

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

**WORKSHEET S
PARTS I, II & III**

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 the cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.	Date: 01/29/2018 Time: 15:11
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: ____ 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 DELNOR-COMMUNITY HOSPITAL (14-0211) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2016 and ending 08/31/2017, 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

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		193,826	277,340	-30,555		1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		193,826	277,340	-30,555		200

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 this 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 this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

Hospital and Hospital Health Care Complex Address:

1	Street: 300 RANDALL ROAD	P.O. Box:								1
2	City: GENEVA	State: IL	ZIP Code: 60134	County: KANE						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	DELNOR-COMMUNITY HOSPITAL	14-0211	16974	1	07 / 01 / 1966	N	P	O	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2016	To: 08 / 31 / 2017							20
21	Type of control (see instructions)	2								21

Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments 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 §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	947	704			2,074		24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1						26
27	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
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPSS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N						37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:				38

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	1	2	3
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	Y	N
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	N
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	N

Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	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 Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	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
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
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)				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)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				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)				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)				61.06

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.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

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.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	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)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
----	--	---	--	--	----

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

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.				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64

Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. 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)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
65	1	2	3	4	5		65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						66

Enter in lines 67-67.49, column 1 the program name. 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)							
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))		
67	1	2	3	4	5		67

Inpatient Psychiatric Facility PPS

		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report 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 and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71

Inpatient Rehabilitation Facility PPS

		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	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 and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76

Long Term Care Hospital PPS

80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.	N			80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.	N			81

TEFRA Providers

85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA?. Enter 'Y' for yes or 'N' for no.	N			85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.	N			87

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2			
105	Does this hospital qualify as a critical access hospital (CAH)?	N			105	
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106	
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.				107	
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N			108	
			Physical	Occupational	Speech	Respiratory
109	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 each therapy.		N	N	N	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.				N	110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-I, chapter 22, section 2208.1.	N			115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N			116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N			117
118	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
			Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:	597,950	7,642,521		118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
120	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
121	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
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N			122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N			125
126	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
127	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
128	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
129	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
130	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
131	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
132	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
133	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
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.				134

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

**WORKSHEET S-2
PART I**

All Providers

		1	2	
140	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		140

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	Name: CADENCE HEALTH	Contractor's Name: NGS	Contractor's Number: 00131	141
142	Street: 25 NORTH WINFIELD ROAD	P.O. Box:		142
143	City: WINFIELD	State: IL	ZIP Code: 60190	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

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)

		Title XVIII		Title V	Title XIX	
		Part A	Part B			
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	Y				167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)					168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)					168.01
169	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)	0.25				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	09 / 30 / 2016	08 / 31 / 2017			170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no in column 1. If column 1 is 'Y', enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0		171

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**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

		Y/N	Date		
Provider Organization and Operation					
1	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
		Y/N	Date	V/I	
2	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
3	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

		Y/N	Type	Date	
Financial Data and Reports					
4	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
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts			
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	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
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

Bed Complement			
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
16	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	
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/01/2017	Y	12/01/2017
18	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 the cost report? If yes, see instructions.	N		N	
19	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	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**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 COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost		
22	Have assets been relieved for Medicare purposes? If yes, see instructions.	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	27

Interest Expense		
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	28
29	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.	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	31

Purchased Services		
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	33

Provider-Based Physicians		
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	34
35	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.	35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	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.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: JOHN	Last name: VANDER LAAN	Title: PROGRAM MANAGER
42	Employer: NORTHWESTERN MEMORIAL HEALTHCARE		
43	Phone number: 312-926-6618	E-mail Address: JVANDERL@NM.ORG	

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips			Total All Patients	
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	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	125	45,625			11,291	1,213	24,774	1
2	HMO and other (see instructions)						1,770	2,074		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		125	45,625			11,291	1,213	24,774	7
8	Intensive Care Unit	31	19	6,935			1,449	153	3,132	8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43						182	3,710	13
14	Total (see instructions)		144	52,560			12,740	1,548	31,616	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		144							27
28	Observation Bed Days								8,840	28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)							103	1,067	32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

**WORKSHEET S-3
PART I**

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	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)					3,160	532	7,401	1
2	HMO and other (see instructions)					417	593		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		1,037.78			3,160	532	7,401	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		1,037.78						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL WAGE INDEX INFORMATION

**WORKSHEET S-3
PARTS II-III**

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)		
	1	2	3	4	5	6		
SALARIES								
1	Total salaries (see instructions)	200	75,647,461	75,647,461	2,158,590.40	35.04	1	
2	Non-physician anesthetist Part A						2	
3	Non-physician anesthetest Part B						3	
4	Physician-Part A - Administrative						4	
4.01	Physician-Part A - Teaching						4.01	
5	Physician-Part B						5	
6	Non-physician-Part B						6	
7	Interns & residents (in an approved program)	21					7	
7.01	Contracted interns & residents (in an approved program)						7.01	
8	Home office and/or related organization personnel						8	
9	SNF	44					9	
10	Excluded area salaries (see instructions)		103,850	103,850	4,282.24	24.25	10	
OTHER WAGES & RELATED COSTS								
11	Contract labor (see instructions)						11	
12	Contract management and administrative services						12	
13	Contract labor: Physician-Part A - Administrative		389,569	389,569	2,651.18	146.94	13	
14	Home office salaries & wage-related costs						14	
14.01	Home office salaries		22,200,934	22,200,934	499,389.00	44.46	14.01	
14.02	Related organization salaries						14.02	
15	Home office: Physician Part A - Administrative						15	
16	Home office & Contract Physicians Part A - Teaching						16	
WAGE-RELATED COSTS								
17	Wage-related costs (core)(see instructions)		19,287,255	19,287,255			17	
18	Wage-related costs (other)(see instructions)						18	
19	Excluded areas		26,514	26,514			19	
20	Non-physician anesthetist Part A						20	
21	Non-physician anesthetist Part B						21	
22	Physician Part A - Administrative						22	
22.01	Physician Part A - Teaching						22.01	
23	Physician Part B						23	
24	Wage-related costs (RHC/FQHC)						24	
25	Interns & residents (in an approved program)						25	
25.50	Home office wage-related		5,830,188	5,830,188			25.50	
25.51	Related organization wage-related						25.51	
25.52	Home office: Physician Part A - Administrative - wage-related						25.52	
25.53	Home office & Contract Physicians Part A - Teaching - wage-related						25.53	
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits Department		2,420,352	2,420,352			26	
27	Administrative & General		4,745,736	4,745,736	105,271.05	45.08	27	
28	Administrative & General under contract (see instructions)						28	
29	Maintenance & Repairs						29	
30	Operation of Plant		1,459,682	1,459,682	48,813.09	29.90	30	
31	Laundry & Linen Service		29,321	29,321	2,150.10	13.64	31	
32	Housekeeping		1,623,060	1,623,060	101,899.07	15.93	32	
33	Housekeeping under contract (see instructions)						33	
34	Dietary		1,349,275	-814,748	534,527	32,581.68	16.41	34
35	Dietary under contract (see instructions)						35	
36	Cafeteria			814,748	814,748	49,662.40	16.41	36
37	Maintenance of Personnel						37	
38	Nursing Administration		2,260,287	2,260,287	64,410.02	35.09	38	
39	Central Services and Supply						39	
40	Pharmacy		2,833,874	2,833,874	61,905.54	45.78	40	
41	Medical Records & Medical Records Library						41	
42	Social Service						42	
43	Other General Service						43	

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		75,647,461	75,647,461	2,158,590.40	35.04	1
2	Excluded area salaries (see instructions)		103,850	103,850	4,282.24	24.25	2
3	Subtotal salaries (line 1 minus line 2)		75,543,611	75,543,611	2,154,308.16	35.07	3
4	Subtotal other wages & related costs (see instructions)		22,590,503	22,590,503	502,040.18	45.00	4
5	Subtotal wage-related costs (see instructions)		25,117,443	25,117,443		33.25%	5
6	Total (sum of lines 3 through 5)		123,251,557	123,251,557	2,656,348.34	46.40	6
7	Total overhead cost (see instructions)		16,721,587	16,721,587	466,692.95	35.83	7

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	5,357,646	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)		8
8.01	Health Insurance (Self Funded without a Third Party Administrator)		8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	5,579,025	8.02
8.03	Health Insurance (Purchased)		8.03
9	Prescription Drug Plan	2,084,303	9
10	Dental, Hearing and Vision Plan	328,587	10
11	Life Insurance (If employee is owner or beneficiary)	125,309	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)	186,571	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance		15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	105	16
	TAXES		
17	FICA-Employers Portion Only	5,325,016	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	9,394	19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement	229,733	23
24	Total Wage Related cost (Sum of lines 1-23)	19,225,689	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)	24,128	25
----	------------------------------------	--------	----

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,254,940	15,115,983	1
2	Hospital	1,254,940	15,115,983	2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

WORKSHEET S-10

Uncompensated and indigent care cost computation

1	Cost to charge ratio (Worksheet C, Part I, line 202, column 3 divided by line 202, column 8)		0.191312	1
---	--	--	----------	---

Medicaid (see instructions for each line)

2	Net revenue from Medicaid		8,297,295	2
3	Did you receive DSH or supplemental payments from Medicaid?		N	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?			4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid			5
6	Medicaid charges		120,722,955	6
7	Medicaid cost (line 1 times line 6)		23,095,750	7
8	Difference between net revenue and costs for Medicaid program (line 7 minus the sum of lines 2 and 5). If line 7 is less than the sum of lines 2 and 5, then enter zero.		14,798,455	8

State Children's Health Insurance Program (SCHIP)(see instructions for each line)

9	Net revenue from stand-alone SCHIP			9
10	Stand-alone SCHIP charges			10
11	Stand-alone SCHIP cost (line 1 times line 10)			11
12	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9). If line 11 is less than line 9, then enter zero.			12

Other state or local government indigent care program (see instructions for each line)

13	Net revenue from state or local indigent care program (not included on lines 2, 5, or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13). If line 15 is less than line 13, then enter zero.			16

Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent programs (see instructions for each line)

17	Private grants, donations, or endowment income restricted to fundng charity care			17
18	Government grants, appropriations of transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		14,798,455	19

Uncompensated care (see instructions for each line)

		Uninsured patients	Insured patients	TOTAL (col. 1 + col. 2)	
		1	2	3	
20	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,525,651	790,423	8,316,074	20
21	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,439,747	790,423	2,230,170	21
22	Payments received from patients for amounts previously written off as charity care	59,197	219,458	278,655	22
23	Cost of charity care (line 21 minus line 22)	1,380,550	570,965	1,951,515	23

24	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
25	If line 24 is yes, charges for patient days beyond the indigent care program's length of stay limit			25
26	Total bad debt expense for the entire hospital complex (see instructions)		10,848,553	26
27	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		469,025	27
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		721,577	27.01
28	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27.01)		10,126,976	28
29	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,189,964	29
30	Cost of uncompensated care (line 23, column 3 plus line 29)		4,141,479	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,939,934	31

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		10,127,881	10,127,881	5,692,936	15,820,817	-5,254	15,815,563	1
2	00200	Cap Rel Costs-Mvble Equip		8,717,610	8,717,610	53,603	8,771,213		8,771,213	2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department	2,420,352	185,159	2,605,511		2,605,511		2,605,511	4
5.01	00540	NONPATIENT TELEPHONES					34		34	5.01
5.02	00550	IS		34	34	-34				5.02
5.03	00560	PURCHASING	662,493	970,982	1,633,475	-3,373	1,630,102		1,630,102	5.03
5.04	00570	PT REG		320	320		320		320	5.04
5.05	00580	PT ACCTS								5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,083,243	89,992,263	94,075,506	-5,746,539	88,328,967	-14,472,606	73,856,361	5.06
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant	1,459,682	7,537,753	8,997,435		8,997,435	-232,324	8,765,111	7
8	00800	Laundry & Linen Service	29,321	637,379	666,700		666,700		666,700	8
9	00900	Housekeeping	1,623,060	1,412,867	3,035,927		3,035,927		3,035,927	9
10	01000	Dietary	1,349,275	2,053,265	3,402,540	-2,054,595	1,347,945	-2,707	1,345,238	10
11	01100	Cafeteria				2,054,595	2,054,595	-1,086,213	968,382	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	2,260,287	798,580	3,058,867		3,058,867	-12,976	3,045,891	13
14	01400	Central Services & Supply								14
15	01500	Pharmacy	2,833,874	36,874,693	39,708,567	-35,814,213	3,894,354	-29,606	3,864,748	15
16	01600	Medical Records & Library		1,095	1,095		1,095	-1,095		16
17	01700	Social Service								17
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	16,050,262	7,164,253	23,214,515	-2,073,164	21,141,351	-389,638	20,751,713	30
31	03100	Intensive Care Unit	2,811,361	1,260,781	4,072,142	-94,107	3,978,035	-76,414	3,901,621	31
43	04300	Nursery	854,561	345,111	1,199,672	1,006,906	2,206,578		2,206,578	43
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,857,059	16,703,991	21,561,050	-6,336,758	15,224,292		15,224,292	50
51	05100	Recovery Room	665,000	307,988	972,988		972,988		972,988	51
52	05200	Delivery Room & Labor Room	2,352,222	1,620,789	3,973,011	818,922	4,791,933	-676,008	4,115,925	52
53	05300	Anesthesiology	107,896	378,906	486,802	26,304	513,106		513,106	53
54	05400	Radiology-Diagnostic	2,898,289	1,256,578	4,154,867	-751,851	3,403,016	-18,772	3,384,244	54
54.01	03630	ULTRA SOUND	850,911	213,369	1,064,280	87,959	1,152,239		1,152,239	54.01
54.02	03480	NUCLEAR ONCOLOGY	890,053	516,915	1,406,968	-15,081	1,391,887		1,391,887	54.02
55	05500	Radiology-Therapeutic	1,862,392	1,384,728	3,247,120	-115,125	3,131,995	-185,440	2,946,555	55
56	05600	Radioisotope	489,753	608,135	1,097,888	90,671	1,188,559	-4,095	1,184,464	56
57	05700	CT Scan	901,989	574,648	1,476,637	122,033	1,598,670		1,598,670	57
58	05800	MRI	817,974	408,955	1,226,929	99,008	1,325,937		1,325,937	58
59	05900	Cardiac Catheterization	1,474,829	2,991,574	4,466,403	-7,087	4,459,316		4,459,316	59
60	06000	Laboratory	2,881,609	7,773,586	10,655,195	-276	10,654,919	-199,900	10,455,019	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	06400	Intravenous Therapy	1,176,902	565,520	1,742,422	-8,587	1,733,835	-600	1,733,235	64
65	06500	Respiratory Therapy	1,343,070	536,024	1,879,094	-2,195	1,876,899		1,876,899	65
66	06600	Physical Therapy	4,023,371	1,804,773	5,828,144	-560	5,827,584		5,827,584	66
69	06900	Electrocardiology	1,039,160	1,583,414	2,622,574	-6,886	2,615,688		2,615,688	69
71	07100	Medical Supplies Charged to Patients				739,227	739,227		739,227	71
72	07200	Impl. Dev. Charged to Patients				6,505,216	6,505,216		6,505,216	72
73	07300	Drugs Charged to Patients				35,814,213	35,814,213		35,814,213	73
74	07400	Renal Dialysis				307,612	307,612		307,612	74
75	07500	ASC (Non-Distinct Part)	2,189,392	1,273,667	3,463,059	-375,272	3,087,787		3,087,787	75
75.01	07501	LITHOTRIPSY								75.01
75.02	07502	PSYCH	491,923	346,062	837,985		837,985	-18,910	819,075	75.02
75.03	07503	NEURODIAGNOSTICS	89,912	58,484	148,396	-5	148,391		148,391	75.03
76.97	07697	CARDIAC REHABILITATION	345,163	323,263	668,426	-1,740	666,686		666,686	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
90.03	09003	GENETIC TESTING	406,790	157,485	564,275	-2	564,273	-564,273		90.03
90.04	09004	CHRONIC PAIN CLINIC	253,330	193,754	447,084	-6	447,078		447,078	90.04
90.05	09005	DIABETES EDUCATION	457,370	248,534	705,904		705,904		705,904	90.05
90.06	09006	WOUND CARE	676,883	358,180	1,035,063	-51,510	983,553		983,553	90.06
90.07	09007	SLEEP LAB	405,977	162,497	568,474	-325	568,149		568,149	90.07
91	09100	Emergency	5,156,621	4,033,111	9,189,732	-16,550	9,173,182	-1,338,188	7,834,994	91
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
		SPECIAL PURPOSE COST CENTERS								

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOC- ATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
118		SUBTOTALS (sum of lines 1-117)	75,543,611	214,464,956	290,008,567		290,008,567	-19,315,019	270,693,548	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop & Canteen	103,850	224,502	328,352		328,352		328,352	190
192	19200	Physicians' Private Offices		1,479	1,479		1,479		1,479	192
192.01	19201	HOME HEALTH AGENCY								192.01
200		TOTAL (sum of lines 118-199)	75,647,461	214,690,937	290,338,398		290,338,398	-19,315,019	271,023,379	200

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	SHARED DIETARY COSTS	A	Cafeteria	11	814,748	1,239,847	1
500	Total reclassifications				814,748	1,239,847	500
	Code Letter - A						
1	CHARGEABLE DRUG	D	Drugs Charged to Patients	73		35,814,213	1
500	Total reclassifications					35,814,213	500
	Code Letter - D						
1	CHARGEABLE MED SUPPLIES	F	Medical Supplies Charged to P	71		739,227	1
2			Impl. Dev. Charged to Patient	72		6,505,216	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
500	Total reclassifications					7,244,443	500
	Code Letter - F						
1	RENAL DIALYSIS	H	Renal Dialysis	74		307,612	1
2							2
3							3
500	Total reclassifications					307,612	500
	Code Letter - H						
1	RADIOLOGY ADMINISTRATIVE	J	ULTRA SOUND	54.01	66,024	21,942	1
2			Radioisotope	56	68,105	22,633	2
3			CT Scan	57	91,604	30,443	3
4			MRI	58	75,977	25,249	4
5			Cardiac Catheterization	59	255,520	84,917	5
500	Total reclassifications				557,230	185,184	500
	Code Letter - J						
1	INTEREST EXPENSE	K	Cap Rel Costs-Bldg & Fixt	1		5,578,872	1
500	Total reclassifications					5,578,872	500
	Code Letter - K						
1	CAPITAL INSURANCE	L	Cap Rel Costs-Bldg & Fixt	1		114,064	1
2			Cap Rel Costs-Mvble Equip	2		53,603	2
500	Total reclassifications					167,667	500
	Code Letter - L						
1	SURGERY ADMINISTRATION	M	Recovery Room	51	16,420	10,994	1
2			Anesthesiology	53	8,183	5,479	2
3			ASC (Non-Distinct Part)	75	48,925	32,759	3
500	Total reclassifications				73,528	49,232	500
	Code Letter - M						
1	PRE ADMISSION TESTING	N	Operating Room	50	296,548	76,811	1
2			Recovery Room	51	24,818	6,428	2

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		INCREASES					
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	
		1	2	3	4	5	
3			Anesthesiology	53	12,368	3,204	3
500	Total reclassifications				333,734	86,443	500
	Code Letter - N						
1	TELEPHONE EXPENSE	O	NONPATIENT TELEPHONES	5.01		34	1
500	Total reclassifications					34	500
	Code Letter - O						
1	LDRP	P	Nursery	43	732,945	275,484	1
2			Delivery Room & Labor Room	52	595,450	223,805	2
500	Total reclassifications				1,328,395	499,289	500
	Code Letter - P						
	GRAND TOTAL (Increases)				3,107,635	51,172,836	

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
1	SHARED DIETARY COSTS	A	Dietary	10	814,748	1,239,847	1	
500	Total reclassifications				814,748	1,239,847	500	
	Code letter - A							
1	CHARGEABLE DRUG	D	Pharmacy	15		35,814,213	1	
500	Total reclassifications					35,814,213	500	
	Code letter - D							
1	CHARGEABLE MED SUPPLIES	F	PURCHASING	5.03		3,373	1	
2							2	
3							3	
4							4	
5							5	
6							6	
7			Adults & Pediatrics	30		33,587	7	
8			Intensive Care Unit	31		6,431	8	
9			Nursery	43		1,523	9	
10			Operating Room	50		6,587,357	10	
11			Recovery Room	51		2,058	11	
12			Delivery Room & Labor Room	52		333	12	
13			Anesthesiology	53		2,930	13	
14			Radiology-Diagnostic	54		9,437	14	
15			ULTRA SOUND	54.01		7	15	
16			NUCLEAR ONCOLOGY	54.02		15,081	16	
17			Radiology-Therapeutic	55		115,125	17	
18			Radioisotope	56		67	18	
19			CT Scan	57		14	19	
20			MRI	58		2,218	20	
21			Cardiac Catheterization	59		347,524	21	
22			Laboratory	60		276	22	
23			Intravenous Therapy	64		544	23	
24			Respiratory Therapy	65		2,195	24	
25			Physical Therapy	66		560	25	
26			Electrocardiology	69		6,886	26	
27			ASC (Non-Distinct Part)	75		36,779	27	
28			NEURODIAGNOSTICS	75.03		5	28	
29			CARDIAC REHABILITATION	76.97		1,740	29	
30			GENETIC TESTING	90.03		2	30	
31			CHRONIC PAIN CLINIC	90.04		6	31	
32			WOUND CARE	90.06		51,510	32	
33			SLEEP LAB	90.07		325	33	
34			Emergency	91		16,550	34	
500	Total reclassifications					7,244,443	500	
	Code letter - F							
1	RENAL DIALYSIS	H	Adults & Pediatrics	30		211,893	1	
2			Intensive Care Unit	31		87,676	2	
3			Intravenous Therapy	64		8,043	3	
500	Total reclassifications					307,612	500	
	Code letter - H							
1	RADIOLOGY ADMINISTRATIVE	J	Radiology-Diagnostic	54	557,230	185,184	1	
2							2	
3							3	
4							4	
5							5	
500	Total reclassifications				557,230	185,184	500	
	Code letter - J							
1	INTEREST EXPENSE	K	OTHER ADMINISTRATIVE AND GENE	5.06		5,578,872	10	
500	Total reclassifications					5,578,872	500	
	Code letter - K							
1	CAPITAL INSURANCE	L					11	
2			OTHER ADMINISTRATIVE AND GENE	5.06		167,667	11	
500	Total reclassifications					167,667	500	
	Code letter - L							
1	SURGERY ADMINISTRATION	M	Operating Room	50	73,528	49,232	1	
2							2	
3							3	
500	Total reclassifications				73,528	49,232	500	
	Code letter - M							
1	PRE ADMISSION TESTING	N	ASC (Non-Distinct Part)	75	333,734	86,443	1	

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECLASSIFICATIONS

WORKSHEET A-6

		DECREASES						
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	COST CENTER	LINE #	SALARY	OTHER	Wkst A-7 Ref.	
		1	6	7	8	9	10	
2							2	
3							3	
500	Total reclassifications				333,734	86,443	500	
	Code letter - N							
1	TELEPHONE EXPENSE	O	IS	5.02		34	1	
500	Total reclassifications					34	500	
	Code letter - O							
1	LDRP	P	Adults & Pediatrics	30	1,328,395	499,289	1	
2							2	
500	Total reclassifications				1,328,395	499,289	500	
	Code letter - P							
	GRAND TOTAL (Decreases)				3,107,635	51,172,836		

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

RECONCILIATION OF CAPITAL COST CENTERS

**WORKSHEET A-7
PARTS I, II & III**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements	14,775,874					14,775,874		2
3	Buildings and Fixtures	188,529,433	7,709,148		7,709,148		196,238,581		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	51,825,056	6,067,558		6,067,558		57,892,614		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	255,130,363	13,776,706		13,776,706		268,907,069		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	255,130,363	13,776,706		13,776,706		268,907,069		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	10,127,881							10,127,881	1
2	Cap Rel Costs-Mvble Equip	8,717,610							8,717,610	2
3	Total (sum of lines 1-2)	18,845,491							18,845,491	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All line numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	10,127,881	5,578,872	108,810					15,815,563	1
2	Cap Rel Costs-Mvble Equip	8,717,610		53,603					8,771,213	2
3	Total (sum of lines 1-2)	18,845,491	5,578,872	162,413					24,586,776	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
				COST CENTER	LINE#	Wkst. A-7 Ref.	
1	Investment income-buildings & fixtures (chapter 2)	A	-5,254	Cap Rel Costs-Bldg & Fixt	1	11	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2		2
3	Investment income-other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excl) (chapter 21)						7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	Wkst A-8-2	-4,217,993				10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-4,873,778				12
13	Laundry and linen service						13
14	Cafeteria - employees and guests	B	-1,086,213	Cafeteria	11		14
15	Rental of quarters to employees & others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition,fees,books,etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments						22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65		23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66		24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114		25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1		26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2		27
28	Non-physician anesthetist			Nonphysician Anesthetists	19		28
29	Physicians' assistant						29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67		30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68		31
32	CAH HIT Adj for Depreciation						32
33							33
33.01	OTHER INCOME	B	-700	OTHER ADMINISTRATIVE AND GENERAL	5.06		33.01
33.03	OTHER INCOME	B	-185,712	Operation of Plant	7		33.03
33.05	MISC INCOME	B	-2,707	Dietary	10		33.05
33.06	EHR PHYSICIAN EXPENSES	A	-1,095	Medical Records & Library	16		33.06
33.09	OTHER INCOME	B	-92,556	Emergency	91		33.09
33.15	WORK ORDER REVENUE	B	-4,230	Operation of Plant	7		33.15
33.17	BARATRIC REVENUE	B	-161,305	Adults & Pediatrics	30		33.17
33.18	TRAINING FEES	B	-4,025	Nursing Administration	13		33.18
33.19	OTHER INCOME	B	-18,507	Pharmacy	15		33.19
33.20	OTHER INCOME	B	-5,817	Radiology-Diagnostic	54		33.20
33.21	RENTAL INCOME	B	-185,440	Radiology-Therapeutic	55		33.21
34	MEDICAID IHA TAX	A	-7,812,385	OTHER ADMINISTRATIVE AND GENERAL	5.06		34
35							35
36							36
37	OTHER RENTAL INCOME	B	-564,273	GENETIC TESTING	90.03		37
37.01	MEALS AND ENTERTAINMENT	A	-224	OTHER ADMINISTRATIVE AND GENERAL	5.06		37.01
37.10	MARKETING	A	-5,818	OTHER ADMINISTRATIVE AND GENERAL	5.06		37.10
38	MARKETING	A	-8,951	Nursing Administration	13		38
39							39
40	LOBBYING DUES	A	-35,654	OTHER ADMINISTRATIVE AND GENERAL	5.06		40
41	VALET SERVICES	A	-42,382	Operation of Plant	7		41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-19,315,019				50

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE#	Wkst. A-7 Ref.	
		1	2	3	4	5	

- (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.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

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

WORKSHEET A-8-1

A: COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE COSTS	64,822,097	69,695,875	-4,873,778	1
2							2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			64,822,097	69,695,875	-4,873,778	5

* The amounts on lines 1 through 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 have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	DELCOM	100.00	SYSTEM	100.00	SYSTEM	6
7	B	CADENCE HEALTH	100.00	CADENCE HEALTH	100.00	HOME OFFICE	7
8							8
9							9
10							10

(1) Use the following symbols to indicate the 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.
- G. Other (financial Or non-financial) specify:

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5.06	OTHER ADMINISTRATIVE AGGREGATE	1,959,818	1,653,219	306,599	211,500	2,122	215,771	10,789	1
2										2
3										3
4										4
5	15	Pharmacy AGGREGATE	11,099	11,099						5
6										6
7	30	Adults & Pediatrics AGGREGATE	228,333	228,333						7
8										8
9	31	Intensive Care Unit AGGREGATE	76,414	76,414						9
10										10
11	52	Delivery Room & Labo AGGREGATE	676,008	676,008						11
12										12
13	54	Radiology-Diagnostic AGGREGATE	12,955	12,955						13
14										14
15	56	Radioisotope AGGREGATE	4,095	4,095						15
16										16
17	60	Laboratory AGGREGATE	199,900	199,900						17
18										18
19	64	Intravenous Therapy AGGREGATE	600	600						19
20										20
23	75.02	PSYCH AGGREGATE	18,910	18,910						23
25	91	Emergency AGGREGATE	1,299,422	1,216,452	82,970	211,500	529	53,790	2,690	25
200		TOTAL	4,487,554	4,097,985	389,569		2,651	269,561	13,479	200

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5.06	OTHER ADMINISTRATIVE AGGREGATE					215,771	90,828	1,744,047	1
2										2
3										3
4										4
5	15	Pharmacy AGGREGATE							11,099	5
6										6
7	30	Adults & Pediatrics AGGREGATE							228,333	7
8										8
9	31	Intensive Care Unit AGGREGATE							76,414	9
10										10
11	52	Delivery Room & Labo AGGREGATE							676,008	11
12										12
13	54	Radiology-Diagnostic AGGREGATE							12,955	13
14										14
15	56	Radioisotope AGGREGATE							4,095	15
16										16
17	60	Laboratory AGGREGATE							199,900	17
18										18
19	64	Intravenous Therapy AGGREGATE							600	19
20										20
23	75.02	PSYCH AGGREGATE							18,910	23
25	91	Emergency AGGREGATE					53,790	29,180	1,245,632	25
200		TOTAL					269,561	120,008	4,217,993	200

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	IS	
		0	1	2	4	5.01	5.02	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	15,815,563	15,815,563					1
2	Cap Rel Costs-Mvble Equip	8,771,213		8,771,213				2
4	Employee Benefits Department	2,605,511			2,605,511			4
5.01	NONPATIENT TELEPHONES	34				34		5.01
5.02	IS		348,379	72,857		2	421,238	5.02
5.03	PURCHASING	1,630,102	340,518	4,221	23,572			5.03
5.04	PT REG	320	203,572			1	384	5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	73,856,361	357,755	399,756	145,286	2		5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,765,111	397,769	415,301	51,937	1		7
8	Laundry & Linen Service	666,700	93,618		1,043			8
9	Housekeeping	3,035,927	148,453	88,819	57,750			9
10	Dietary	1,345,238	264,658	99,402	19,019			10
11	Cafeteria	968,382	427,885	151,513	28,990			11
12	Maintenance of Personnel							12
13	Nursing Administration	3,045,891	14,537	344,060	80,423			13
14	Central Services & Supply							14
15	Pharmacy	3,864,748	163,795	205,482	100,832	1		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	20,751,713	4,644,328	441,723	523,836	9	30,165	30
31	Intensive Care Unit	3,901,621	641,449	226,051	100,031	1	4,885	31
43	Nursery	2,206,578	426,086		56,485	1	3,175	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	15,224,292	1,050,014	1,781,983	180,754	1	28,987	50
51	Recovery Room	1,029,590	85,568	60,532	25,129		2,968	51
52	Delivery Room & Labor Room	4,115,925	684,636	32,813	104,881	1	6,627	52
53	Anesthesiology	513,106	46,880	56,687	4,570		5,044	53
54	Radiology-Diagnostic	3,384,244	514,637	764,913	83,297	2	10,845	54
54.01	ULTRA SOUND	1,152,239	16,005	80,514	32,625		7,980	54.01
54.02	NUCLEAR ONCOLOGY	1,391,887	422,014	237,784	31,669		7,015	54.02
55	Radiology-Therapeutic	2,946,555	437,356	203,771	66,266		3,979	55
56	Radioisotope	1,184,464	42,192	4,852	19,849		5,829	56
57	CT Scan	1,598,670	88,693	325,309	35,353		30,020	57
58	MRI	1,325,937	136,709	341,242	31,808		16,163	58
59	Cardiac Catheterization	4,459,316	648,458	726,903	61,568	1	8,807	59
60	Laboratory	10,455,019	561,043	460,560	102,531	2	38,655	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,733,235	271,714	79,060	41,875	1	2,266	64
65	Respiratory Therapy	1,876,899	58,008	65,209	47,788		5,007	65
66	Physical Therapy	5,827,584	57,771	24,657	143,156	1	9,540	66
69	Electrocardiology	2,615,688	140,592	266,266	36,974	1	13,580	69
71	Medical Supplies Charged to Patients	739,227					30,141	71
72	Impl. Dev. Charged to Patients	6,505,216					13,637	72
73	Drugs Charged to Patients	35,814,213					89,326	73
74	Renal Dialysis	307,612	7,103				758	74
75	ASC (Non-Distinct Part)	3,087,787	366,042	436,426	67,767	1	6,106	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	819,075	331	23,582	17,503		1,041	75.02
75.03	NEURODIAGNOSTICS	148,391	25,097	4,504	3,199		517	75.03
76.97	CARDIAC REHABILITATION	666,686	284		12,281	1	875	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING		158,397	14,890	14,474		64	90.03
90.04	CHRONIC PAIN CLINIC	447,078	98,969	3,110	9,014	1	980	90.04
90.05	DIABETES EDUCATION	705,904	189	1,618	16,274		266	90.05
90.06	WOUND CARE	983,553	70,557	2,707	24,084		1,503	90.06
90.07	SLEEP LAB	568,149	62,080	7,379	14,445		1,641	90.07
91	Emergency	7,834,994	1,206,754	314,081	183,478	3	32,462	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	270,693,548	15,730,895	8,770,537	2,601,816	34	421,238	118
	NONREIMBURSABLE COST CENTERS							

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE S	IS	
		0	1	2	4	5.01	5.02	
190	Gift, Flower, Coffee Shop & Canteen	328,352	84,668		3,695			190
192	Physicians' Private Offices	1,479		676				192
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	271,023,379	15,815,563	8,771,213	2,605,511	34	421,238	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING 5.03	PT REG 5.04	SUBTOTAL (cols.0-4) 4A	OTHER ADMI NISTRATIVE AND GENER 5.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING	1,998,413						5.03
5.04	PT REG		204,277					5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			74,759,160	74,759,160			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	2,039		9,632,158	3,668,995	13,301,153		7
8	Laundry & Linen Service	980		762,341	290,384	87,892	1,140,617	8
9	Housekeeping	24,591		3,355,540	1,278,162	139,374		9
10	Dietary	1,159		1,729,476	658,776	248,473		10
11	Cafeteria			1,576,770	600,609	401,718		11
12	Maintenance of Personnel							12
13	Nursing Administration	1,184		3,486,095	1,327,892	13,648		13
14	Central Services & Supply							14
15	Pharmacy	20,483		4,355,341	1,658,997	153,779		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	75,777	14,677	26,482,228	10,087,372	4,360,303	496,516	30
31	Intensive Care Unit	25,834	2,377	4,902,249	1,867,321	602,221	74,408	31
43	Nursery	3,030	1,545	2,696,900	1,027,279	400,029	43,489	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	609,280	14,104	18,889,415	7,195,186	985,801	3,680	50
51	Recovery Room	11,744	1,444	1,216,975	463,559	80,335	52,808	51
52	Delivery Room & Labor Room	24,597	3,225	4,972,705	1,894,158	642,767	65,812	52
53	Anesthesiology	21,259	2,455	650,001	247,593	44,013		53
54	Radiology-Diagnostic	11,342	5,277	4,774,557	1,818,681	483,164	61,069	54
54.01	ULTRA SOUND	1,631	3,883	1,294,877	493,233	15,027	30,970	54.01
54.02	NUCLEAR ONCOLOGY	1,583	3,413	2,095,365	798,148	396,205		54.02
55	Radiology-Therapeutic	12,249	1,936	3,672,112	1,398,748	410,610		55
56	Radioisotope	31,505	2,836	1,291,527	491,957	39,612	6,430	56
57	CT Scan	24,939	14,607	2,117,591	806,614	83,269	36,504	57
58	MRI	15,665	7,865	1,875,389	714,356	128,349	14,473	58
59	Cardiac Catheterization	158,882	4,285	6,068,220	2,311,452	608,801		59
60	Laboratory	160,478	18,808	11,797,096	4,493,644	526,733		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	21,461	1,103	2,150,715	819,231	255,097		64
65	Respiratory Therapy	11,073	2,437	2,066,421	787,122	54,460		65
66	Physical Therapy	2,942	4,642	6,070,293	2,312,241	54,238		66
69	Electrocardiology	1,779	6,608	3,081,488	1,173,773	131,994	32,396	69
71	Medical Supplies Charged to Patients	59,361	14,666	843,395	321,258			71
72	Impl. Dev. Charged to Patients	522,382	6,636	7,047,871	2,684,612			72
73	Drugs Charged to Patients		42,963	35,946,502	13,692,377			73
74	Renal Dialysis		369	315,842	120,308	6,669		74
75	ASC (Non-Distinct Part)	51,347	2,971	4,018,447	1,530,671	343,657	93,542	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	242	506	862,280	328,452	311		75.02
75.03	NEURODIAGNOSTICS	2,687	251	184,646	70,334	23,562		75.03
76.97	CARDIAC REHABILITATION	589	426	681,142	259,454	267		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	2,405	31	190,261	72,473	148,710		90.03
90.04	CHRONIC PAIN CLINIC	3,122	477	562,751	214,358	92,916		90.04
90.05	DIABETES EDUCATION	579	130	724,960	276,145	178		90.05
90.06	WOUND CARE	8,452	731	1,091,587	415,797	66,242		90.06
90.07	SLEEP LAB	1,832	798	656,324	250,001	58,284		90.07
91	Emergency	53,502	15,795	9,641,069	3,672,389	1,132,955	128,520	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,983,986	204,277	270,590,082	74,594,112	13,221,663	1,140,617	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	14,427		431,142	164,227	79,490		190
192	Physicians' Private Offices			2,155	821			192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	PURCHASING	PT REG	SUBTOTAL (cols.0-4)	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.04	4A	5.06	7	8	
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	1,998,413	204,277	271,023,379	74,759,160	13,301,153	1,140,617	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	SUBTOTAL	
		9	10	11	13	15	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	4,773,076						9
10	Dietary	90,714	2,727,439					10
11	Cafeteria	146,661		2,725,758				11
12	Maintenance of Personnel							12
13	Nursing Administration	4,983		96,570	4,929,188			13
14	Central Services & Supply							14
15	Pharmacy	56,142		92,797		6,317,056		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,591,878	2,421,328	692,672	1,685,545	20,917	47,838,759	30
31	Intensive Care Unit	219,862	306,111	111,912	272,325	2,263	8,358,672	31
43	Nursery	146,044		55,223	134,346	95	4,503,405	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	359,901		230,777	561,614	6,795	28,233,169	50
51	Recovery Room	29,329		25,008	60,849	685	1,929,548	51
52	Delivery Room & Labor Room	234,664		93,920	228,582	2,155	8,134,763	52
53	Anesthesiology	16,068		9,043	22,034	10,926	999,678	53
54	Radiology-Diagnostic	176,396		95,448	232,237	249	7,641,801	54
54.01	ULTRA SOUND	5,486		33,240	80,859	39	1,953,731	54.01
54.02	NUCLEAR ONCOLOGY	144,649		29,685		2	3,464,054	54.02
55	Radiology-Therapeutic	149,907		106,579			5,737,956	55
56	Radioisotope	14,462		19,956	48,555		1,912,499	56
57	CT Scan	30,400		38,510	93,678	1,348	3,207,914	57
58	MRI	46,858		33,489	81,471	3,568	2,897,953	58
59	Cardiac Catheterization	222,264		58,653	142,740	21,919	9,434,049	59
60	Laboratory	192,302		155,130		975	17,165,880	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	93,132		45,214	110,057	233	3,473,679	64
65	Respiratory Therapy	19,883		57,063	138,891	392	3,124,232	65
66	Physical Therapy	19,802		171,500		210	8,628,284	66
69	Electrocardiology	48,189		40,817	99,347	6	4,608,010	69
71	Medical Supplies Charged to Patients						1,164,653	71
72	Impl. Dev. Charged to Patients						9,732,483	72
73	Drugs Charged to Patients					6,234,184	55,873,063	73
74	Renal Dialysis	2,435					445,254	74
75	ASC (Non-Distinct Part)	125,464		75,273	183,204	1,069	6,371,327	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	114		23,386			1,214,543	75.02
75.03	NEURODIAGNOSTICS	8,602		4,116			291,260	75.03
76.97	CARDIAC REHABILITATION	97		13,969		1	954,930	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	54,292		20,112	48,913	12	534,773	90.03
90.04	CHRONIC PAIN CLINIC	33,922		8,294	20,203	21	932,465	90.04
90.05	DIABETES EDUCATION	65		19,769	48,110	344	1,069,571	90.05
90.06	WOUND CARE	24,184		26,941	65,551	1,420	1,691,722	90.06
90.07	SLEEP LAB	21,279		19,302	46,979	46	1,052,215	90.07
91	Emergency	413,625		214,967	523,098	7,182	15,733,805	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	4,744,055	2,727,439	2,719,335	4,929,188	6,317,056	270,310,100	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	29,021		6,423			710,303	190
192	Physicians' Private Offices						2,976	192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	SUBTOTAL	
		9	10	11	13	15	24	
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	4,773,076	2,727,439	2,725,758	4,929,188	6,317,056	271,023,379	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		47,838,759				30
31	Intensive Care Unit		8,358,672				31
43	Nursery		4,503,405				43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room		28,233,169				50
51	Recovery Room		1,929,548				51
52	Delivery Room & Labor Room		8,134,763				52
53	Anesthesiology		999,678				53
54	Radiology-Diagnostic		7,641,801				54
54.01	ULTRA SOUND		1,953,731				54.01
54.02	NUCLEAR ONCOLOGY		3,464,054				54.02
55	Radiology-Therapeutic		5,737,956				55
56	Radioisotope		1,912,499				56
57	CT Scan		3,207,914				57
58	MRI		2,897,953				58
59	Cardiac Catheterization		9,434,049				59
60	Laboratory		17,165,880				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy		3,473,679				64
65	Respiratory Therapy		3,124,232				65
66	Physical Therapy		8,628,284				66
69	Electrocardiology		4,608,010				69
71	Medical Supplies Charged to Patients		1,164,653				71
72	Impl. Dev. Charged to Patients		9,732,483				72
73	Drugs Charged to Patients		55,873,063				73
74	Renal Dialysis		445,254				74
75	ASC (Non-Distinct Part)		6,371,327				75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH		1,214,543				75.02
75.03	NEURODIAGNOSTICS		291,260				75.03
76.97	CARDIAC REHABILITATION		954,930				76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING		534,773				90.03
90.04	CHRONIC PAIN CLINIC		932,465				90.04
90.05	DIABETES EDUCATION		1,069,571				90.05
90.06	WOUND CARE		1,691,722				90.06
90.07	SLEEP LAB		1,052,215				90.07
91	Emergency		15,733,805				91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		270,310,100				118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen		710,303				190
192	Physicians' Private Offices		2,976				192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - GENERAL SERVICE COSTS

**WORKSHEET B
PART I**

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL					
		25	26					
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		271,023,379					202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	SUBTOTAL	IS	PURCHASING	
		0	1	2	2A	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS		348,379	72,857	421,236	421,236		5.02
5.03	PURCHASING	385,842	340,518	4,221	730,581		730,581	5.03
5.04	PT REG		203,572		203,572	384		5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,549,602	357,755	399,756	8,307,113			5.06
6	Maintenance & Repairs							6
7	Operation of Plant		397,769	415,301	813,070		745	7
8	Laundry & Linen Service		93,618		93,618		358	8
9	Housekeeping		148,453	88,819	237,272		8,990	9
10	Dietary	11,333	264,658	99,402	375,393		424	10
11	Cafeteria	17,274	427,885	151,513	596,672			11
12	Maintenance of Personnel							12
13	Nursing Administration		14,537	344,060	358,597		433	13
14	Central Services & Supply							14
15	Pharmacy		163,795	205,482	369,277		7,488	15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	60,229	4,644,328	441,723	5,146,280	30,165	27,703	30
31	Intensive Care Unit	8,136	641,449	226,051	875,636	4,885	9,445	31
43	Nursery		426,086		426,086	3,175	1,108	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	301,655	1,050,014	1,781,983	3,133,652	28,987	222,738	50
51	Recovery Room	42	85,568	60,532	146,142	2,968	4,294	51
52	Delivery Room & Labor Room		684,636	32,813	717,449	6,627	8,992	52
53	Anesthesiology	21	46,880	56,687	103,588	5,044	7,772	53
54	Radiology-Diagnostic		514,637	764,913	1,279,550	10,845	4,146	54
54.01	ULTRA SOUND		16,005	80,514	96,519	7,980	596	54.01
54.02	NUCLEAR ONCOLOGY	3,396	422,014	237,784	663,194	7,015	579	54.02
55	Radiology-Therapeutic		437,356	203,771	641,127	3,979	4,478	55
56	Radioisotope		42,192	4,852	47,044	5,829	11,518	56
57	CT Scan		88,693	325,309	414,002	30,020	9,117	57
58	MRI		136,709	341,242	477,951	16,163	5,727	58
59	Cardiac Catheterization		648,458	726,903	1,375,361	8,807	58,085	59
60	Laboratory		561,043	460,560	1,021,603	38,655	58,668	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy		271,714	79,060	350,774	2,266	7,846	64
65	Respiratory Therapy		58,008	65,209	123,217	5,007	4,048	65
66	Physical Therapy		57,771	24,657	82,428	9,540	1,076	66
69	Electrocardiology		140,592	266,266	406,858	13,580	650	69
71	Medical Supplies Charged to Patients					30,141	21,701	71
72	Impl. Dev. Charged to Patients					13,637	190,974	72
73	Drugs Charged to Patients					89,324		73
74	Renal Dialysis		7,103		7,103	758		74
75	ASC (Non-Distinct Part)	126	366,042	436,426	802,594	6,106	18,772	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH		331	23,582	23,913	1,041	88	75.02
75.03	NEURODIAGNOSTICS		25,097	4,504	29,601	517	982	75.03
76.97	CARDIAC REHABILITATION		284		284	875	215	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	1,952	158,397	14,890	175,239	64	879	90.03
90.04	CHRONIC PAIN CLINIC		98,969	3,110	102,079	980	1,141	90.04
90.05	DIABETES EDUCATION		189	1,618	1,807	266	212	90.05
90.06	WOUND CARE		70,557	2,707	73,264	1,503	3,090	90.06
90.07	SLEEP LAB	921	62,080	7,379	70,380	1,641	670	90.07
91	Emergency		1,206,754	314,081	1,520,835	32,462	19,559	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	8,340,529	15,730,895	8,770,537	32,841,961	421,236	725,307	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		84,668		84,668		5,274	190
192	Physicians' Private Offices			676	676			192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	CAP MOVEABLE EQUIPMENT	SUBTOTAL	IS	PURCHASING	
		0	1	2	2A	5.02	5.03	
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	8,340,529	15,815,563	8,771,213	32,927,305	421,236	730,581	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PT REG	OTHER ADMIN ISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.04	5.06	7	8	9	10	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG	203,956						5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		8,307,113					5.06
6	Maintenance & Repairs							6
7	Operation of Plant		407,691	1,221,506				7
8	Laundry & Linen Service		32,267	8,072	134,315			8
9	Housekeeping		142,027	12,799		401,088		9
10	Dietary		73,202	22,818		7,623	479,460	10
11	Cafeteria		66,738	36,892		12,324		11
12	Maintenance of Personnel							12
13	Nursing Administration		147,552	1,253		419		13
14	Central Services & Supply							14
15	Pharmacy		184,344	14,122		4,718		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	14,576	1,120,887	400,428	58,469	133,767	425,648	30
31	Intensive Care Unit	2,361	207,493	55,305	8,762	18,475	53,812	31
43	Nursery	1,534	114,149	36,736	5,121	12,272		43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	14,007	799,513	90,531	433	30,243		50
51	Recovery Room	1,434	51,510	7,378	6,218	2,465		51
52	Delivery Room & Labor Room	3,202	210,475	59,028	7,750	19,719		52
53	Anesthesiology	2,438	27,512	4,042		1,350		53
54	Radiology-Diagnostic	5,240	202,088	44,371	7,191	14,823		54
54.01	ULTRA SOUND	3,856	54,807	1,380	3,647	461		54.01
54.02	NUCLEAR ONCOLOGY	3,390	88,688	36,385		12,155		54.02
55	Radiology-Therapeutic	1,923	155,426	37,708		12,597		55
56	Radioisotope	2,817	54,665	3,638	757	1,215		56
57	CT Scan	14,506	89,629	7,647	4,299	2,555		57
58	MRI	7,810	79,378	11,787	1,704	3,938		58
59	Cardiac Catheterization	4,256	256,843	55,909		18,677		59
60	Laboratory	18,679	499,324	48,372		16,159		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	1,095	91,031	23,427		7,826		64
65	Respiratory Therapy	2,420	87,463	5,001		1,671		65
66	Physical Therapy	4,610	256,931	4,981		1,664		66
69	Electrocardiology	6,562	130,427	12,122	3,815	4,049		69
71	Medical Supplies Charged to Patients	14,565	35,698					71
72	Impl. Dev. Charged to Patients	6,590	298,308					72
73	Drugs Charged to Patients	43,754	1,521,504					73
74	Renal Dialysis	366	13,368	612		205		74
75	ASC (Non-Distinct Part)	2,950	170,085	31,560	11,015	10,543		75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	503	36,497	29		10		75.02
75.03	NEURODIAGNOSTICS	250	7,815	2,164		723		75.03
76.97	CARDIAC REHABILITATION	423	28,830	24		8		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	31	8,053	13,657		4,562		90.03
90.04	CHRONIC PAIN CLINIC	474	23,819	8,533		2,851		90.04
90.05	DIABETES EDUCATION	129	30,685	16		5		90.05
90.06	WOUND CARE	726	46,203	6,083		2,032		90.06
90.07	SLEEP LAB	793	27,780	5,352		1,788		90.07
91	Emergency	15,686	408,068	104,044	15,134	34,757		91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	203,956	8,288,773	1,214,206	134,315	398,649	479,460	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen		18,249	7,300		2,439		190
192	Physicians' Private Offices		91					192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	PT REG	OTHER ADMI NISTRATIVE AND GENER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
		5.04	5.06	7	8	9	10	
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	203,956	8,307,113	1,221,506	134,315	401,088	479,460	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		11	13	15	24	25	26	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria	712,626						11
12	Maintenance of Personnel							12
13	Nursing Administration	25,247	533,501					13
14	Central Services & Supply							14
15	Pharmacy	24,261		604,210				15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	181,097	182,429	2,001	7,723,450		7,723,450	30
31	Intensive Care Unit	29,258	29,475	216	1,295,123		1,295,123	31
43	Nursery	14,438	14,541	9	629,169		629,169	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	60,335	60,785	650	4,441,874		4,441,874	50
51	Recovery Room	6,538	6,586	65	235,598		235,598	51
52	Delivery Room & Labor Room	24,554	24,740	206	1,082,742		1,082,742	52
53	Anesthesiology	2,364	2,385	1,045	157,540		157,540	53
54	Radiology-Diagnostic	24,954	25,136	24	1,618,368		1,618,368	54
54.01	ULTRA SOUND	8,690	8,752	4	186,692		186,692	54.01
54.02	NUCLEAR ONCOLOGY	7,761			819,167		819,167	54.02
55	Radiology-Therapeutic	27,864			885,102		885,102	55
56	Radioisotope	5,217	5,255		137,955		137,955	56
57	CT Scan	10,068	10,139	129	592,111		592,111	57
58	MRI	8,755	8,818	341	622,372		622,372	58
59	Cardiac Catheterization	15,334	15,449	2,096	1,810,817		1,810,817	59
60	Laboratory	40,557		93	1,742,110		1,742,110	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	11,821	11,912	22	508,020		508,020	64
65	Respiratory Therapy	14,919	15,033	37	258,816		258,816	65
66	Physical Therapy	44,837		20	406,087		406,087	66
69	Electrocardiology	10,671	10,753	1	599,488		599,488	69
71	Medical Supplies Charged to Patients				102,105		102,105	71
72	Impl. Dev. Charged to Patients				509,509		509,509	72
73	Drugs Charged to Patients			596,286	2,250,868		2,250,868	73
74	Renal Dialysis				22,412		22,412	74
75	ASC (Non-Distinct Part)	19,679	19,829	102	1,093,235		1,093,235	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	6,114			68,195		68,195	75.02
75.03	NEURODIAGNOSTICS	1,076			43,128		43,128	75.03
76.97	CARDIAC REHABILITATION	3,652			34,311		34,311	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	5,258	5,294	1	213,038		213,038	90.03
90.04	CHRONIC PAIN CLINIC	2,168	2,187	2	144,234		144,234	90.04
90.05	DIABETES EDUCATION	5,169	5,207	33	43,529		43,529	90.05
90.06	WOUND CARE	7,044	7,095	136	147,176		147,176	90.06
90.07	SLEEP LAB	5,046	5,085	4	118,539		118,539	90.07
91	Emergency	56,201	56,616	687	2,264,049		2,264,049	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	710,947	533,501	604,210	32,806,929		32,806,929	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,679			119,609		119,609	190
192	Physicians' Private Offices				767		767	192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF CAPITAL-RELATED COSTS

**WORKSHEET B
PART II**

	COST CENTER DESCRIPTIONS	CAFETERIA	NURSING ADMINIS- TRATION	PHARMACY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		11	13	15	24	25	26	
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	712,626	533,501	604,210	32,927,305		32,927,305	202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT NEW MME DE PT	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S NON PATIENT	IS GROSS REVENUE	PURCHASING PURCHASING	
		1	2	4	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	333,990						1
2	Cap Rel Costs-Mvble Equip		8,519,622					2
4	Employee Benefits Department			73,227,109				4
5.01	NONPATIENT TELEPHONES				1,748			5.01
5.02	IS	7,357	70,767		82	1,414,218,619		5.02
5.03	PURCHASING	7,191	4,100	662,493	20		24,886,228	5.03
5.04	PT REG	4,299			49	1,289,851		5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,555	388,289	4,083,243	123			5.06
6	Maintenance & Repairs							6
7	Operation of Plant	8,400	403,389	1,459,682	66		25,388	7
8	Laundry & Linen Service	1,977		29,321	1		12,201	8
9	Housekeeping	3,135	86,271	1,623,060	14		306,232	9
10	Dietary	5,589	96,551	534,527	12		14,428	10
11	Cafeteria	9,036	147,167	814,748				11
12	Maintenance of Personnel							12
13	Nursing Administration	307	334,191	2,260,287	2		14,739	13
14	Central Services & Supply							14
15	Pharmacy	3,459	199,588	2,833,874	30		255,075	15
16	Medical Records & Library				8			16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	98,078	429,053	14,721,867	332	101,224,086	943,648	30
31	Intensive Care Unit	13,546	219,567	2,811,361	47	16,393,938	321,714	31
43	Nursery	8,998		1,587,506	39	10,654,188	37,733	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,174	1,730,868	5,080,079	70	97,270,563	7,587,370	50
51	Recovery Room	1,807	58,796	706,238	10	9,959,351	146,252	51
52	Delivery Room & Labor Room	14,458	31,872	2,947,672	61	22,239,047	306,312	52
53	Anesthesiology	990	55,061	128,447	13	16,927,622	264,737	53
54	Radiology-Diagnostic	10,868	742,972	2,341,059	92	36,391,246	141,240	54
54.01	ULTRA SOUND	338	78,205	916,935	7	26,778,703	20,305	54.01
54.02	NUCLEAR ONCOLOGY	8,912	230,963	890,053	20	23,540,580	19,711	54.02
55	Radiology-Therapeutic	9,236	197,926	1,862,392	23	13,351,025	152,540	55
56	Radioisotope	891	4,713	557,858	11	19,562,028	392,328	56
57	CT Scan	1,873	315,978	993,593	13	100,739,490	310,563	57
58	MRI	2,887	331,454	893,951	12	54,238,033	195,082	58
59	Cardiac Catheterization	13,694	706,053	1,730,349	45	29,553,708	1,978,558	59
60	Laboratory	11,848	447,349	2,881,609	84	129,713,206	1,998,425	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	5,738	76,792	1,176,902	32	7,605,469	267,259	64
65	Respiratory Therapy	1,225	63,339	1,343,070	24	16,803,687	137,889	65
66	Physical Therapy	1,220	23,950	4,023,371	64	32,012,393	36,641	66
69	Electrocardiology	2,969	258,628	1,039,160	46	45,571,784	22,151	69
71	Medical Supplies Charged to Patients					101,144,086	739,227	71
72	Impl. Dev. Charged to Patients					45,762,122	6,505,216	72
73	Drugs Charged to Patients					300,418,350		73
74	Renal Dialysis	150				2,542,029		74
75	ASC (Non-Distinct Part)	7,730	423,908	1,904,583	74	20,489,422	639,427	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	7	22,906	491,923		3,492,260	3,012	75.02
75.03	NEURODIAGNOSTICS	530	4,375	89,912	1	1,733,402	33,461	75.03
76.97	CARDIAC REHABILITATION	6		345,163	29	2,937,521	7,338	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	3,345	14,463	406,790	2	216,064	29,949	90.03
90.04	CHRONIC PAIN CLINIC	2,090	3,021	253,330	30	3,289,356	38,877	90.04
90.05	DIABETES EDUCATION	4	1,572	457,370	7	893,654	7,216	90.05
90.06	WOUND CARE	1,490	2,629	676,883	10	5,042,108	105,255	90.06
90.07	SLEEP LAB	1,311	7,167	405,977	2	5,506,442	22,817	90.07
91	Emergency	25,484	305,072	5,156,621	136	108,931,805	666,256	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	332,202	8,518,965	73,123,259	1,743	1,414,218,619	24,706,572	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,788		103,850	5		179,656	190

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVEABLE EQUIPMENT NEW MME DE_PT	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	NONPATIENT TELEPHONE S NON PATIENT	IS GROSS REVENUE	PURCHASING PURCHASING	
		1	2	4	5.01	5.02	5.03	
192	Physicians' Private Offices		657					192
192.01	HOME HEALTH AGENCY							192.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	15,815,563	8,771,213	2,605,511	34	421,238	1,998,413	202
203	Unit Cost Multiplier (Wkst. B, Part I)	47.353403	1.029531	0.035581	0.019451	0.000298	0.080302	203
204	Cost to be allocated (Per Wkst. B, Part II)					421,236	730,581	204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.000298	0.029357	205

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PT REG GROSS REVENUE	PT ACCTS GROSS REVENUE	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.04	5.05	5A.06	5.06	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG	1,412,928,768						5.04
5.05	PT ACCTS		1,412,928,768					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			-74,759,160	196,264,219			5.06
6	Maintenance & Repairs							6
7	Operation of Plant				9,632,158	299,188		7
8	Laundry & Linen Service				762,341	1,977	402,330	8
9	Housekeeping				3,355,540	3,135		9
10	Dietary				1,729,476	5,589		10
11	Cafeteria				1,576,770	9,036		11
12	Maintenance of Personnel							12
13	Nursing Administration				3,486,095	307		13
14	Central Services & Supply							14
15	Pharmacy				4,355,341	3,459		15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	101,224,086	101,224,086		26,482,228	98,078	175,136	30
31	Intensive Care Unit	16,393,938	16,393,938		4,902,249	13,546	26,246	31
43	Nursery	10,654,188	10,654,188		2,696,900	8,998	15,340	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	97,270,563	97,270,563		18,889,415	22,174	1,298	50
51	Recovery Room	9,959,351	9,959,351		1,216,975	1,807	18,627	51
52	Delivery Room & Labor Room	22,239,047	22,239,047		4,972,705	14,458	23,214	52
53	Anesthesiology	16,927,622	16,927,622		650,001	990		53
54	Radiology-Diagnostic	36,391,246	36,391,246		4,774,557	10,868	21,541	54
54.01	ULTRA SOUND	26,778,703	26,778,703		1,294,877	338	10,924	54.01
54.02	NUCLEAR ONCOLOGY	23,540,580	23,540,580		2,095,365	8,912		54.02
55	Radiology-Therapeutic	13,351,025	13,351,025		3,672,112	9,236		55
56	Radioisotope	19,562,028	19,562,028		1,291,527	891	2,268	56
57	CT Scan	100,739,490	100,739,490		2,117,591	1,873	12,876	57
58	MRI	54,238,033	54,238,033		1,875,389	2,887	5,105	58
59	Cardiac Catheterization	29,553,708	29,553,708		6,068,220	13,694		59
60	Laboratory	129,713,206	129,713,206		11,797,096	11,848		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	7,605,469	7,605,469		2,150,715	5,738		64
65	Respiratory Therapy	16,803,687	16,803,687		2,066,421	1,225		65
66	Physical Therapy	32,012,393	32,012,393		6,070,293	1,220		66
69	Electrocardiology	45,571,784	45,571,784		3,081,488	2,969	11,427	69
71	Medical Supplies Charged to Patients	101,144,086	101,144,086		843,395			71
72	Impl. Dev. Charged to Patients	45,762,122	45,762,122		7,047,871			72
73	Drugs Charged to Patients	300,418,350	300,418,350		35,946,502			73
74	Renal Dialysis	2,542,029	2,542,029		315,842	150		74
75	ASC (Non-Distinct Part)	20,489,422	20,489,422		4,018,447	7,730	32,995	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	3,492,260	3,492,260		862,280	7		75.02
75.03	NEURODIAGNOSTICS	1,733,402	1,733,402		184,646	530		75.03
76.97	CARDIAC REHABILITATION	2,937,521	2,937,521		681,142	6		76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	216,064	216,064		190,261	3,345		90.03
90.04	CHRONIC PAIN CLINIC	3,289,356	3,289,356		562,751	2,090		90.04
90.05	DIABETES EDUCATION	893,654	893,654		724,960	4		90.05
90.06	WOUND CARE	5,042,108	5,042,108		1,091,587	1,490		90.06
90.07	SLEEP LAB	5,506,442	5,506,442		656,324	1,311		90.07
91	Emergency	108,931,805	108,931,805		9,641,069	25,484	45,333	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	1,412,928,768	1,412,928,768	-74,759,160	195,830,922	297,400	402,330	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen				431,142	1,788		190

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	PT REG GROSS REVENUE	PT ACCTS GROSS REVENUE	RECON- CILIATION	OTHER ADMI NISTRATIVE AND GENER ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
		5.04	5.05	5A.06	5.06	7	8	
192	Physicians' Private Offices				2,155			192
192.01	HOME HEALTH AGENCY							192.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	204,277			74,759,160	13,301,153	1,140,617	202
203	Unit Cost Multiplier (Wkst. B, Part I)	0.000145			0.380911	44.457508	2.835028	203
204	Cost to be allocated (Per Wkst. B, Part II)	203,956			8,307,113	1,221,506	134,315	204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.000144			0.042326	4.082737	0.333843	205

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTE	NURSING ADMINISTRATION HOURS OF S ERV	PHARMACY PHARMACY S TAT	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		9	10	11	13	15	16	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	294,076						9
10	Dietary	5,589	83,718					10
11	Cafeteria	9,036		87,415				11
12	Maintenance of Personnel							12
13	Nursing Administration	307		3,097	1,351,192			13
14	Central Services & Supply							14
15	Pharmacy	3,459		2,976		36,290,298		15
16	Medical Records & Library						1,412,928,768	16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	98,078	74,322	22,214	462,042	120,167	101,224,086	30
31	Intensive Care Unit	13,546	9,396	3,589	74,650	13,002	16,393,938	31
43	Nursery	8,998		1,771	36,827	543	10,654,188	43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	22,174		7,401	153,950	39,037	97,270,563	50
51	Recovery Room	1,807		802	16,680	3,934	9,959,351	51
52	Delivery Room & Labor Room	14,458		3,012	62,659	12,379	22,239,047	52
53	Anesthesiology	990		290	6,040	62,768	16,927,622	53
54	Radiology-Diagnostic	10,868		3,061	63,661	1,428	36,391,246	54
54.01	ULTRA SOUND	338		1,066	22,165	222	26,778,703	54.01
54.02	NUCLEAR ONCOLOGY	8,912		952		13	23,540,580	54.02
55	Radiology-Therapeutic	9,236		3,418			13,351,025	55
56	Radioisotope	891		640	13,310		19,562,028	56
57	CT Scan	1,873		1,235	25,679	7,742	100,739,490	57
58	MRI	2,887		1,074	22,333	20,500	54,238,033	58
59	Cardiac Catheterization	13,694		1,881	39,128	125,923	29,553,708	59
60	Laboratory	11,848		4,975		5,599	129,713,206	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	5,738		1,450	30,169	1,338	7,605,469	64
65	Respiratory Therapy	1,225		1,830	38,073	2,250	16,803,687	65
66	Physical Therapy	1,220		5,500		1,209	32,012,393	66
69	Electrocardiology	2,969		1,309	27,233	35	45,571,784	69
71	Medical Supplies Charged to Patients						101,144,086	71
72	Impl. Dev. Charged to Patients						45,762,122	72
73	Drugs Charged to Patients					35,814,213	300,418,350	73
74	Renal Dialysis	150					2,542,029	74
75	ASC (Non-Distinct Part)	7,730		2,414	50,220	6,139	20,489,422	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	7		750			3,492,260	75.02
75.03	NEURODIAGNOSTICS	530		132			1,733,402	75.03
76.97	CARDIAC REHABILITATION	6		448		7	2,937,521	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	3,345		645	13,408	69	216,064	90.03
90.04	CHRONIC PAIN CLINIC	2,090		266	5,538	119	3,289,356	90.04
90.05	DIABETES EDUCATION	4		634	13,188	1,977	893,654	90.05
90.06	WOUND CARE	1,490		864	17,969	8,158	5,042,108	90.06
90.07	SLEEP LAB	1,311		619	12,878	267	5,506,442	90.07
91	Emergency	25,484		6,894	143,392	41,260	108,931,805	91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	292,288	83,718	87,209	1,351,192	36,290,298	1,412,928,768	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen	1,788		206				190

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA NUMBER OF FTE	NURSING ADMINISTRATION HOURS OF SERVICE	PHARMACY PHARMACY STAT	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
		9	10	11	13	15	16	
192	Physicians' Private Offices							192
192.01	HOME HEALTH AGENCY							192.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	4,773,076	2,727,439	2,725,758	4,929,188	6,317,056		202
203	Unit Cost Multiplier (Wkst. B, Part I)	16.230757	32.578884	31.181811	3.648029	0.174070		203
204	Cost to be allocated (Per Wkst. B, Part II)	401,088	479,460	712,626	533,501	604,210		204
205	Unit Cost Multiplier (Wkst. B, Part II)	1.363892	5.727084	8.152216	0.394837	0.016649		205

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
--	--------------------------	--	--	--	--	--	--	--

	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5.01	NONPATIENT TELEPHONES							5.01
5.02	IS							5.02
5.03	PURCHASING							5.03
5.04	PT REG							5.04
5.05	PT ACCTS							5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping							9
10	Dietary							10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library							16
17	Social Service							17
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics							30
31	Intensive Care Unit							31
43	Nursery							43
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Patients							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)							118

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS							
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop & Canteen							190
192	Physicians' Private Offices							192
192.01	HOME HEALTH AGENCY							192.01
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)							202
203	Unit Cost Multiplier (Wkst. B, Part I)							203
204	Cost to be allocated (Per Wkst. B, Part II)							204
205	Unit Cost Multiplier (Wkst. B, Part II)							205

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

**WORKSHEET C
PART I**

	COST CENTER DESCRIPTIONS	COSTS				
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs
		1	2	3	4	5
INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	47,838,759		47,838,759		47,838,759 30
31	Intensive Care Unit	8,358,672		8,358,672		8,358,672 31
43	Nursery	4,503,405		4,503,405		4,503,405 43
ANCILLARY SERVICE COST CENTERS						
50	Operating Room	28,233,169		28,233,169		28,233,169 50
51	Recovery Room	1,929,548		1,929,548		1,929,548 51
52	Delivery Room & Labor Room	8,134,763		8,134,763		8,134,763 52
53	Anesthesiology	999,678		999,678		999,678 53
54	Radiology-Diagnostic	7,641,801		7,641,801		7,641,801 54
54.01	ULTRA SOUND	1,953,731		1,953,731		1,953,731 54.01
54.02	NUCLEAR ONCOLOGY	3,464,054		3,464,054		3,464,054 54.02
55	Radiology-Therapeutic	5,737,956		5,737,956		5,737,956 55
56	Radioisotope	1,912,499		1,912,499		1,912,499 56
57	CT Scan	3,207,914		3,207,914		3,207,914 57
58	MRI	2,897,953		2,897,953		2,897,953 58
59	Cardiac Catheterization	9,434,049		9,434,049		9,434,049 59
60	Laboratory	17,165,880		17,165,880		17,165,880 60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					
64	Intravenous Therapy	3,473,679		3,473,679		3,473,679 64
65	Respiratory Therapy	3,124,232		3,124,232		3,124,232 65
66	Physical Therapy	8,628,284		8,628,284		8,628,284 66
69	Electrocardiology	4,608,010		4,608,010		4,608,010 69
71	Medical Supplies Charged to Patients	1,164,653		1,164,653		1,164,653 71
72	Impl. Dev. Charged to Patients	9,732,483		9,732,483		9,732,483 72
73	Drugs Charged to Patients	55,873,063		55,873,063		55,873,063 73
74	Renal Dialysis	445,254		445,254		445,254 74
75	ASC (Non-Distinct Part)	6,371,327		6,371,327		6,371,327 75
75.01	LITHOTRIPSY					
75.02	PSYCH	1,214,543		1,214,543		1,214,543 75.02
75.03	NEURODIAGNOSTICS	291,260		291,260		291,260 75.03
76.97	CARDIAC REHABILITATION	954,930		954,930		954,930 76.97
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	534,773		534,773		534,773 90.03
90.04	CHRONIC PAIN CLINIC	932,465		932,465		932,465 90.04
90.05	DIABETES EDUCATION	1,069,571		1,069,571		1,069,571 90.05
90.06	WOUND CARE	1,691,722		1,691,722		1,691,722 90.06
90.07	SLEEP LAB	1,052,215		1,052,215		1,052,215 90.07
91	Emergency	15,733,805		15,733,805	29,180	15,762,985 91
92	Observation Beds (Non-Distinct Part)	12,580,911		12,580,911		12,580,911 92
OTHER REIMBURSABLE COST CENTERS						
200	Subtotal (sum of lines 30 thru 199)	282,891,011		282,891,011	29,180	282,920,191 200
201	Less Observation Beds	12,580,911		12,580,911		12,580,911 201
202	Total (line 200 minus line 201)	270,310,100		270,310,100		270,339,280 202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics	78,834,536		78,834,536				30
31	Intensive Care Unit	15,679,286		15,679,286				31
43	Nursery	10,654,188		10,654,188				43
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	29,594,870	67,675,693	97,270,563	0.290254	0.290254	0.290254	50
51	Recovery Room	4,172,993	5,786,358	9,959,351	0.193742	0.193742	0.193742	51
52	Delivery Room & Labor Room	20,639,419	1,261,533	21,900,952	0.371434	0.371434	0.371434	52
53	Anesthesiology	5,995,237	10,932,385	16,927,622	0.059056	0.059056	0.059056	53
54	Radiology-Diagnostic	6,114,031	30,277,215	36,391,246	0.209990	0.209990	0.209990	54
54.01	ULTRA SOUND	3,980,889	22,797,814	26,778,703	0.072958	0.072958	0.072958	54.01
54.02	NUCLEAR ONCOLOGY	491,119	23,049,461	23,540,580	0.147152	0.147152	0.147152	54.02
55	Radiology-Therapeutic	69,906	13,281,119	13,351,025	0.429776	0.429776	0.429776	55
56	Radioisotope	2,235,236	17,326,793	19,562,029	0.097766	0.097766	0.097766	56
57	CT Scan	21,060,642	79,678,848	100,739,490	0.031844	0.031844	0.031844	57
58	MRI	6,253,583	47,984,450	54,238,033	0.053430	0.053430	0.053430	58
59	Cardiac Catheterization	11,949,339	17,604,369	29,553,708	0.319217	0.319217	0.319217	59
60	Laboratory	43,908,897	85,804,309	129,713,206	0.132337	0.132337	0.132337	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	684,699	6,920,770	7,605,469	0.456734	0.456734	0.456734	64
65	Respiratory Therapy	14,215,078	2,588,609	16,803,687	0.185925	0.185925	0.185925	65
66	Physical Therapy	8,137,943	23,874,450	32,012,393	0.269529	0.269529	0.269529	66
69	Electrocardiology	11,001,515	34,570,269	45,571,784	0.101115	0.101115	0.101115	69
71	Medical Supplies Charged to Patients	58,173,898	42,970,188	101,144,086	0.011515	0.011515	0.011515	71
72	Impl. Dev. Charged to Patients	27,295,046	18,467,076	45,762,122	0.212676	0.212676	0.212676	72
73	Drugs Charged to Patients	45,673,508	254,744,843	300,418,351	0.185984	0.185984	0.185984	73
74	Renal Dialysis	2,343,479	198,550	2,542,029	0.175157	0.175157	0.175157	74
75	ASC (Non-Distinct Part)	3,475,135	17,013,924	20,489,059	0.310962	0.310962	0.310962	75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	63,063	3,429,197	3,492,260	0.347781	0.347781	0.347781	75.02
75.03	NEURODIAGNOSTICS	669,419	1,063,983	1,733,402	0.168028	0.168028	0.168028	75.03
76.97	CARDIAC REHABILITATION	101,008	2,836,513	2,937,521	0.325080	0.325080	0.325080	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING		216,064	216,064	2.475068	2.475068	2.475068	90.03
90.04	CHRONIC PAIN CLINIC		3,289,356	3,289,356	0.283480	0.283480	0.283480	90.04
90.05	DIABETES EDUCATION	30,472	863,182	893,654	1.196851	1.196851	1.196851	90.05
90.06	WOUND CARE	17,768	5,024,340	5,042,108	0.335519	0.335519	0.335519	90.06
90.07	SLEEP LAB		5,506,442	5,506,442	0.191088	0.191088	0.191088	90.07
91	Emergency	24,954,560	83,977,245	108,931,805	0.144437	0.144437	0.144705	91
92	Observation Beds (Non-Distinct Part)	8,265,533	15,177,127	23,442,660	0.536667	0.536667	0.536667	92
OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (sum of lines 30 thru 199)	466,736,295	946,192,475	1,412,928,770				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	466,736,295	946,192,475	1,412,928,770				202

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	7,723,450		7,723,450	33,614	229.77	11,291	2,594,333	30
31	Intensive Care Unit	1,295,123		1,295,123	3,132	413.51	1,449	599,176	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	629,169		629,169	3,710	169.59			43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	9,647,742		9,647,742	40,456		12,740	3,193,509	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX [] IRF

(A)	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 (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	4,441,874	97,270,563	0.045665	12,222,228	558,128	50
51	Recovery Room	235,598	9,959,351	0.023656	1,706,623	40,372	51
52	Delivery Room & Labor Room	1,082,742	21,900,952	0.049438	50,074	2,476	52
53	Anesthesiology	157,540	16,927,622	0.009307	1,948,739	18,137	53
54	Radiology-Diagnostic	1,618,368	36,391,246	0.044471	3,257,204	144,851	54
54.01	ULTRA SOUND	186,692	26,778,703	0.006972	1,992,701	13,893	54.01
54.02	NUCLEAR ONCOLOGY	819,167	23,540,580	0.034798	264,533	9,205	54.02
55	Radiology-Therapeutic	885,102	13,351,025	0.066295	47,296	3,135	55
56	Radioisotope	137,955	19,562,029	0.007052	1,299,908	9,167	56
57	CT Scan	592,111	100,739,490	0.005878	9,903,208	58,211	57
58	MRI	622,372	54,238,033	0.011475	2,937,571	33,709	58
59	Cardiac Catheterization	1,810,817	29,553,708	0.061272	5,689,916	348,633	59
60	Laboratory	1,742,110	129,713,206	0.013430	20,809,413	279,470	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy	508,020	7,605,469	0.066797	276,579	18,475	64
65	Respiratory Therapy	258,816	16,803,687	0.015402	8,130,720	125,229	65
66	Physical Therapy	406,087	32,012,393	0.012685	4,978,186	63,148	66
69	Electrocardiology	599,488	45,571,784	0.013155	5,942,159	78,169	69
71	Medical Supplies Charged to Pat	102,105	101,144,086	0.001010	27,390,000	27,664	71
72	Impl. Dev. Charged to Patients	509,509	45,762,122	0.011134	12,350,398	137,509	72
73	Drugs Charged to Patients	2,250,868	300,418,351	0.007492	17,387,563	130,268	73
74	Renal Dialysis	22,412	2,542,029	0.008817	1,519,350	13,396	74
75	ASC (Non-Distinct Part)	1,093,235	20,489,059	0.053357	1,879,517	100,285	75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH	68,195	3,492,260	0.019527	14,515	283	75.02
75.03	NEURODIAGNOSTICS	43,128	1,733,402	0.024881	326,491	8,123	75.03
76.97	CARDIAC REHABILITATION	34,311	2,937,521	0.011680	53,303	623	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING	213,038	216,064	0.985995			90.03
90.04	CHRONIC PAIN CLINIC	144,234	3,289,356	0.043849			90.04
90.05	DIABETES EDUCATION	43,529	893,654	0.048709	9,361	456	90.05
90.06	WOUND CARE	147,176	5,042,108	0.029189	10,726	313	90.06
90.07	SLEEP LAB	118,539	5,506,442	0.021527			90.07
91	Emergency	2,264,049	108,931,805	0.020784	12,229,273	254,173	91
92	Observation Beds (Non-Distinct	2,031,163	23,442,660	0.086644	4,777,194	413,915	92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	25,190,350	1,307,760,760		159,404,749	2,891,416	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [XX] PPS
Applicable [XX] Title XVIII, Part A [] TEFRA
Boxes: [] Title XIX [] Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	33,614		11,291		30
31	Intensive Care Unit	3,132		1,449		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,710				43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	40,456		12,740		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check [] Title V [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] Other

(A)	Cost Center Description	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	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	97,270,563			12,222,228		13,454,230		50
51	Recovery Room	9,959,351			1,706,623		943,025		51
52	Delivery Room & Labor Room	21,900,952			50,074				52
53	Anesthesiology	16,927,622			1,948,739		2,233,756		53
54	Radiology-Diagnostic	36,391,246			3,257,204		5,340,214		54
54.01	ULTRA SOUND	26,778,703			1,992,701		4,778,346		54.01
54.02	NUCLEAR ONCOLOGY	23,540,580			264,533		9,280,546		54.02
55	Radiology-Therapeutic	13,351,025			47,296		4,635,858		55
56	Radioisotope	19,562,029			1,299,908		7,508,702		56
57	CT Scan	100,739,490			9,903,208		24,468,248		57
58	MRI	54,238,033			2,937,571		12,482,544		58
59	Cardiac Catheterization	29,553,708			5,689,916		7,618,040		59
60	Laboratory	129,713,206			20,809,413		14,524,175		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	7,605,469			276,579		2,805,200		64
65	Respiratory Therapy	16,803,687			8,130,720		751,133		65
66	Physical Therapy	32,012,393			4,978,186		538,285		66
69	Electrocardiology	45,571,784			5,942,159		11,822,073		69
71	Medical Supplies Charged to Pat	101,144,086			27,390,000		11,328,841		71
72	Impl. Dev. Charged to Patients	45,762,122			12,350,398		6,273,429		72
73	Drugs Charged to Patients	300,418,351			17,387,563		99,870,947		73
74	Renal Dialysis	2,542,029			1,519,350		104,415		74
75	ASC (Non-Distinct Part)	20,489,059			1,879,517		4,216,456		75
75.01	LITHOTRIPSY								75.01
75.02	PSYCH	3,492,260			14,515		16,562		75.02
75.03	NEURODIAGNOSTICS	1,733,402			326,491		188,902		75.03
76.97	CARDIAC REHABILITATION	2,937,521			53,303		1,268,086		76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90.03	GENETIC TESTING	216,064					1,849		90.03
90.04	CHRONIC PAIN CLINIC	3,289,356					1,308,754		90.04
90.05	DIABETES EDUCATION	893,654			9,361				90.05
90.06	WOUND CARE	5,042,108			10,726		2,097,694		90.06
90.07	SLEEP LAB	5,506,442					1,519,625		90.07
91	Emergency	108,931,805			12,229,273		15,814,567		91
92	Observation Beds (Non-Distinct)	23,442,660			4,777,194		4,735,281		92
OTHER REIMBURSABLE COST CENTERS									
200	Total (sum of lines 50-199)	1,307,760,760			159,404,749		271,929,783		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART V**

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [XX] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost			
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
1	2	3	4	5	6	7			
ANCILLARY SERVICE COST CENTERS									
50	Operating Room	0.290254	13,454,230			3,905,144		50	
51	Recovery Room	0.193742	943,025			182,704		51	
52	Delivery Room & Labor Room	0.371434						52	
53	Anesthesiology	0.059056	2,233,756			131,917		53	
54	Radiology-Diagnostic	0.209990	5,340,214			1,121,392		54	
54.01	ULTRA SOUND	0.072958	4,778,346			348,619		54.01	
54.02	NUCLEAR ONCOLOGY	0.147152	9,280,546			1,365,651		54.02	
55	Radiology-Therapeutic	0.429776	4,635,858			1,992,381		55	
56	Radioisotope	0.097766	7,508,702			734,096		56	
57	CT Scan	0.031844	24,468,248			779,167		57	
58	MRI	0.053430	12,482,544			666,942		58	
59	Cardiac Catheterization	0.319217	7,618,040			2,431,808		59	
60	Laboratory	0.132337	14,524,175	43,905		1,922,086	5,810	60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64	Intravenous Therapy	0.456734	2,805,200			1,281,230		64	
65	Respiratory Therapy	0.185925	751,133			139,654		65	
66	Physical Therapy	0.269529	538,285			145,083		66	
69	Electrocardiology	0.101115	11,822,073			1,195,389		69	
71	Medical Supplies Charged to Pat	0.011515	11,328,841	436		130,452	5	71	
72	Impl. Dev. Charged to Patients	0.212676	6,273,429			1,334,208		72	
73	Drugs Charged to Patients	0.185984	99,870,947		53,634	18,574,398	9,975	73	
74	Renal Dialysis	0.175157	104,415			18,289		74	
75	ASC (Non-Distinct Part)	0.310962	4,216,456			1,311,158		75	
75.01	LITHOTRIPSY							75.01	
75.02	PSYCH	0.347781	16,562			5,760		75.02	
75.03	NEURODIAGNOSTICS	0.168028	188,902			31,741		75.03	
76.97	CARDIAC REHABILITATION	0.325080	1,268,086			412,229		76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
90.03	GENETIC TESTING	2.475068	1,849			4,576		90.03	
90.04	CHRONIC PAIN CLINIC	0.283480	1,308,754			371,006		90.04	
90.05	DIABETES EDUCATION	1.196851						90.05	
90.06	WOUND CARE	0.335519	2,097,694			703,816		90.06	
90.07	SLEEP LAB	0.191088	1,519,625			290,382		90.07	
91	Emergency	0.144437	15,814,567			2,284,209		91	
92	Observation Beds (Non-Distinct	0.536667	4,735,281			2,541,269		92	
OTHER REIMBURSABLE COST CENTERS									
200	Subtotal (see instructions)		271,929,783	44,341	53,634	46,356,756	5,815	9,975	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		271,929,783	44,341	53,634	46,356,756	5,815	9,975	202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V
 Applicable Title XVIII, Part A
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		1	2	3	4	5	6	7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	7,723,450		7,723,450	33,614	229.77	1,213	278,711	30
31	Intensive Care Unit	1,295,123		1,295,123	3,132	413.51	153	63,267	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery	629,169		629,169	3,710	169.59	182	30,865	43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	9,647,742		9,647,742	40,456		1,548	372,843	200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART II**

Check [] Title V [XX] Hospital [] SUB (Other)
 Applicable [] Title XVIII, Part A [] IPF
 Boxes: [XX] Title XIX [] IRF

(A)	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 (col. 3 x col. 4)
		1	2	3	4	5
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	4,441,874	97,270,563	0.045665		50
51	Recovery Room	235,598	9,959,351	0.023656		51
52	Delivery Room & Labor Room	1,082,742	21,900,952	0.049438		52
53	Anesthesiology	157,540	16,927,622	0.009307		53
54	Radiology-Diagnostic	1,618,368	36,391,246	0.044471		54
54.01	ULTRA SOUND	186,692	26,778,703	0.006972		54.01
54.02	NUCLEAR ONCOLOGY	819,167	23,540,580	0.034798		54.02
55	Radiology-Therapeutic	885,102	13,351,025	0.066295		55
56	Radioisotope	137,955	19,562,029	0.007052		56
57	CT Scan	592,111	100,739,490	0.005878		57
58	MRI	622,372	54,238,033	0.011475		58
59	Cardiac Catheterization	1,810,817	29,553,708	0.061272		59
60	Laboratory	1,742,110	129,713,206	0.013430		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	Intravenous Therapy	508,020	7,605,469	0.066797		64
65	Respiratory Therapy	258,816	16,803,687	0.015402		65
66	Physical Therapy	406,087	32,012,393	0.012685		66
69	Electrocardiology	599,488	45,571,784	0.013155		69
71	Medical Supplies Charged to Pat	102,105	101,144,086	0.001010		71
72	Impl. Dev. Charged to Patients	509,509	45,762,122	0.011134		72
73	Drugs Charged to Patients	2,250,868	300,418,351	0.007492		73
74	Renal Dialysis	22,412	2,542,029	0.008817		74
75	ASC (Non-Distinct Part)	1,093,235	20,489,059	0.053357		75
75.01	LITHOTRIPSY					75.01
75.02	PSYCH	68,195	3,492,260	0.019527		75.02
75.03	NEURODIAGNOSTICS	43,128	1,733,402	0.024881		75.03
76.97	CARDIAC REHABILITATION	34,311	2,937,521	0.011680		76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
90.03	GENETIC TESTING	213,038	216,064	0.985995		90.03
90.04	CHRONIC PAIN CLINIC	144,234	3,289,356	0.043849		90.04
90.05	DIABETES EDUCATION	43,529	893,654	0.048709		90.05
90.06	WOUND CARE	147,176	5,042,108	0.029189		90.06
90.07	SLEEP LAB	118,539	5,506,442	0.021527		90.07
91	Emergency	2,264,049	108,931,805	0.020784		91
92	Observation Beds (Non-Distinct	2,031,163	23,442,660	0.086644		92
	OTHER REIMBURSABLE COST CENTERS					
200	Total (sum of lines 50-199)	25,190,350	1,307,760,760			200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	1 Nursing School	2 Allied Health Cost	3 All Other Medical Education Cost	4 Swing-Bed Adjustment Amount (see instructions)	5 Total Costs (sum of cols. 1 through 3 minus col 4.)	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
6		7		8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	33,614		1,213		30
31	Intensive Care Unit	3,132		153		31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery	3,710		182		43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	40,456		1,548		200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
51	Recovery Room							51
52	Delivery Room & Labor Room							52
53	Anesthesiology							53
54	Radiology-Diagnostic							54
54.01	ULTRA SOUND							54.01
54.02	NUCLEAR ONCOLOGY							54.02
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	CT Scan							57
58	MRI							58
59	Cardiac Catheterization							59
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy							64
65	Respiratory Therapy							65
66	Physical Therapy							66
69	Electrocardiology							69
71	Medical Supplies Charged to Pat							71
72	Impl. Dev. Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH							75.02
75.03	NEURODIAGNOSTICS							75.03
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING							90.03
90.04	CHRONIC PAIN CLINIC							90.04
90.05	DIABETES EDUCATION							90.05
90.06	WOUND CARE							90.06
90.07	SLEEP LAB							90.07
91	Emergency							91
92	Observation Beds (Non-Distinct							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 14-0211

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	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	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
7	8	9	10	11	12	13			
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	97,270,563							50
51	Recovery Room	9,959,351							51
52	Delivery Room & Labor Room	21,900,952							52
53	Anesthesiology	16,927,622							53
54	Radiology-Diagnostic	36,391,246							54
54.01	ULTRA SOUND	26,778,703							54.01
54.02	NUCLEAR ONCOLOGY	23,540,580							54.02
55	Radiology-Therapeutic	13,351,025							55
56	Radioisotope	19,562,029							56
57	CT Scan	100,739,490							57
58	MRI	54,238,033							58
59	Cardiac Catheterization	29,553,708							59
60	Laboratory	129,713,206							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64	Intravenous Therapy	7,605,469							64
65	Respiratory Therapy	16,803,687							65
66	Physical Therapy	32,012,393							66
69	Electrocardiology	45,571,784							69
71	Medical Supplies Charged to Pat	101,144,086							71
72	Impl. Dev. Charged to Patients	45,762,122							72
73	Drugs Charged to Patients	300,418,351							73
74	Renal Dialysis	2,542,029							74
75	ASC (Non-Distinct Part)	20,489,059							75
75.01	LITHOTRIPSY								75.01
75.02	PSYCH	3,492,260							75.02
75.03	NEURODIAGNOSTICS	1,733,402							75.03
76.97	CARDIAC REHABILITATION	2,937,521							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
90.03	GENETIC TESTING	216,064							90.03
90.04	CHRONIC PAIN CLINIC	3,289,356							90.04
90.05	DIABETES EDUCATION	893,654							90.05
90.06	WOUND CARE	5,042,108							90.06
90.07	SLEEP LAB	5,506,442							90.07
91	Emergency	108,931,805							91
92	Observation Beds (Non-Distinct)	23,442,660							92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	1,307,760,760							200

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 14-0211

**WORKSHEET D
PART V**

Check [] Title V - O/P [XX] Hospital [] SUB (Other) [] Swing Bed SNF
 Applicable [] Title XVIII, Part B [] IPF [] SNF [] Swing Bed NF
 Boxes: [XX] Title XIX - O/P [] IRF [] NF [] ICF/IID

(A)	Cost Center Description	Program Charges				Program Cost		
		Cost to Charge Ratio (from Wkst C, Part I, col. 9)	PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)
		1	2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	0.290254						50
51	Recovery Room	0.193742						51
52	Delivery Room & Labor Room	0.371434						52
53	Anesthesiology	0.059056						53
54	Radiology-Diagnostic	0.209990						54
54.01	ULTRA SOUND	0.072958						54.01
54.02	NUCLEAR ONCOLOGY	0.147152						54.02
55	Radiology-Therapeutic	0.429776						55
56	Radioisotope	0.097766						56
57	CT Scan	0.031844						57
58	MRI	0.053430						58
59	Cardiac Catheterization	0.319217						59
60	Laboratory	0.132337						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	Intravenous Therapy	0.456734						64
65	Respiratory Therapy	0.185925						65
66	Physical Therapy	0.269529						66
69	Electrocardiology	0.101115						69
71	Medical Supplies Charged to Pat	0.011515						71
72	Impl. Dev. Charged to Patients	0.212676						72
73	Drugs Charged to Patients	0.185984						73
74	Renal Dialysis	0.175157						74
75	ASC (Non-Distinct Part)	0.310962						75
75.01	LITHOTRIPSY							75.01
75.02	PSYCH	0.347781						75.02
75.03	NEURODIAGNOSTICS	0.168028						75.03
76.97	CARDIAC REHABILITATION	0.325080						76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
90.03	GENETIC TESTING	2.475068						90.03
90.04	CHRONIC PAIN CLINIC	0.283480						90.04
90.05	DIABETES EDUCATION	1.196851						90.05
90.06	WOUND CARE	0.335519						90.06
90.07	SLEEP LAB	0.191088						90.07
91	Emergency	0.144437						91
92	Observation Beds (Non-Distinct	0.536667						92
	OTHER REIMBURSABLE COST CENTERS							
200	Subtotal (see instructions)							200
201	Less PBP Clinic Lab. Services-Program Only Charges							201
202	Net Charges (line 200 - line 201)							202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

**WORKSHEET D-1
PART I**

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,614	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,614	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	24,774	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	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)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	11,291	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	47,838,759	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	47,838,759	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	47,838,759	37

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PART II

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] TEFRA
 Boxes: [] Title XIX - I/P [] IRF [] Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					1,423.18	38
39	Program general inpatient routine service cost (line 9 x line 38)					16,069,125	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					16,069,125	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	8,358,672	3,132	2,668.80	1,449	3,867,091	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47

48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,102,561	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					45,038,777	49

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,193,509	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,891,416	51
52	Total Program excludable cost (sum of lines 50 and 51)					6,084,925	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					38,953,852	53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	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 (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
Applicable Title XVIII, Part A IPF SNF TEFRA
Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					8,840	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,423.18	88
89	Observation bed cost (line 87 x line 88) (see instructions)					12,580,911	89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	7,723,450	47,838,759	0.161448	12,580,911	2,031,163	90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	33,614	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	33,614	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	24,774	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	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)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	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)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,213	9
10	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)		10
11	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)		11
12	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		12
13	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)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)	3,710	15
16	Nursery days (title V or XIX only)	182	16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	47,838,759	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	47,838,759	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	47,838,759	37

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

**WORKSHEET D-1
PART II**

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

							1	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1	2	3	4	5		
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,423.18	38	
39	Program general inpatient routine service cost (line 9 x line 38)					1,726,317	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40	
41	Total Program general inpatient routine service cost (line 39 + line 40)					1,726,317	41	
42	Nursery (Titles V and XIX only)	4,503,405	3,710	1,213.86	182	220,923	42	
	Intensive Care Type Inpatient Hospital Units							
43	Intensive Care Unit	8,358,672	3,132	2,668.80	153	408,326	43	
44	Coronary Care Unit						44	
45	Burn Intensive Care Unit						45	
46	Surgical Intensive Care Unit						46	
47	Other Special Care (specify)						47	

							1	
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48	
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					2,355,566	49	

PASS THROUGH COST ADJUSTMENTS

50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					372,843	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)					372,843	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53

TARGET AMOUNT AND LIMIT COMPUTATION

54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	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 (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63

PROGRAM INPATIENT ROUTINE SWING BED COST

64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 14-0211

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)					8,840	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88
89	Observation bed cost (line 87 x line 88) (see instructions)						89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0211

WORKSHEET D-3

Check [] Title V [XX] Hospital [] SUB (Other) [] Swing Bed SNF [XX] PPS
 Applicable [XX] Title XVIII, Part A [] IPF [] SNF [] Swing Bed NF [] TEFRA
 Boxes: [] Title XIX [] IRF [] NF [] ICF/IID [] Other

		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
(A)	COST CENTER DESCRIPTION	1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		31,924,704		30
31	Intensive Care Unit		7,551,345		31
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.290254	12,222,228	3,547,551	50
51	Recovery Room	0.193742	1,706,623	330,645	51
52	Delivery Room & Labor Room	0.371434	50,074	18,599	52
53	Anesthesiology	0.059056	1,948,739	115,085	53
54	Radiology-Diagnostic	0.209990	3,257,204	683,980	54
54.01	ULTRA SOUND	0.072958	1,992,701	145,383	54.01
54.02	NUCLEAR ONCOLOGY	0.147152	264,533	38,927	54.02
55	Radiology-Therapeutic	0.429776	47,296	20,327	55
56	Radioisotope	0.097766	1,299,908	127,087	56
57	CT Scan	0.031844	9,903,208	315,358	57
58	MRI	0.053430	2,937,571	156,954	58
59	Cardiac Catheterization	0.319217	5,689,916	1,816,318	59
60	Laboratory	0.132337	20,809,413	2,753,855	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.456734	276,579	126,323	64
65	Respiratory Therapy	0.185925	8,130,720	1,511,704	65
66	Physical Therapy	0.269529	4,978,186	1,341,765	66
69	Electrocardiology	0.101115	5,942,159	600,841	69
71	Medical Supplies Charged to Patients	0.011515	27,390,000	315,396	71
72	Impl. Dev. Charged to Patients	0.212676	12,350,398	2,626,633	72
73	Drugs Charged to Patients	0.185984	17,387,563	3,233,809	73
74	Renal Dialysis	0.175157	1,519,350	266,125	74
75	ASC (Non-Distinct Part)	0.310962	1,879,517	584,458	75
75.01	LITHOTRIPSY				75.01
75.02	PSYCH	0.347781	14,515	5,048	75.02
75.03	NEURODIAGNOSTICS	0.168028	326,491	54,860	75.03
76.97	CARDIAC REHABILITATION	0.325080	53,303	17,328	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.03	GENETIC TESTING	2.475068			90.03
90.04	CHRONIC PAIN CLINIC	0.283480			90.04
90.05	DIABETES EDUCATION	1.196851	9,361	11,204	90.05
90.06	WOUND CARE	0.335519	10,726	3,599	90.06
90.07	SLEEP LAB	0.191088			90.07
91	Emergency	0.144705	12,229,273	1,769,637	91
92	Observation Beds (Non-Distinct Part)	0.536667	4,777,194	2,563,762	92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		159,404,749	25,102,561	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		159,404,749		202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 14-0211

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
31	Intensive Care Unit				31
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.290254			50
51	Recovery Room	0.193742			51
52	Delivery Room & Labor Room	0.371434			52
53	Anesthesiology	0.059056			53
54	Radiology-Diagnostic	0.209990			54
54.01	ULTRA SOUND	0.072958			54.01
54.02	NUCLEAR ONCOLOGY	0.147152			54.02
55	Radiology-Therapeutic	0.429776			55
56	Radioisotope	0.097766			56
57	CT Scan	0.031844			57
58	MRI	0.053430			58
59	Cardiac Catheterization	0.319217			59
60	Laboratory	0.132337			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	Intravenous Therapy	0.456734			64
65	Respiratory Therapy	0.185925			65
66	Physical Therapy	0.269529			66
69	Electrocardiology	0.101115			69
71	Medical Supplies Charged to Patients	0.011515			71
72	Impl. Dev. Charged to Patients	0.212676			72
73	Drugs Charged to Patients	0.185984			73
74	Renal Dialysis	0.175157			74
75	ASC (Non-Distinct Part)	0.310962			75
75.01	LITHOTRIPSY				75.01
75.02	PSYCH	0.347781			75.02
75.03	NEURODIAGNOSTICS	0.168028			75.03
76.97	CARDIAC REHABILITATION	0.325080			76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
90.03	GENETIC TESTING	2.475068			90.03
90.04	CHRONIC PAIN CLINIC	0.283480			90.04
90.05	DIABETES EDUCATION	1.196851			90.05
90.06	WOUND CARE	0.335519			90.06
90.07	SLEEP LAB	0.191088			90.07
91	Emergency	0.144437			91
92	Observation Beds (Non-Distinct Part)	0.536667			92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
1	DRG amounts other than outlier payments				1
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)	2,246,636			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)	24,712,991			1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)				1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)				1.04
2	Outlier payments for discharges (see instructions)	1,365,430			2
2.01	Outlier reconciliation amount				2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)				2.02
3	Managed care simulated payments	3,705,849			3
4	Bed days available divided by number of days in the cost reporting period (see instructions)	119.78			4
	Indirect Medical Education Adjustment Calculation for Hospitals				
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)				5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)				6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)				7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2). If the cost report straddles July 1, 2011 then see instructions.				7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR §413.75(b), §413.79(c)(2)(iv) 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).				8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.				8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)				8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)				9
10	FTE count for allopathic and osteopathic programs in the current year from your records				10
11	FTE count for residents in dental and podiatric programs				11
12	Current year allowable FTE (see instructions)				12
13	Total allowable FTE count for the prior year				13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero				14
15	Sum of lines 12 through 14 divided by 3				15
16	Adjustment for residents in initial years of the program				16
17	Adjustment for residents displaced by program or hospital closure				17
18	Adjusted rolling average FTE count				18
19	Current year resident to bed ratio (line 18 divided by line 4)				19
20	Prior year resident to bed ratio (see instructions)				20
21	Enter the lesser of lines 19 or 20 (see instructions)				21
22	IME payment adjustment (see instructions)				22
22.01	IME payment adjustment - Managed Care (see instructions)				22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105(f)(1)(iv)(C)				23
24	IME FTE resident count over cap (see instructions)				24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)				25
26	Resident to bed ratio (divide line 25 by line 4)				26
27	IME payments adjustment factor (see instructions)				27
28	IME add-on adjustment amount (see instructions)				28
28.01	IME add-on adjustment amount - Managed Care (see instructions)				28.01
29	Total IME payment (sum of lines 22 and 28)				29
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)				29.01
	Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.0115			30
31	Percentage of Medicaid patient days to total patient days (see instructions)	0.1140			31
32	Sum of lines 30 and 31	0.1255			32
33	Allowable disproportionate share percentage (see instructions)				33
34	Disproportionate share adjustment (see instructions)				34
		Prior to		On or after	
	Uncompensated Care Adjustment	October 1 (1.00)	(1.01)	October 1 (2.00)	
35	Total uncompensated care amount (see instructions)				35
35.01	Factor 3 (see instructions)				35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				35.03
36	Total uncompensated care (sum of columns 1 and 2 on line 35.03)				36
	Additional Payment for High Percentage of ESRD Beneficiary Discharges (lines 40 through 46)				
40	Total Medicare discharges, excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				41.01
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)				42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685 (see instructions)				43
44	Ratio of average length of stay to one week (line 43 divided by line 41.01 divided by 7 days)				44
45	Average weekly cost for dialysis treatments (see instructions)				45
46	Total additional payment (line 45 times line 44 times line 41.01)				46

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E
PART A**

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

		1	1.01	1.02	
47	Subtotal (see instructions)	28,325,057			47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)				48
49	Total payment for inpatient operating costs (see instructions)	28,325,057			49
50	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)	2,643,946			50
51	Exception payment for inpatient program capital (Wkst. L, Pt. III) (see instructions)				51
52	Direct graduate medical education payment (from Wkst. E-4, line 49) (see instructions)				52
53	Nursing and allied health managed care payment				53
54	Special add-on payments for new technologies	1,036			54
55	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)				55
56	Cost of physicians' services in a teaching hospital (see instructions)				56
57	Routine service other pass through costs (from Wkst. D, Pt. III, col. 9, lines 30 through 35).				57
58	Ancillary service other pass through costs (from Wkst. D, Pt. IV, col. 11, line 200)				58
59	Total (sum of amounts on lines 49 through 58)	30,970,039			59
60	Primary payer payments	9,920			60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	30,960,119			61
62	Deductibles billed to program beneficiaries	3,027,500			62
63	Coinsurance billed to program beneficiaries	43,190			63
64	Allowable bad debts (see instructions)	304,237			64
65	Adjusted reimbursable bad debts (see instructions)	197,754			65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	143,068			66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	28,087,183			67
68	Credits received from manufacturers for replaced devices for applicable MS-DRGs (see instructions)				68
69	Outlier payments reconciliation (sum of lines 93, 95 and 96) (for SCH see instructions)				69
70	Other adjustments (specify) (see instructions)				70
70.93	HVBP payment adjustment amount (see instructions)	-101,722			70.93
70.94	HRR adjustment amount (see instructions)	-7,381			70.94
71	Amount due provider (see instructions)	27,978,080			71
71.01	Sequestration adjustment (see instructions)	559,562			71.01
72	Interim payments	27,224,692			72
73	Tentative settlement (for contractor use only)				73
74	Balance due provider (Program) (line 71 minus lines 71.01, 72 and 73)	193,826			74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	343,134			75

TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)

90	Operating outlier amount from Wkst. E, Pt. A line 2 (see instructions)				90
91	Capital outlier from Wkst. L, Pt. I, line 2				91
92	Operating outlier reconciliation adjustment amount (see instructions)				92
93	Capital outlier reconciliation adjustment amount (see instructions)				93
94	The rate used to calculate the time value of money (see instructions)				94
95	Time value of money for operating expenses (see instructions)				95
96	Time value of money for capital related expenses (see instructions)				96

HSP Bonus Payment Amount

Prior to 10/1 On or After 10/1

100	HSP bonus amount (see instructions)				100
-----	-------------------------------------	--	--	--	-----

HVBP Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

101	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101
102	HVBP adjustment amount for HSP bonus payment (see instructions)				102

HRR Adjustment for HSP Bonus Payment

Prior to 10/1 On or After 10/1

103	HRR adjustment factor (see instructions)	0.0000	0.0000		103
104	HRR adjustment amount for HSP bonus payment (see instructions)				104

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0211

**WORKSHEET E
PART B**

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)	15,790			1
2	Medical and other services reimbursed under OPSS (see instructions)	46,356,756			2
3	PPS payments	31,902,344			3
4	Outlier payment (see instructions)	718,674			4
5	Enter the hospital specific payment to cost ratio (see instructions)	0.765			5
6	Line 2 times line 5	35,462,918			6
7	Sum of line 3 and line 4 divided by line 6	0.9199			7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)	15,790			11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges	97,975			12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)	97,975			14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	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)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)	97,975			18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)	82,185			19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (see instructions)	15,790			21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)	32,621,018			24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)	6,066,667			26
27	Subtotal ((lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23) (see instructions)	26,570,141			27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)	26,570,141			30
31	Primary payer payments	4,982			31
32	Subtotal (line 30 minus line 31)	26,565,159			32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)	417,340			34
35	Adjusted reimbursable bad debts (see instructions)	271,271			35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)	191,785			36
37	Subtotal (see instructions)	26,836,430			37
38	MSP-LCC reconciliation amount from PS&R	3			38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)	26,836,427			40
40.01	Sequestration adjustment (see instructions)	536,729			40.01
41	Interim payments	26,022,358			41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)	277,340			43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	548,693			44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 14-0211

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
 Applicable IPF SNF
 Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B		
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4	
1	Total interim payments paid to provider		27,224,692		26,022,358	1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero					2
3	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)					
						3.01
						3.02
		Program				3.03
		to				3.04
		Provider				3.05
						3.06
						3.07
						3.08
						3.09
						3.10
						3.50
						3.51
		Provider				3.52
		to				3.53
		Program				3.54
						3.55
						3.56
						3.57
						3.58
						3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)					3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		27,224,692		26,022,358	4
TO BE COMPLETED BY CONTRACTOR						
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)					
						5.01
						5.02
		Program				5.03
		to				5.04
		Provider				5.05
						5.06
						5.07
						5.08
						5.09
						5.10
						5.50
						5.51
		Provider				5.52
		to				5.53
		Program				5.54
						5.55
						5.56
						5.57
						5.58
						5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)					5.99
6	Determined net settlement amount (balance due) based on the cost report (1)		193,826		277,340	6.01
						6.02
7	Total Medicare program liability (see instructions)		27,418,518		26,299,698	7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)		8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)	7,401	1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)	12,740	2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)	1,770	3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	27,906	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)	1,412,928,770	5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)	8,316,074	6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)	424,990	8
9	Sequestration adjustment amount (see instructions)	8,500	9
10	Calculation of the HIT incentive payment after sequestration (see instructions)	416,490	10

INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH

30	Initial/interim HIT payment(s)	447,045	30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)	-30,555	32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 14-0211

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

	INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	Inpatient hospital/SNF/NF services	2,355,566	1
2	Medical and other services		2
3	Organ acquisition (certified transplant centers only)		3
4	Subtotal (sum of lines 1, 2 and 3)	2,355,566	4
5	Inpatient primary payer payments		5
6	Outpatient primary payer payments		6
7	Subtotal (line 4 less sum of lines 5 and 6)	2,355,566	7
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
8	Routine service charges		8
9	Ancillary service charges		9
10	Organ acquisition charges, net of revenue		10
11	Incentive from target amount computation		11
12	Total reasonable charges (sum of lines 8-11)		12
CUSTOMARY CHARGES			
13	Amount actually collected from patients liable for payment for services on a cahрге basis		13
14	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(c)		14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	15
16	Total customary charges (see instructions)		16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	2,355,566	18
19	Interns and residents (see instructions)		19
20	Cost of physicians' services in a teaching hospital (see instructions)		20
21	Cost of covered services (lesser of line 4 or line 16)		21
PROSPECTIVE PAYMENT AMOUNT			
22	Other than outlier payments		22
23	Outlier payments		23
24	Program capital payments		24
25	Capital exception payments (see instructions)		25
26	Routine and ancillary service other pass through costs		26
27	Subtotal (sum of lines 22 through 26)		27
28	Customary charges (Titles V or XIX PPS covered services only)		28
29	Titles V or XIX (sum of lines 21 and 27)		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30	Excess of reasonable cost (from line 18)	2,355,566	30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		31
32	Deductibles		32
33	Coinsurance		33
34	Allowable bad debts (see instructions)		34
35	Utilization review		35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)		36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)		37
38	Subtotal (line 36 ± line 37)		38
39	Direct graduate medical education payments (from Wkst. E-4)		39
40	Total amount payable to the provider (sum of lines 38 and 39)		40
41	Interim payments		41
42	Balance due provider/program (line 40 minus line 41)		42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		43

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

BALANCE SHEET

WORKSHEET G

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

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
Assets (Omit Cents)		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	117,712				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	133,637,928				4
5	Other receivables	972,460				5
6	Allowances for uncollectible notes and accounts receivable	-88,590,397				6
7	Inventory	5,190,896				7
8	Prepaid expenses	529,481				8
9	Other current assets					9
10	Due from other funds	50,722,433				10
11	Total current assets (sum of lines 1-10)	102,580,513				11
FIXED ASSETS						
12	Land	14,775,874				12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings	196,238,581				15
16	Accumulated depreciation	-27,961,093				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	57,892,614				19
20	Accumulated depreciation	-26,331,082				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	214,614,894				30
OTHER ASSETS						
31	Investments	184,088,912				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	8,502,973				34
35	Total other assets (sum of lines 31-34)	192,591,885				35
36	Total assets (sum of lines 11, 30 and 35)	509,787,292				36
Liabilities and Fund Balances (Omit Cents)						
		1	2	3	4	
CURRENT LIABILITIES						
37	Accounts payable	2,063,860				37
38	Salaries, wages and fees payable	8,200,385				38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	52,766,963				44
45	Total current liabilities (sum of lines 37 thru 44)	63,031,208				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable	100,655,371				47
48	Unsecured loans					48
49	Other long term liabilities	23,030,585				49
50	Total long term liabilities (sum of lines 46 thru 49)	123,685,956				50
51	Total liabilities (sum of lines 45 and 50)	186,717,164				51
CAPITAL ACCOUNTS						
52	General fund balance	323,070,128				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	323,070,128				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	509,787,292				60

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		314,587,399		1
2	Net income (loss) (from Worksheet G-3, line 29)		33,216,542		2
3	Total (sum of line 1 and line 2)		347,803,941		3
4	Additions (credit adjustments) (specify)				4
5	TRNA CAPITAL TRANSFER				5
6	FUND BALANCE TRANSFER				6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)		347,803,941		11
12	Deductions (debit adjustments) (specify)	24,733,813			12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)		24,733,813		18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		323,070,128		19

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	Fund balances at beginning of period				1
2	Net income (loss) (from Worksheet G-3, line 29)				2
3	Total (sum of line 1 and line 2)				3
4	Additions (credit adjustments) (specify)				4
5	TRNA CAPITAL TRANSFER				5
6	FUND BALANCE TRANSFER				6
7					7
8					8
9					9
10	Total additions (sum of lines 4-9)				10
11	Subtotal (line 3 plus line 10)				11
12	Deductions (debit adjustments) (specify)				12
13					13
14					14
15					15
16					16
17					17
18	Total deductions (sum of lines 12-17)				18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)				19

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	99,122,038		99,122,038	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	99,122,038		99,122,038	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit	18,297,736		18,297,736	11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,297,736		18,297,736	16
17	Total inpatient routine care services (sum of lines 10 and 16)	117,419,774		117,419,774	17
18	Ancillary services	336,270,690		336,270,690	18
19	Outpatient services		962,461,848	962,461,848	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	453,690,464	962,461,848	1,416,152,312	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		290,338,398	29
30	Add (specify)			30
31	BAD DEBTS	9,236,781		31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		9,236,781	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		299,575,179	43

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	1,416,152,312	1
2	Less contractual allowances and discounts on patients' accounts	1,086,871,861	2
3	Net patient revenues (line 1 minus line 2)	329,280,451	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	299,575,179	4
5	Net income from service to patients (line 3 minus line 4)	29,705,272	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests	1,021,558	14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hospitial space		22
23	Governmental appropriations		23
24	Other (TRAINING PROGRAM)	4,025	24
24.01	Other (FEES AND REGISTRATION)	28,915	24.01
24.02	Other (WORKSHOPS, CONFERENCES, ETC)		24.02
24.03	Other (GRANT REVENUE)	575,619	24.03
24.04	Other (DONATION INCOME)		24.04
24.05	Other (NRCC CAFETERIA)		24.05
24.06	Other (RENT INCOME)	855,200	24.06
24.07	Other (CORP BILLING ADJ)	94	24.07
24.08	Other (ESCROW INTEREST INCOME)	5,235	24.08
24.09	Other (INSTYMEDS REVENUE)		24.09
24.10	Other (OTHER SERVICE REVENUE)	73,140	24.10
24.11	Other (WORK ORDER REVENUE)	4,230	24.11
24.12	Other (NON-PATIENT MEDICAL SUPPLIES)	87,132	24.12
24.13	Other (GIFT SHOP SALES)	315,965	24.13
24.14	Other (COST OF CONSIGNMENT SALE)	-60,548	24.14
24.15	Other (AP CASH DISCOUNT)		24.15
24.16	Other (OTHER OPERATING INCOME)	443,175	24.16
24.17	Other (NMFF OTHER OP INCOME - RENT)		24.17
24.18	Other (MISC)	157,530	24.18
25	Total other income (sum of lines 6-24)	3,511,270	25
26	Total (line 5 plus line 25)	33,216,542	26
29	Net income (or loss) for the period (line 26 minus line 28)	33,216,542	29

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

CALCULATION OF CAPITAL PAYMENT

COMPONENT CCN: 14-0211

WORKSHEET L

Check Title V Hospital PPS
 Applicable Title XVIII, Part A SUB (Other) Cost Method
 Boxes: Title XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	Capital DRG other than outlier	2,180,726	1
1.01	Model 4 BPCI Capital DRG other than outlier		1.01
2	Capital DRG outlier payments	407,175	2
2.01	Model 4 BPCI Capital DRG outlier payments		2.01
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	79.38	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (see instructions)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.0115	7
8	Percentage of Medicaid patient days to total days (see instructions)	0.1140	8
9	Sum of lines 7 and 8	0.1255	9
10	Allowable disproportionate share percentage (see instructions)	0.0257	10
11	Disproportionate share adjustment (see instructions)	56,045	11
12	Total prospective capital payments (see instructions)	2,643,946	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 times line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDINARY CAP-REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	2A	24	25	26	
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5.01	NONPATIENT TELEPHONES						5.01
5.02	IS						5.02
5.03	PURCHASING						5.03
5.04	PT REG						5.04
5.05	PT ACCTS						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics						30
31	Intensive Care Unit						31
43	Nursery						43
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
51	Recovery Room						51
52	Delivery Room & Labor Room						52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
54.01	ULTRA SOUND						54.01
54.02	NUCLEAR ONCOLOGY						54.02
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	CT Scan						57
58	MRI						58
59	Cardiac Catheterization						59
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
69	Electrocardiology						69
71	Medical Supplies Charged to Patients						71
72	Impl. Dev. Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
75.01	LITHOTRIPSY						75.01
75.02	PSYCH						75.02
75.03	NEURODIAGNOSTICS						75.03
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
90.03	GENETIC TESTING						90.03
90.04	CHRONIC PAIN CLINIC						90.04
90.05	DIABETES EDUCATION						90.05
90.06	WOUND CARE						90.06
90.07	SLEEP LAB						90.07
91	Emergency						91
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)						118
	NONREIMBURSABLE COST CENTERS						
190	Gift, Flower, Coffee Shop & Canteen						190
192	Physicians' Private Offices						192

KPMG LLP Compu-Max 2552-10

DELNOR-COMMUNITY HOSPITAL Provider CCN: 14-0211	In Lieu of Form CMS-2552-10	Period : From: 09/01/2016 To: 08/31/2017	Run Date: 01/29/2018 Run Time: 15:11 Version: 2017.10 (01/08/2018)
--	---------------------------------------	--	--

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

**WORKSHEET L-1
PART I**

	COST CENTER DESCRIPTIONS	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (cols.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL		
		0	2A	24	25	26		
192.01	HOME HEALTH AGENCY							192.01
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)							202