ANESTHESIOLOGY	10,998	2,207	13,595	5,909	122,485
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,993	5,232	66,620	93,701	3,138,566
55.00	03480	ONCOLOGY	1,833	1,055	0	16,502	956,901
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	23,828	35,061	87,339	59,957	2,332,166
64.00	06400	INTRAVENOUS THERAPY	0	1,227	47,947	14,167	79,985
65.00	06500	RESPIRATORY THERAPY	5,499	1,002	28,540	5,494	679,794
66.00	06600	PHYSICAL THERAPY	10,998	59	5,250	951	249,116
66.01	06601	O/P PHYSICAL THERAPY	14,663	362	0	2,744	585,090
69.00	06900	ELECTROCARDIOLOGY	1,833	58	157	552	35,553
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6	287	106	3,880
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,934	62,319	24,207	1,015,884
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,754	17,903	8,967	518,436
73.00	07300	DRUGS CHARGED TO PATIENTS	0	192	122,837	31,431	821,101
76.00	03020	CLINICAL NUTRITION	0	0	12	293	74,345
76.01	03950	SLEEP LAB	0	1	0	1,264	82,437
76.97	07697	CARDIAC REHABILITATION	3,666	31	0	57	275,235
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,833	8	0	408	57,451
91.00	09100	EMERGENCY	31,160	2,660	13,005	32,265	2,715,528
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	392,245	174,556	716,860	361,238	33,143,532	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,833	0	0	0	30,057	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	10	0	0	365,895	192.00
194.00	07950 COMMUNITY WELLNESS	5,499	2	0	0	471,943	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)	399,577	174,568	716,860	361,238	34,011,427	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,049,496				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	440,938	0	2,969,994		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,037	0	53,971	209,139	8.00
9.00	00900	HOUSEKEEPING	96,146	0	56,789	0	704,392
10.00	01000	DIETARY	43,048	0	81,607	0	19,236
11.00	01100	CAFETERIA	91,279	0	99,706	0	23,502
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	37,487	0	48,498	0	11,432
14.00	01400	CENTRAL SERVICES & SUPPLY	67,429	0	192,043	0	45,267
15.00	01500	PHARMACY	145,312	0	54,405	0	12,824
16.00	01600	MEDICAL RECORDS & LIBRARY	142,851	0	36,414	0	8,583
17.00	01700	SOCIAL SERVICE	48,298	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	608,325	0	624,193	78,660	147,130
31.00	03100	INTENSIVE CARE UNIT	85,869	0	77,435	5,332	18,252
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	108,855	0	22,488	3,815	5,301
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	482,537	0	542,152	15,631	127,791
51.00	05100	RECOVERY ROOM	47,355	0	65,622	0	15,468
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,169	0	31,104	2,961	7,332
53.00	05300	ANESTHESIOLOGY	21,355	0	17,340	1,736	4,087
54.00	05400	RADIOLOGY-DIAGNOSTIC	547,206	0	331,468	31,249	78,131
55.00	03480	ONCOLOGY	166,835	0	0	0	30,437
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	406,611	0	130,106	0	30,667
64.00	06400	INTRAVENOUS THERAPY	13,945	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	118,521	0	23,138	15,554	5,454
66.00	06600	PHYSICAL THERAPY	43,433	0	72,070	565	16,988
66.01	06601	O/P PHYSICAL THERAPY	102,010	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	6,199	0	12,138	0	2,861
70.00	07000	ELECTROENCEPHALOGRAPHY	676	0	4,443	0	1,047
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	177,118	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,389	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	143,158	0	0	0	0
76.00	03020	CLINICAL NUTRITION	12,962	0	0	0	0
76.01	03950	SLEEP LAB	14,373	0	32,350	0	7,625
76.97	07697	CARDIAC REHABILITATION	47,987	0	29,045	288	6,846
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	10,017	0	0	262	0
91.00	09100	EMERGENCY	473,450	0	232,250	53,086	54,744
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

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Part I
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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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,898,180	0	2,870,775	209,139	681,005	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,240	0	29,370	0	6,923	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	63,793	0	35,060	0	8,264	192.00
194.00	07950 COMMUNITY WELLNESS	82,283	0	34,789	0	8,200	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)	5,049,496	0	2,969,994	209,139	704,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part I Date/Time Prepared: 9/25/2014 3:28 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	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	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	390,800					10.00
11.00	01100	CAFETERIA	0	738,031				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,525	0	317,954		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,110	0	0	695,594	14.00
15.00	01500	PHARMACY	0	28,341	0	0	1,191	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,400	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,549	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	352,947	139,505	0	112,309	22,576	30.00
31.00	03100	INTENSIVE CARE UNIT	37,853	22,818	0	18,370	1,272	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	27,599	0	22,219	5,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	87,703	0	70,606	34,220	50.00
51.00	05100	RECOVERY ROOM	0	8,813	0	7,095	1,828	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,842	0	5,508	1,337	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,435	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	81,717	0	0	22,366	54.00
55.00	03480	ONCOLOGY	0	9,889	0	0	4,511	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	69,215	0	0	149,868	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	5,245	64.00
65.00	06500	RESPIRATORY THERAPY	0	30,222	0	0	4,281	65.00
66.00	06600	PHYSICAL THERAPY	0	3,616	0	0	254	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	37,235	0	0	1,548	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	246	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	26	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	273,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	144,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	823	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	1	76.00
76.01	03950	SLEEP LAB	0	0	0	0	2	76.01
76.97	07697	CARDIAC REHABILITATION	0	7,729	0	0	133	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	33	90.00
91.00	09100	EMERGENCY	0	101,666	0	81,847	11,372	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
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part I
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Cost Center Description		DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADM NI STRATION	CENTRAL SERVI CES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	390,800	714,494	0	317,954	695,543	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	41	192.00
194.00	07950 COMMUNITY WELLNESS	0	23,537	0	0	10	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)	390,800	738,031	0	317,954	695,594	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part I Date/Time Prepared: 9/25/2014 3:28 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	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	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	1,075,526					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,045,589				16.00
17.00	01700	SOCIAL SERVICE	0	0	328,868			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	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	0	61,929	297,014	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,671	31,854	0	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	7,017	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	82,577	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	14,569	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,448	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	17,104	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	271,238	0	0	0	54.00
55.00	03480	ONCOLOGY	525,104	47,764	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	173,537	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	41,003	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,902	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,753	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	7,942	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	1,598	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	307	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	70,064	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,954	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	550,422	90,973	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	849	0	0	0	76.00
76.01	03950	SLEEP LAB	0	3,659	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	165	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	1,181	0	0	0	90.00
91.00	09100	EMERGENCY	0	93,385	0	0	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
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

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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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,075,526	1,045,589	328,868	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	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,075,526	1,045,589	328,868	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

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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 00510 NONPATIENT PHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING RECEIVING AND STORES							5.03
5.04 00513 ADMITTING							5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 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	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	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	0	0	5,933,634	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	800,240	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	827,036	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	4,210,868	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	432,360	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	283,945	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	193,542	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,501,941	0	0	54.00
55.00 03480 ONCOLOGY	0	0	0	1,741,441	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	3,292,170	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	140,178	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	892,866	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	388,795	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	733,825	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,595	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	10,379	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,536,365	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	779,062	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,606,477	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	88,157	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	140,446	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	367,428	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	68,944	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	3,817,328	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 05/01/2013
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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	32,846,022	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	71,590	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	473,053	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	620,762	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	34,011,427	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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	00510 NONPATIENT PHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,933,634	30.00
31.00	03100 INTENSIVE CARE UNIT	800,240	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	827,036	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,210,868	50.00
51.00	05100 RECOVERY ROOM	432,360	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	283,945	52.00
53.00	05300 ANESTHESIOLOGY	193,542	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,501,941	54.00
55.00	03480 ONCOLOGY	1,741,441	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	3,292,170	60.00
64.00	06400 INTRAVENOUS THERAPY	140,178	64.00
65.00	06500 RESPIRATORY THERAPY	892,866	65.00
66.00	06600 PHYSICAL THERAPY	388,795	66.00
66.01	06601 O/P PHYSICAL THERAPY	733,825	66.01
69.00	06900 ELECTROCARDIOLOGY	58,595	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,379	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,536,365	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	779,062	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,606,477	73.00
76.00	03020 CLINICAL NUTRITION	88,157	76.00
76.01	03950 SLEEP LAB	140,446	76.01
76.97	07697 CARDIAC REHABILITATION	367,428	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	68,944	90.00
91.00	09100 EMERGENCY	3,817,328	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)	32,846,022	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71,590
192.00	19200	PHYSICIANS' PRIVATE OFFICES	473,053
194.00	07950	COMMUNITY WELLNESS	620,762
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	34,011,427

190.00
192.00
194.00
200.00
201.00
202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
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	11,324	10,701	22,025	22,025 4.00
5.01 00510	NONPATIENT PHONES	0	10,204	9,643	19,847	0 5.01
5.02 00511	DATA PROCESSING	750	15,021	14,195	29,966	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	0	0	0	201 5.03
5.04 00513	ADMITTING	0	29,851	28,210	58,061	852 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	3,317	3,134	6,451	142 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	258,532	152,234	143,866	554,632	948 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	236,209	223,225	459,434	573 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,041	19,885	40,926	0 8.00
9.00 00900	HOUSEKEEPING	0	22,140	20,923	43,063	448 9.00
10.00 01000	DIETARY	0	31,816	30,067	61,883	171 10.00
11.00 01100	CAFETERIA	0	38,872	36,735	75,607	539 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	18,908	17,868	36,776	229 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	74,870	70,755	145,625	93 14.00
15.00 01500	PHARMACY	0	21,210	20,045	41,255	1,001 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,375	14,197	13,416	36,988	687 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	304 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	243,349	229,974	473,323	3,530 30.00
31.00 03100	INTENSIVE CARE UNIT	0	30,189	28,530	58,719	516 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	8,767	8,285	17,052	736 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	211,365	199,747	411,112	2,077 50.00
51.00 05100	RECOVERY ROOM	0	25,584	24,177	49,761	263 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	12,126	11,460	23,586	182 52.00
53.00 05300	ANESTHESIOLOGY	0	6,760	6,389	13,149	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	129,228	122,124	251,352	1,986 54.00
55.00 03480	ONCOLOGY	87,768	0	0	87,768	217 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	50,723	47,935	98,658	1,321 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	9,021	8,525	17,546	762 65.00
66.00 06600	PHYSICAL THERAPY	0	28,098	26,553	54,651	228 66.00
66.01 06601	O/P PHYSICAL THERAPY	61,355	0	0	61,355	659 66.01
69.00 06900	ELECTROCARDIOLOGY	0	4,732	4,472	9,204	28 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,732	1,637	3,369	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	12,193	0	0	12,193	74 76.00
76.01 03950	SLEEP LAB	0	12,612	11,919	24,531	0 76.01
76.97 07697	CARDIAC REHABILITATION	62,510	11,324	10,701	84,535	197 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	4,467	0	0	4,467	62 90.00
91.00 09100	EMERGENCY	0	90,546	85,569	176,115	2,482 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OPT	0	0	0	0	0 99.20
99.30 09930	OOT	0	0	0	0	0 99.30
99.40 09940	OSP	0	0	0	0	0 99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
110.00 11000	0	1.00	0	2A	4.00	110.00
111.00 11100	0		0			111.00
113.00 11300			0			113.00
118.00	496,950	1,577,370	1,490,665	3,564,985	21,508	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	11,450	10,821	22,271	0	190.00
192.00 19200	226,089	13,669	12,917	252,675	0	192.00
194.00 07950	315	13,563	12,817	26,695	517	194.00
200.00				0		200.00
201.00		0	0	0		201.00
202.00	723,354	1,616,052	1,527,220	3,866,626	22,025	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 pm	
Cost Center Description			NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT PHONES	19,847					5.01
5.02	00511	DATA PROCESSING	194	30,160				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	484	553	1,238			5.03
5.04	00513	ADMINISTRATIVE	387	1,245	1	60,546		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	97	415	0	0	7,105	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,324	3,182	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	387	415	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	97	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	97	138	4	0	0	9.00
10.00	01000	DIETARY	387	692	3	0	0	10.00
11.00	01100	CAFETERIA	97	138	10	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	97	138	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97	0	66	0	0	14.00
15.00	01500	PHARMACY	484	830	2	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,162	1,660	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	97	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,420	4,015	37	11,485	420	30.00
31.00	03100	INTENSIVE CARE UNIT	387	830	2	1,910	59	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	97	553	9	1,546	48	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,001	3,874	57	4,058	561	50.00
51.00	05100	RECOVERY ROOM	97	0	3	1,003	99	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	97	415	2	1,200	37	52.00
53.00	05300	ANESTHESIOLOGY	194	830	16	1,148	116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,033	2,490	37	5,627	1,847	54.00
55.00	03480	ONCOLOGY	0	138	7	0	324	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,259	1,799	249	7,377	1,178	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	9	4,050	278	64.00
65.00	06500	RESPIRATORY THERAPY	290	415	7	2,411	108	65.00
66.00	06600	PHYSICAL THERAPY	290	830	0	443	19	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,107	3	0	54	66.01
69.00	06900	ELECTROCARDIOLOGY	97	138	0	13	11	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	24	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	455	5,264	476	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	239	1,512	176	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1	10,376	618	73.00
76.00	03020	CLINICAL NUTRITION	290	0	0	1	6	76.00
76.01	03950	SLEEP LAB	97	0	0	0	25	76.01
76.97	07697	CARDIAC REHABILITATION	290	277	0	0	1	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	138	0	0	8	90.00
91.00	09100	EMERGENCY	1,452	2,352	19	1,098	634	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
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,879	29,607	1,238	60,546	7,105	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	290	138	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	194	0	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	484	415	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)	19,847	30,160	1,238	60,546	7,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	561,086					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	48,995	0	509,804			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,560	0	9,264	52,847		8.00
9.00	00900	HOUSEKEEPING	10,683	0	9,748	0	64,181	9.00
10.00	01000	DIETARY	4,783	0	14,008	0	1,753	10.00
11.00	01100	CAFETERIA	10,143	0	17,115	0	2,141	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,165	0	8,325	0	1,042	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,492	0	32,964	0	4,124	14.00
15.00	01500	PHARMACY	16,146	0	9,339	0	1,168	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,873	0	6,251	0	782	16.00
17.00	01700	SOCIAL SERVICE	5,367	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	67,601	0	107,142	19,877	13,407	30.00
31.00	03100	INTENSIVE CARE UNIT	9,541	0	13,292	1,347	1,663	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	12,096	0	3,860	964	483	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,618	0	93,061	3,950	11,644	50.00
51.00	05100	RECOVERY ROOM	5,262	0	11,264	0	1,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,686	0	5,339	748	668	52.00
53.00	05300	ANESTHESIOLOGY	2,373	0	2,976	439	372	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,803	0	56,897	7,896	7,119	54.00
55.00	03480	ONCOLOGY	18,538	0	0	0	2,773	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	45,181	0	22,333	0	2,794	60.00
64.00	06400	INTRAVENOUS THERAPY	1,550	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,170	0	3,972	3,930	497	65.00
66.00	06600	PHYSICAL THERAPY	4,826	0	12,371	143	1,548	66.00
66.01	06601	O/P PHYSICAL THERAPY	11,335	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	689	0	2,084	0	261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75	0	763	0	95	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,681	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,044	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,907	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	1,440	0	0	0	0	76.00
76.01	03950	SLEEP LAB	1,597	0	5,553	0	695	76.01
76.97	07697	CARDIAC REHABILITATION	5,332	0	4,986	73	624	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	1,113	0	0	66	0	90.00
91.00	09100	EMERGENCY	52,608	0	39,866	13,414	4,988	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
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	544,273	0	492,773	52,847	62,050	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	582	0	5,041	0	631	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,088	0	6,018	0	753	192.00
194.00	07950 COMMUNITY WELLNESS	9,143	0	5,972	0	747	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)	561,086	0	509,804	52,847	64,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 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	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	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	83,680					10.00
11.00	01100	CAFETERIA	0	105,790				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	792	0	51,564		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	589	0	0	191,050	14.00
15.00	01500	PHARMACY	0	4,062	0	0	327	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,504	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	509	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	75,575	19,999	0	18,215	6,201	30.00
31.00	03100	INTENSIVE CARE UNIT	8,105	3,271	0	2,979	349	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	3,956	0	3,603	1,481	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,571	0	11,450	9,399	50.00
51.00	05100	RECOVERY ROOM	0	1,263	0	1,151	502	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	981	0	893	367	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,592	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,713	0	0	6,143	54.00
55.00	03480	ONCOLOGY	0	1,417	0	0	1,239	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	9,921	0	0	41,162	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,441	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,332	0	0	1,176	65.00
66.00	06600	PHYSICAL THERAPY	0	518	0	0	70	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	5,337	0	0	425	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	68	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	75,063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	39,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	226	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	1	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,108	0	0	37	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	9	90.00
91.00	09100	EMERGENCY	0	14,573	0	13,273	3,123	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
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 pm			
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,680	102,416	0	51,564	191,036	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	11	192.00
194.00	07950 COMMUNITY WELLNESS	0	3,374	0	0	3	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)	83,680	105,790	0	51,564	191,050	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 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	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	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	74,614				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,907			16.00
17.00	01700	SOCIAL SERVICE	0	0	6,277		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	4,084	5,669		30.00
31.00	03100	INTENSIVE CARE UNIT	0	572	608		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	463	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,445	0		50.00
51.00	05100	RECOVERY ROOM	0	961	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	359	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,128	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,843	0		54.00
55.00	03480	ONCOLOGY	36,429	3,150	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	11,444	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,704	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	1,049	0		65.00
66.00	06600	PHYSICAL THERAPY	0	182	0		66.00
66.01	06601	O/P PHYSICAL THERAPY	0	524	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	105	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	20	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,620	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,711	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,185	5,999	0		73.00
76.00	03020	CLINICAL NUTRITION	0	56	0		76.00
76.01	03950	SLEEP LAB	0	241	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	11	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	78	0		90.00
91.00	09100	EMERGENCY	0	6,158	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
113.00	11300	INTEREST EXPENSE	0	0	0		113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
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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	
118.00	SUBTOTALS (SUM OF LINES 1-117)	74,614	68,907	6,277	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)	74,614	68,907	6,277	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

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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 00510	NONPATIENT PHONES						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING RECEIVING AND STORES						5.03
5.04 00513	ADMINISTRATIVE						5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560	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 ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				833,000	0	30.00
31.00 03100	INTENSIVE CARE UNIT				104,150	0	31.00
41.00 04100	SUBPROVIDER - I RF				0	0	41.00
42.00 04200	SUBPROVIDER				0	0	42.00
43.00 04300	NURSERY				46,947	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				625,878	0	50.00
51.00 05100	RECOVERY ROOM				73,038	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				38,560	0	52.00
53.00 05300	ANESTHESIOLOGY				25,333	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				433,786	0	54.00
55.00 03480	ONCOLOGY				152,000	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				244,676	0	60.00
64.00 06400	INTRAVENOUS THERAPY				10,032	0	64.00
65.00 06500	RESPIRATORY THERAPY				49,665	0	65.00
66.00 06600	PHYSICAL THERAPY				76,119	0	66.00
66.01 06601	O/P PHYSICAL THERAPY				80,799	0	66.01
69.00 06900	ELECTROCARDIOLOGY				12,698	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				4,355	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				105,559	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				53,310	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				71,312	0	73.00
76.00 03020	CLINICAL NUTRITION				14,060	0	76.00
76.01 03950	SLEEP LAB				32,740	0	76.01
76.97 07697	CARDIAC REHABILITATION				97,471	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				5,941	0	90.00
91.00 09100	EMERGENCY				332,155	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 05/01/2013
To 04/30/2014

Worksheet B
Part II
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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
110.00	11000	INTESTINAL ACQUISITION			0	0
111.00	11100	ISLET ACQUISITION			0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	3,523,584
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			28,953	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			266,739	0
194.00	07950	COMMUNITY WELLNESS			47,350	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	0	3,866,626

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet B Part II Date/Time Prepared: 9/25/2014 3:28 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	00510 NONPATIENT PHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 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	833,000	30.00
31.00	03100 INTENSIVE CARE UNIT	104,150	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	46,947	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	625,878	50.00
51.00	05100 RECOVERY ROOM	73,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,560	52.00
53.00	05300 ANESTHESIOLOGY	25,333	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	433,786	54.00
55.00	03480 ONCOLOGY	152,000	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	244,676	60.00
64.00	06400 INTRAVENOUS THERAPY	10,032	64.00
65.00	06500 RESPIRATORY THERAPY	49,665	65.00
66.00	06600 PHYSICAL THERAPY	76,119	66.00
66.01	06601 O/P PHYSICAL THERAPY	80,799	66.01
69.00	06900 ELECTROCARDIOLOGY	12,698	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,355	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	105,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	53,310	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	71,312	73.00
76.00	03020 CLINICAL NUTRITION	14,060	76.00
76.01	03950 SLEEP LAB	32,740	76.01
76.97	07697 CARDIAC REHABILITATION	97,471	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	5,941	90.00
91.00	09100 EMERGENCY	332,155	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,523,584	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,953	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	266,739	192.00
194.00	07950 COMMUNITY WELLNESS	47,350	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	3,866,626	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (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	76,496					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		76,496				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	536	536	11,725,421			4.00
5.01 00510 NONPATIENT PHONES	483	483	0	205		5.01
5.02 00511 DATA PROCESSING	711	711	0	2	218	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	0	0	107,061	5	4	5.03
5.04 00513 ADMINISTRATION	1,413	1,413	453,742	4	9	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	157	157	75,683		3	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	7,206	7,206	504,706	24	23	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	11,181	11,181	305,258	4	3	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	996	996	0	1	0	8.00
9.00 00900 HOUSEKEEPING	1,048	1,048	238,698	1	1	9.00
10.00 01000 DIETARY	1,506	1,506	91,161	4	5	10.00
11.00 01100 CAFETERIA	1,840	1,840	287,239	1	1	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	895	895	122,185	1	1	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,544	3,544	49,648	1	0	14.00
15.00 01500 PHARMACY	1,004	1,004	533,276	5	6	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	672	672	366,066	12	12	16.00
17.00 01700 SOCIAL SERVICE	0	0	162,075	1	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	11,519	11,519	1,874,558	25	29	30.00
31.00 03100 INTENSIVE CARE UNIT	1,429	1,429	274,702	4	6	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	415	415	392,049	1	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	10,005	10,005	1,105,758	31	28	50.00
51.00 05100 RECOVERY ROOM	1,211	1,211	140,141	1	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	574	574	97,175	1	3	52.00
53.00 05300 ANESTHESIOLOGY	320	320	0	2	6	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,117	6,117	1,057,440	21	18	54.00
55.00 03480 ONCOLOGY	0	0	115,686	0	1	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	2,401	2,401	703,603	13	13	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	427	427	405,983	3	3	65.00
66.00 06600 PHYSICAL THERAPY	1,330	1,330	121,494	3	6	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	350,727	0	8	66.01
69.00 06900 ELECTROCARDIOLOGY	224	224	15,035	1	1	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	82	82	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	39,496	3	0	76.00
76.01 03950 SLEEP LAB	597	597	0	1	0	76.01
76.97 07697 CARDIAC REHABILITATION	536	536	104,665	3	2	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	33,252	0	1	90.00
91.00 09100 EMERGENCY	4,286	4,286	1,321,484	15	17	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 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	CAPITAL RELATED COSTS							
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)			
	1.00	2.00	4.00	5.01	5.02			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,665	74,665	11,450,046	195	214	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	542	542	0	3	1	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	647	647	0	2	0	192.00
194.00	07950	COMMUNITY WELLNESS	642	642	275,375	5	3	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,616,052	1,527,220	4,520,820	406,769	399,577	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.125967	19.964704	0.385557	1,984.239024	1,832.922018	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			22,025	19,847	30,160	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001878	96.814634	138.348624	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	2,367,713				5.03
5.04	00513	ADMITTING	1,757	24,229,669			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	92,178,648		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	86	0	0	-5,049,496	28,961,931
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	73	0	0	0	2,529,056
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	132,131
9.00	00900	HOUSEKEEPING	8,176	0	0	0	551,457
10.00	01000	DIETARY	5,785	0	0	0	246,909
11.00	01100	CAFETERIA	18,228	0	0	0	523,544
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	215,012
14.00	01400	CENTRAL SERVICES & SUPPLY	126,476	0	0	0	386,745
15.00	01500	PHARMACY	3,779	0	0	0	833,453
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	819,341
17.00	01700	SOCIAL SERVICE	0	0	0	0	277,021
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,634	4,596,781	5,459,696	0	3,489,046
31.00	03100	INTENSIVE CARE UNIT	4,037	764,429	764,429	0	492,514
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	17,112	618,646	618,646	0	624,349
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	108,580	1,623,680	7,280,027	0	2,767,651
51.00	05100	RECOVERY ROOM	5,799	401,474	1,284,416	0	271,610
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,242	480,319	480,319	0	190,244
53.00	05300	ANESTHESIOLOGY	29,939	459,522	1,507,866	0	122,485
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,967	2,251,726	23,911,744	0	3,138,566
55.00	03480	ONCOLOGY	14,314	0	4,210,839	0	956,901
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	475,535	2,952,039	15,299,074	0	2,332,166
64.00	06400	INTRAVENOUS THERAPY	16,644	1,620,594	3,614,861	0	79,985
65.00	06500	RESPIRATORY THERAPY	13,584	964,635	1,401,958	0	679,794
66.00	06600	PHYSICAL THERAPY	806	177,465	242,663	0	249,116
66.01	06601	O/P PHYSICAL THERAPY	4,911	0	700,193	0	585,090
69.00	06900	ELECTROCARDIOLOGY	782	5,306	140,844	0	35,553
70.00	07000	ELECTROENCEPHALOGRAPHY	81	9,702	27,047	0	3,880
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	867,180	2,106,373	6,176,866	0	1,015,884
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	457,812	605,128	2,288,073	0	518,436
73.00	07300	DRUGS CHARGED TO PATIENTS	2,610	4,151,867	8,020,166	0	821,101
76.00	03020	CLINICAL NUTRITION	4	420	74,819	0	74,345
76.01	03950	SLEEP LAB	7	0	322,596	0	82,437
76.97	07697	CARDIAC REHABILITATION	423	0	14,567	0	275,235
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	105	0	104,088	0	57,451
91.00	09100	EMERGENCY	36,083	439,563	8,232,851	0	2,715,528
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 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	
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)	2,367,551	24,229,669	92,178,648	-5,049,496	28,094,036
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	30,057	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	129	0	0	365,895	192.00
194.00	07950	COMMUNITY WELLNESS	33	0	0	471,943	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)	174,568	716,860	361,238	5,049,496	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.073729	0.029586	0.003919	0.174349	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,238	60,546	7,105	561,086	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000523	0.002499	0.000077	0.019373	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 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	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	54,809			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	996	176,479		8.00
9.00	00900	HOUSEKEEPING	0	1,048	0	55,148	9.00
10.00	01000	DIETARY	0	1,506	0	1,506	10.00
11.00	01100	CAFETERIA	0	1,840	0	1,840	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	895	0	895	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,544	0	3,544	14.00
15.00	01500	PHARMACY	0	1,004	0	1,004	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	672	0	672	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,519	66,376	11,519	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,429	4,499	1,429	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	415	3,219	415	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,005	13,190	10,005	50.00
51.00	05100	RECOVERY ROOM	0	1,211	0	1,211	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	574	2,499	574	52.00
53.00	05300	ANESTHESIOLOGY	0	320	1,465	320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,117	26,369	6,117	54.00
55.00	03480	ONCOLOGY	0	0	0	2,383	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,401	0	2,401	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	427	13,125	427	65.00
66.00	06600	PHYSICAL THERAPY	0	1,330	477	1,330	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	224	0	224	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	82	0	82	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	597	0	597	76.01
76.97	07697	CARDIAC REHABILITATION	0	536	243	536	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	221	0	90.00
91.00	09100	EMERGENCY	0	4,286	44,796	4,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 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		
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)					0	52,978
				176,479	53,317	2,643	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					0	542
							0	
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	647
							0	
194.00	07950	COMMUNITY WELLNESS					0	642
							0	
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		0	2,969,994	209,139	704,392	390,800	202.00	
203.00		0.000000	54.188071	1.185065	12.772757	147.862278	203.00	
204.00		0	509,804	52,847	64,181	83,680	204.00	
205.00		0.000000	9.301465	0.299452	1.163796	31.660991	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURSING 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	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						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	262,863					11.00
12.00	01200	0	0				12.00
13.00	01300	1,968	0	140,667			13.00
14.00	01400	1,464	0	0	2,207,132		14.00
15.00	01500	10,094	0	0	3,779	1,297,842	15.00
16.00	01600	13,677	0	0	0	0	16.00
17.00	01700	1,264	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	49,687	0	49,687	71,634	0	30.00
31.00	03100	8,127	0	8,127	4,037	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9,830	0	9,830	17,112	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,237	0	31,237	108,580	0	50.00
51.00	05100	3,139	0	3,139	5,799	0	51.00
52.00	05200	2,437	0	2,437	4,242	0	52.00
53.00	05300	0	0	0	29,939	0	53.00
54.00	05400	29,105	0	0	70,967	0	54.00
55.00	03480	3,522	0	0	14,314	633,645	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	24,652	0	0	475,535	0	60.00
64.00	06400	0	0	0	16,644	0	64.00
65.00	06500	10,764	0	0	13,584	0	65.00
66.00	06600	1,288	0	0	806	0	66.00
66.01	06601	13,262	0	0	4,911	0	66.01
69.00	06900	0	0	0	782	0	69.00
70.00	07000	0	0	0	81	0	70.00
71.00	07100	0	0	0	867,180	0	71.00
72.00	07200	0	0	0	457,812	0	72.00
73.00	07300	0	0	0	2,610	664,197	73.00
76.00	03020	0	0	0	4	0	76.00
76.01	03950	0	0	0	7	0	76.01
76.97	07697	2,753	0	0	423	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	105	0	90.00
91.00	09100	36,210	0	36,210	36,083	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
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 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	
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)	254,480	0	140,667	2,206,970	1,297,842
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	129	192.00
194.00	07950	COMMUNITY WELLNESS	8,383	0	0	33	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)	738,031	0	317,954	695,594	1,075,526
203.00		Unit cost multiplier (Wkst. B, Part I)	2.807664	0.000000	2.260331	0.315157	0.828703
204.00		Cost to be allocated (per Wkst. B, Part II)	105,790	0	51,564	191,050	74,614
205.00		Unit cost multiplier (Wkst. B, Part II)	0.402453	0.000000	0.366568	0.086560	0.057491

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1
Date/Time Prepared:
9/25/2014 3:28 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 00510 NONPATIENT PHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMINITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 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	92,178,648					16.00
17.00 01700 SOCIAL SERVICE	0	2,643				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	5,459,696	2,387		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	764,429	256		0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	618,646	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,280,027	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	1,284,416	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	480,319	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,507,866	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	23,911,744	0	0	0	0	54.00
55.00 03480 ONCOLOGY	4,210,839	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	15,299,074	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	3,614,861	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,401,958	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	242,663	0	0	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	700,193	0	0	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	140,844	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	27,047	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,176,866	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,288,073	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,020,166	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	74,819	0	0	0	0	76.00
76.01 03950 SLEEP LAB	322,596	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	14,567	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	104,088	0	0	0	0	90.00
91.00 09100 EMERGENCY	8,232,851	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 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE					0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	92,178,648	2,643	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	COMMUNITY WELLNESS	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,045,589	328,868	0	0	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.011343	124.429815	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	68,907	6,277	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000748	2.374953	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 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 00510 NONPATIENT PHONES			5.01
5.02 00511 DATA PROCESSING			5.02
5.03 00512 PURCHASING RECEIVING AND STORES			5.03
5.04 00513 ADMITTING			5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
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
SPECIAL PURPOSE COST CENTERS			
109.00 10900 PANCREAS ACQUISITION	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet B-1

Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
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 05/01/2013 To 04/30/2014		Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 pm	
		Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		5,933,634		5,933,634	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT		800,240		800,240	0	0 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		827,036		827,036	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		4,210,868		4,210,868	0	0 50.00
51.00	05100 RECOVERY ROOM		432,360		432,360	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		283,945		283,945	0	0 52.00
53.00	05300 ANESTHESIOLOGY		193,542		193,542	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,501,941		4,501,941	0	0 54.00
55.00	03480 ONCOLOGY		1,741,441		1,741,441	0	0 55.00
57.00	05700 CT SCAN		0		0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	0 59.00
60.00	06000 LABORATORY		3,292,170		3,292,170	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY		140,178		140,178	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	892,866		892,866	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	388,795		388,795	0	0 66.00
66.01	06601 O/P PHYSICAL THERAPY	0	733,825		733,825	0	0 66.01
69.00	06900 ELECTROCARDIOLOGY		58,595		58,595	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		10,379		10,379	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,536,365		1,536,365	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		779,062		779,062	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,606,477		1,606,477	0	0 73.00
76.00	03020 CLINICAL NUTRITION		88,157		88,157	0	0 76.00
76.01	03950 SLEEP LAB		140,446		140,446	0	0 76.01
76.97	07697 CARDIAC REHABILITATION		367,428		367,428	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0 89.00
90.00	09000 CLINIC		68,944		68,944	0	0 90.00
91.00	09100 EMERGENCY		3,817,328		3,817,328	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		977,867		977,867	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	0 99.10
99.20	09920 OPT		0		0	0	0 99.20
99.30	09930 OOT		0		0	0	0 99.30
99.40	09940 OSP		0		0	0	0 99.40
101.00	10100 HOME HEALTH AGENCY		0		0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	0 110.00
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)		33,823,889	0	33,823,889	0	0 200.00
201.00	Less Observation Beds		977,867		977,867	0	0 201.00
202.00	Total (see instructions)		32,846,022	0	32,846,022	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 pm	
			Title XVIII		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,536,827		4,536,827			30.00
31.00	03100	INTENSIVE CARE UNIT	764,429		764,429			31.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	618,646		618,646			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,623,680	5,656,347	7,280,027	0.578414	0.000000	50.00
51.00	05100	RECOVERY ROOM	401,474	882,942	1,284,416	0.336620	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	480,319	0	480,319	0.591159	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	459,522	1,048,344	1,507,866	0.128355	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,251,726	21,660,018	23,911,744	0.188273	0.000000	54.00
55.00	03480	ONCOLOGY	0	4,210,839	4,210,839	0.413562	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	2,952,039	12,347,035	15,299,074	0.215188	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,620,594	1,994,267	3,614,861	0.038778	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	964,635	437,323	1,401,958	0.636871	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	177,465	65,198	242,663	1.602201	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	700,193	700,193	1.048032	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	5,306	135,538	140,844	0.416028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,702	17,345	27,047	0.383739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,106,373	4,070,493	6,176,866	0.248729	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	605,128	1,682,945	2,288,073	0.340488	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,151,867	3,868,299	8,020,166	0.200305	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	420	74,399	74,819	1.178270	0.000000	76.00
76.01	03950	SLEEP LAB	0	322,596	322,596	0.435362	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,567	14,567	25.223313	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	104,088	104,088	0.662363	0.000000	90.00
91.00	09100	EMERGENCY	439,563	7,793,288	8,232,851	0.463670	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	59,954	862,915	922,869	1.059595	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)	24,229,669	67,948,979	92,178,648			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	24,229,669	67,948,979	92,178,648			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital Cost
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
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 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		5,933,634	0	5,933,634	30.00
31.00	03100 INTENSIVE CARE UNIT		800,240	0	800,240	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		827,036	0	827,036	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,210,868	0	4,210,868	50.00
51.00	05100 RECOVERY ROOM		432,360	0	432,360	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		283,945	0	283,945	52.00
53.00	05300 ANESTHESIOLOGY		193,542	0	193,542	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,501,941	0	4,501,941	54.00
55.00	03480 ONCOLOGY		1,741,441	0	1,741,441	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		3,292,170	0	3,292,170	60.00
64.00	06400 INTRAVENOUS THERAPY		140,178	0	140,178	64.00
65.00	06500 RESPIRATORY THERAPY	0	892,866	0	892,866	65.00
66.00	06600 PHYSICAL THERAPY	0	388,795	0	388,795	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	733,825	0	733,825	66.01
69.00	06900 ELECTROCARDIOLOGY		58,595	0	58,595	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		10,379	0	10,379	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,536,365	0	1,536,365	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		779,062	0	779,062	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,606,477	0	1,606,477	73.00
76.00	03020 CLINICAL NUTRITION		88,157	0	88,157	76.00
76.01	03950 SLEEP LAB		140,446	0	140,446	76.01
76.97	07697 CARDIAC REHABILITATION		367,428	0	367,428	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		68,944	0	68,944	90.00
91.00	09100 EMERGENCY		3,817,328	0	3,817,328	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		977,867	0	977,867	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		0	0	0	113.00
200.00	Subtotal (see instructions)		33,823,889	0	33,823,889	200.00
201.00	Less Observation Beds		977,867	0	977,867	201.00
202.00	Total (see instructions)		32,846,022	0	32,846,022	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,536,827		4,536,827			30.00
31.00	03100	INTENSIVE CARE UNIT	764,429		764,429			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	618,646		618,646			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,623,680	5,656,347	7,280,027	0.578414	0.000000	50.00
51.00	05100	RECOVERY ROOM	401,474	882,942	1,284,416	0.336620	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	480,319	0	480,319	0.591159	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	459,522	1,048,344	1,507,866	0.128355	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,251,726	21,660,018	23,911,744	0.188273	0.000000	54.00
55.00	03480	ONCOLOGY	0	4,210,839	4,210,839	0.413562	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	2,952,039	12,347,035	15,299,074	0.215188	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,620,594	1,994,267	3,614,861	0.038778	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	964,635	437,323	1,401,958	0.636871	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	177,465	65,198	242,663	1.602201	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	700,193	700,193	1.048032	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	5,306	135,538	140,844	0.416028	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,702	17,345	27,047	0.383739	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,106,373	4,070,493	6,176,866	0.248729	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	605,128	1,682,945	2,288,073	0.340488	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,151,867	3,868,299	8,020,166	0.200305	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	420	74,399	74,819	1.178270	0.000000	76.00
76.01	03950	SLEEP LAB	0	322,596	322,596	0.435362	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,567	14,567	25.223313	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	104,088	104,088	0.662363	0.000000	90.00
91.00	09100	EMERGENCY	439,563	7,793,288	8,232,851	0.463670	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	59,954	862,915	922,869	1.059595	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)	24,229,669	67,948,979	92,178,648			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	24,229,669	67,948,979	92,178,648			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet C Part I Date/Time Prepared: 9/25/2014 3:28 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
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 05/01/2013 To 04/30/2014	Worksheet D Part II Date/Time Prepared: 9/25/2014 3:28 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	625,878	7,280,027	0.085972	562,606	48,368	50.00
51.00	05100 RECOVERY ROOM	73,038	1,284,416	0.056865	169,853	9,659	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	38,560	480,319	0.080280	2,675	215	52.00
53.00	05300 ANESTHESIOLOGY	25,333	1,507,866	0.016801	129,351	2,173	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	433,786	23,911,744	0.018141	966,290	17,529	54.00
55.00	03480 ONCOLOGY	152,000	4,210,839	0.036097	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	244,676	15,299,074	0.015993	1,193,411	19,086	60.00
64.00	06400 INTRAVENOUS THERAPY	10,032	3,614,861	0.002775	639,762	1,775	64.00
65.00	06500 RESPIRATORY THERAPY	49,665	1,401,958	0.035425	569,975	20,191	65.00
66.00	06600 PHYSICAL THERAPY	76,119	242,663	0.313682	143,337	44,962	66.00
66.01	06601 O/P PHYSICAL THERAPY	80,799	700,193	0.115395	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	12,698	140,844	0.090156	2,274	205	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,355	27,047	0.161016	6,888	1,109	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	105,559	6,176,866	0.017089	894,587	15,288	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	53,310	2,288,073	0.023299	332,569	7,749	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	71,312	8,020,166	0.008892	1,901,104	16,905	73.00
76.00	03020 CLINICAL NUTRITION	14,060	74,819	0.187920	420	79	76.00
76.01	03950 SLEEP LAB	32,740	322,596	0.101489	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	97,471	14,567	6.691220	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	5,941	104,088	0.057077	0	0	90.00
91.00	09100 EMERGENCY	332,155	8,232,851	0.040345	38,938	1,571	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	137,279	922,869	0.148752	8,742	1,300	92.00
200.00	Total (lines 50-199)	2,676,766	86,258,746		7,562,782	208,164	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet D
Part IV
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		Title XVIII				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	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 05/01/2013
To 04/30/2014

Worksheet D
Part IV
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description			Title XVIII			Hospital		Cost
			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,280,027	0.000000	0.000000	562,606	50.00
51.00	05100	RECOVERY ROOM	0	1,284,416	0.000000	0.000000	169,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	480,319	0.000000	0.000000	2,675	52.00
53.00	05300	ANESTHESIOLOGY	0	1,507,866	0.000000	0.000000	129,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	23,911,744	0.000000	0.000000	966,290	54.00
55.00	03480	ONCOLOGY	0	4,210,839	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	15,299,074	0.000000	0.000000	1,193,411	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,614,861	0.000000	0.000000	639,762	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,401,958	0.000000	0.000000	569,975	65.00
66.00	06600	PHYSICAL THERAPY	0	242,663	0.000000	0.000000	143,337	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	700,193	0.000000	0.000000	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	140,844	0.000000	0.000000	2,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,047	0.000000	0.000000	6,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,176,866	0.000000	0.000000	894,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,288,073	0.000000	0.000000	332,569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,020,166	0.000000	0.000000	1,901,104	73.00
76.00	03020	CLINICAL NUTRITION	0	74,819	0.000000	0.000000	420	76.00
76.01	03950	SLEEP LAB	0	322,596	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	14,567	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	104,088	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	8,232,851	0.000000	0.000000	38,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	922,869	0.000000	0.000000	8,742	92.00
200.00		Total (lines 50-199)	0	86,258,746			7,562,782	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part IV Date/Time Prepared: 9/25/2014 3:28 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
Title XVIII						
Hospital						
Cost						
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 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/25/2014 3:28 pm
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		Title XVIII		Hospital		Cost	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.578414	0	1,603,385	0	0	50.00
51.00	05100 RECOVERY ROOM	0.336620	0	205,695	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.591159	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.128355	0	262,755	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.188273	0	6,954,651	0	0	54.00
55.00	03480 ONCOLOGY	0.413562	0	2,605,551	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	0.215188	0	4,787,270	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.038778	0	497,674	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.636871	0	202,397	0	0	65.00
66.00	06600 PHYSICAL THERAPY	1.602201	0	23,411	0	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	1.048032	0	229,725	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY	0.416028	0	61,633	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.383739	0	9,906	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.248729	0	998,281	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.340488	0	316,693	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.200305	0	1,367,776	0	0	73.00
76.00	03020 CLINICAL NUTRITION	1.178270	0	30,777	0	0	76.00
76.01	03950 SLEEP LAB	0.435362	0	159,031	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	25.223313	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.662363	0	67,409	0	0	90.00
91.00	09100 EMERGENCY	0.463670	0	2,070,221	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.059595	0	265,197	0	0	92.00
200.00	Subtotal (see instructions)		0	22,719,438	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	22,719,438	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/25/2014 3:28 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	927,420	0	50.00
51.00	05100 RECOVERY ROOM	69,241	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	33,726	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,309,373	0	54.00
55.00	03480 ONCOLOGY	1,077,557	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	1,030,163	0	60.00
64.00	06400 INTRAVENOUS THERAPY	19,299	0	64.00
65.00	06500 RESPIRATORY THERAPY	128,901	0	65.00
66.00	06600 PHYSICAL THERAPY	37,509	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	240,759	0	66.01
69.00	06900 ELECTROCARDIOLOGY	25,641	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,801	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	248,301	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	107,830	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	273,972	0	73.00
76.00	03020 CLINICAL NUTRITION	36,264	0	76.00
76.01	03950 SLEEP LAB	69,236	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	44,649	0	90.00
91.00	09100 EMERGENCY	959,899	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	281,001	0	92.00
200.00	Subtotal (see instructions)	6,924,542	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)	6,924,542	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 9/25/2014 3:28 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,858	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,858	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,387	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,198	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,933,634	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,933,634	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,933,634	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)		2,076.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,487,228	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,487,228	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/25/2014 3:28 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	800,240	256	3,125.94	148	462,639	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)					2,204,926	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,154,793	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/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR 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)					471	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,076.15	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					977,867	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/25/2014 3:28 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	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	833,000	5,933,634	0.140386	977,867	137,279	90.00
91.00	Nursing School cost	0	5,933,634	0.000000	977,867	0	91.00
92.00	Allied health cost	0	5,933,634	0.000000	977,867	0	92.00
93.00	All other Medical Education	0	5,933,634	0.000000	977,867	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 9/25/2014 3:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,978,172	30.00
31.00	03100	INTENSIVE CARE UNIT		481,632	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	0.578414	562,606	50.00
51.00	05100	RECOVERY ROOM	0.336620	169,853	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.591159	2,675	52.00
53.00	05300	ANESTHESIOLOGY	0.128355	129,351	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188273	966,290	54.00
55.00	03480	ONCOLOGY	0.413562	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	0.215188	1,193,411	60.00
64.00	06400	INTRAVENOUS THERAPY	0.038778	639,762	64.00
65.00	06500	RESPIRATORY THERAPY	0.636871	569,975	65.00
66.00	06600	PHYSICAL THERAPY	1.602201	143,337	66.00
66.01	06601	O/P PHYSICAL THERAPY	1.048032	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.416028	2,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.383739	6,888	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.248729	894,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.340488	332,569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.200305	1,901,104	73.00
76.00	03020	CLINICAL NUTRITION	1.178270	420	76.00
76.01	03950	SLEEP LAB	0.435362	0	76.01
76.97	07697	CARDIAC REHABILITATION	25.223313	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	0.662363	0	90.00
91.00	09100	EMERGENCY	0.463670	38,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.059595	8,742	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,562,782	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)		7,562,782	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part B Date/Time Prepared: 9/25/2014 3:28 pm
		Title XVII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			6,924,542 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 Worksheet D, Part IV, column 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)			6,924,542 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 Worksheet D-4, Part III, line 69, col. 4)			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)			6,993,787 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			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)			28,830 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,628,783 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,336,174 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,336,174 30.00
31.00	Primary payer payments			985 31.00
32.00	Subtotal (line 30 minus line 31)			3,335,189 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			446,059 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			392,532 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			445,789 36.00
37.00	Subtotal (see instructions)			3,727,721 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	SEQUESTRATION			0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			3,727,721 40.00
40.01	Sequestration adjustment (see instructions)			74,554 40.01
41.00	Interim payments			3,245,558 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			407,609 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			74,554 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 05/01/2013
To 04/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
9/25/2014 3:28 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,760,023		3,358,342	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/19/2013	84,196	11/19/2013	90,139	3.01	
3.02		04/22/2014	55,812		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	04/22/2014	202,923	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)		140,008		-112,784	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,900,031		3,245,558	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		859,015		407,609	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,759,046		3,653,167	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 05/01/2013
To 04/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
9/25/2014 3:28 pm

		Title VIII	Hospital	Cost
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,022 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			1,346 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			43 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			2,643 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			92,178,648 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			2,673,105 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			400,970 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			297,199 8.00
9.00	Sequestration adjustment amount (see instructions)			5,944 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			291,255 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & 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)			291,255 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2013 To 04/30/2014	Worksheet E-3 Part V Date/Time Prepared: 9/25/2014 3:28 pm
		Title VIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			5,154,793 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			5,154,793 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			5,206,341 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 teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (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)			5,206,341 19.00
20.00	Deductibles (exclude professional component)			390,016 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20 and 21)			4,816,325 22.00
23.00	Coinsurance			6,512 23.00
24.00	Subtotal (line 22 minus line 23)			4,809,813 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			52,677 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			46,356 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			52,677 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,856,169 28.00
29.00	SEQUESTRATION ADJUSTMENT			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			4,856,169 30.00
30.01	Sequestration adjustment (see instructions)			97,123 30.01
31.00	Interim payments			3,900,031 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			859,015 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			103,067 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 05/01/2013
To 04/30/2014

Worksheet G

Date/Time Prepared:
9/25/2014 3:28 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	1,895,983	0	0	0	1.00
2.00	Temporary investments	23,046,987	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	14,746,095	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,790,000	0	0	0	6.00
7.00	Inventory	1,608,511	0	0	0	7.00
8.00	Prepaid expenses	393,439	0	0	0	8.00
9.00	Other current assets	592,212	0	0	0	9.00
10.00	Due from other funds	680,012	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	33,173,239	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,279,463	0	0	0	12.00
13.00	Land improvements	2,367,492	0	0	0	13.00
14.00	Accumulated depreciation	-1,185,432	0	0	0	14.00
15.00	Buildings	22,553,283	0	0	0	15.00
16.00	Accumulated depreciation	-6,107,661	0	0	0	16.00
17.00	Leasehold improvements	420,249	0	0	0	17.00
18.00	Accumulated depreciation	-165,456	0	0	0	18.00
19.00	Fixed equipment	8,787,412	0	0	0	19.00
20.00	Accumulated depreciation	-6,005,899	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	12,842,272	0	0	0	23.00
24.00	Accumulated depreciation	-9,565,901	0	0	0	24.00
25.00	Minor equipment depreciable	92,499	0	0	0	25.00
26.00	Accumulated depreciation	-86,832	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)	25,225,489	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	9,762,470	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,762,470	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	68,161,198	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,217,331	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,736,755	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	292,516	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	1,724,999	0	0	0	43.00
44.00	Other current liabilities	19,824	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,991,425	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,975,273	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)	1,975,273	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,966,698	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	59,194,500				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)	59,194,500	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	68,161,198	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet G-1

Date/Time Prepared:
9/25/2014 3:28 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		56,648,060		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,359,005			2.00
3.00	Total (sum of line 1 and line 2)		62,007,065		0	3.00
4.00	OTHER	129,110		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		129,110		0	10.00
11.00	Subtotal (line 3 plus line 10)		62,136,175		0	11.00
12.00	TRANSFERS OF FUNDS	2,941,675		0		12.00
13.00	OTHER	0		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)		2,941,675		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		59,194,500		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	OTHER		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS OF FUNDS		0			12.00
13.00	OTHER		0			13.00
14.00			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 05/01/2013
To 04/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/25/2014 3:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,536,827		4,536,827	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,536,827		4,536,827	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	764,429		764,429	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)	764,429		764,429	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,301,256		5,301,256	17.00
18.00	Ancillary services	17,810,250	59,188,064	76,998,314	18.00
19.00	Outpatient services	499,517	8,760,915	9,260,432	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / PRO FEES / OTHER	1,046,295	4,697,012	5,743,307	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	24,657,318	72,645,991	97,303,309	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		40,130,311		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	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		40,130,308		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141340

Period:
From 05/01/2013
To 04/30/2014

Worksheet G-3

Date/Time Prepared:
9/25/2014 3:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	97,303,309	1.00
2.00	Less contractual allowances and discounts on patients' accounts	54,702,778	2.00
3.00	Net patient revenues (line 1 minus line 2)	42,600,531	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	40,130,308	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,470,223	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,085,062	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	128	10.00
11.00	Rebates and refunds of expenses	25,366	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	92,939	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	-185	17.00
18.00	Revenue from sale of medical records and abstracts	13,217	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	ANESTHESIA PRO FEES	-70,903	24.00
24.01	MISCELLANEOUS	251,260	24.01
24.02	UNREALIZED GAINS / LOSSES	17,872	24.02
24.03	GRANT REVENUE	474,026	24.03
25.00	Total other income (sum of lines 6-24)	2,888,782	25.00
26.00	Total (line 5 plus line 25)	5,359,005	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)	5,359,005	29.00