

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S Parts I-III Date/Time Prepared: 3/9/2015 1:08 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/9/2015 Time: 1:08 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PROVIDENT HOSPITAL ( 140300 ) for the cost reporting period beginning 12/01/2012 and ending 11/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	100,493	1,600	362,978	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	100,493	1,600	362,978	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet S-2 Part I Date/Time Prepared: 3/9/2015 1:05 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 500 EAST 51ST STREET		PO Box:						1.00			
2.00	City: CHICAGO		State: IL		Zip Code: 60615-		County: COOK		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00		Hospital and Hospital-Based Component Identification:										
3.00	Hospital		PROVIDENT HOSPITAL		140300	16974	1	10/08/1993	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						12/01/2012	11/30/2013		20.00		
21.00	Type of Control (see instructions)						13		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,435	770	0	0	988	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0		25.00		
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00		

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
		1.00				
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 1/ (col. 1 + col. 2))
		1.00		2.00		3.00
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 3/ (col. 3 + col. 4))
		1.00		2.00		3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
		Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital		Ratio (col. 1/ (col. 1 + col. 2))
		1.00		2.00		3.00
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	8.24	0.000000

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	1.25	0.000000	67.00
					1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106.00

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		V 1.00	XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
			Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:		0	800,000	175,987	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S-2 Part I Date/Time Prepared: 3/9/2015 1:05 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			12/01/2012	11/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S-2 Part II Date/Time Prepared: 3/9/2015 1:05 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S-2 Part II Date/Time Prepared: 3/9/2015 1:05 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHAEL	SUMRALL		41.00
42.00	Enter the employer/company name of the cost report preparer.	COOK COUNTY HEALTH & HOSPITALS SYSTE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-864-4779	MSUMRALL@COOKCOUNTYHHS.ORG		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ADMINISTRATIVE ANALYST V	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,230	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		102	37,230	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	11	4,015	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		113	41,245	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		113				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	738	2,205	5,703			1.00
2.00 HMO and other (see instructions)	44	988				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	738	2,205	5,703			7.00
8.00 INTENSIVE CARE UNIT	0	0	0			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	738	2,205	5,703	9.42	376.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				9.42	376.00	27.00
28.00 Observation Bed Days		0	629			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	167	482	1,409	1.00
2.00 HMO and other (see instructions)			14			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	167	482	1,409	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet S-3 Part II Date/Time Prepared: 3/9/2015 1:05 pm	
	Worksheet A Line Number	Amount Reported	Recl assifi cati on of Salari es (from Worksheet A-6)	Adjusted Salari es (col . 2 ± col . 3)	Paid Hours Related to Salari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	32,740,950	5,187,442	37,928,392	782,994.76	48.44	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,861,207	0	2,861,207	20,040.00	142.77	4.00
4.01	Physicians - Part A - Teaching		13,564	0	13,564	95.00	142.78	4.01
5.00	Physician-Part B		8,727,591	0	8,727,591	74,531.48	117.10	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	426,639	426,639	8,123.76	52.52	7.00
7.01	Contracted interns and residents (in an approved programs)		860,483	0	860,483	17,140.45	50.20	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,197,563	0	1,197,563	46,830.92	25.57	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		6,495,856	0	6,495,856			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,092,004	0	2,092,004			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	109,714	109,714	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,202,140	1,827,101	5,029,241	89,625.69	56.11	27.00
28.00	Administrative & General under contract (see inst.)		179,103	0	179,103	3,880.14	46.16	28.00
29.00	Maintenance & Repairs	6.00	1,007,694	0	1,007,694	24,667.03	40.85	29.00
30.00	Operation of Plant	7.00	820,545	0	820,545	17,801.44	46.09	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,152,070	0	1,152,070	59,322.83	19.42	32.00
33.00	Housekeeping under contract (see instructions)		278,359	0	278,359	13,917.93	20.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		929,408	0	929,408	46,470.39	20.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	919,850	0	919,850	26,046.50	35.32	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	71,793.01	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet S-3 Part II Date/Time Prepared: 3/9/2015 1:05 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medi cal Records & Medi cal Records Li brary	16.00 406,664	0	406,664	18,881.40	21.54	41.00
42.00	Soci al Servi ce	17.00 324,141	0	324,141	10,876.00	29.80	42.00
43.00	Other General Servi ce	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
3/9/2015 1:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	24,526,182	4,760,803	29,286,985	747,372.53	39.19	1.00
2.00	Excluded area salaries (see instructions)	0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,526,182	4,760,803	29,286,985	747,372.53	39.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,197,563	0	1,197,563	46,830.92	25.57	4.00
5.00	Subtotal wage-related costs (see inst.)	6,495,856	0	6,495,856	0.00	22.18	5.00
6.00	Total (sum of lines 3 thru 5)	32,219,601	4,760,803	36,980,404	794,203.45	46.56	6.00
7.00	Total overhead cost (see instructions)	9,219,974	1,936,815	11,156,789	383,282.36	29.11	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 3/9/2015 1:05 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		3,731,591	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,989,597	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		171,700	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		66,213	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		194,371	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		337,974	17.00
18.00	Medicare Taxes - Employers Portion Only		83,073	18.00
19.00	Unemployment Insurance		13,342	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,587,861	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet S-3  
Part V  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S-10 Date/Time Prepared: 3/9/2015 1:05 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.962200	1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid			10,524,786	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			18,225,880	6.00	
7.00	Medicaid cost (line 1 times line 6)			17,536,942	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			7,012,156	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			21,033,706	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			7,012,156	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			18,468,718	0	18,468,718
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			17,770,600	0	17,770,600
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			17,770,600	0	17,770,600
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					23,657,056
27.00	Medicare bad debts for the entire hospital complex (see instructions)					112,790
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					23,544,266
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					22,654,293
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					40,424,893
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					47,437,049

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		1,268,946	1,268,946	0	1,268,946	1.00
2.00	00200		641,994	641,994	37,819	679,813	2.00
4.00	00400		9,998,393	9,998,393	-4,414	9,993,979	4.00
5.00	00500	3,202,140	5,976,332	9,178,472	-1,832,772	7,345,700	5.00
6.00	00600	1,007,694	993,917	2,001,611	-43,770	1,957,841	6.00
7.00	00700	820,545	204,687	1,025,232	43,770	1,069,002	7.00
8.00	00800		0	0	172,667	172,667	8.00
9.00	00900	1,152,070	110,326	1,262,396	-203	1,262,193	9.00
10.00	01000		1,186,402	1,186,402	-1,185,954	448	10.00
11.00	01100		0	0	1,185,954	1,185,954	11.00
13.00	01300	919,850	290,158	1,210,008	-14,238	1,195,770	13.00
14.00	01400		102,997	102,997	2,736,074	2,839,071	14.00
15.00	01500		189,695	189,695	-189,689	6	15.00
16.00	01600	406,664	64,525	471,189	0	471,189	16.00
17.00	01700	324,141	222,514	546,655	0	546,655	17.00
21.00	02100		0	0	426,639	426,639	21.00
22.00	02200		0	0	860,483	860,483	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,648,872	225,835	7,874,707	-440,536	7,434,171	30.00
31.00	03100		0	0	0	0	31.00
41.00	04100		0	0	0	0	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,723,905	307,643	3,031,548	-299,517	2,732,031	50.00
51.00	05100		0	0	0	0	51.00
52.00	05200		0	0	0	0	52.00
53.00	05300	932,567	45,791	978,358	-44,226	934,132	53.00
54.00	05400	2,224,510	911,561	3,136,071	-172,517	2,963,554	54.00
56.00	05600	77,077	228,201	305,278	-228,201	77,077	56.00
57.00	05700		0	0	0	0	57.00
58.00	05800		0	0	0	0	58.00
59.00	05900		0	0	0	0	59.00
60.00	06000	1,565,116	476,769	2,041,885	-395,401	1,646,484	60.00
60.01	06001	241,374	97,656	339,030	-97,656	241,374	60.01
62.00	06200		0	0	0	0	62.00
65.00	06500	707,749	70,573	778,322	-70,573	707,749	65.00
66.00	06600	200,089	386,774	586,863	-396	586,467	66.00
67.00	06700		0	0	0	0	67.00
68.00	06800		0	0	0	0	68.00
69.00	06900	869,872	68,695	938,567	-30,592	907,975	69.00
71.00	07100		0	0	0	0	71.00
72.00	07200		0	0	0	0	72.00
73.00	07300		0	0	494,530	494,530	73.00
74.00	07400		0	0	-162	-162	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800		0	0	0	0	88.00
89.00	08900		0	0	0	0	89.00
90.00	09000		819	819	-380	439	90.00
91.00	09100	7,716,715	914,389	8,631,104	-906,739	7,724,365	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910		0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900		0	0	0	0	109.00
110.00	11000		0	0	0	0	110.00
111.00	11100		0	0	0	0	111.00
118.00		32,740,950	24,985,592	57,726,542	0	57,726,542	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00		32,740,950	24,985,592	57,726,542	0	57,726,542	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,810,741	4,079,687	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,166,518	3,846,331	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	794,016	10,787,995	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,420,655	20,766,355	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,957,841	6.00
7.00	00700	OPERATION OF PLANT	0	1,069,002	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	172,667	8.00
9.00	00900	HOUSEKEEPING	278,359	1,540,552	9.00
10.00	01000	DIETARY	929,408	929,856	10.00
11.00	01100	CAFETERIA	0	1,185,954	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,195,770	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,839,071	14.00
15.00	01500	PHARMACY	0	6	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-714	470,475	16.00
17.00	01700	SOCIAL SERVICE	0	546,655	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	426,639	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	860,483	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,536,203	4,897,968	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,032,138	1,699,893	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-1,236,331	-302,199	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,000	2,957,554	54.00
56.00	05600	RADIOISOTOPE	0	77,077	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-192,188	1,454,296	60.00
60.01	06001	BLOOD LABORATORY	0	241,374	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	707,749	65.00
66.00	06600	PHYSICAL THERAPY	0	586,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-594,941	313,034	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,719,756	4,214,286	73.00
74.00	07400	RENAL DIALYSIS	0	-162	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	2,570,186	2,570,625	90.00
91.00	09100	EMERGENCY	-3,745,618	3,978,747	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,345,506	76,072,048	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
200.00		TOTAL (SUM OF LINES 118-199)	18,345,506	76,072,048	200.00

RECLASSIFICATIONS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-6

Date/Time Prepared:  
3/9/2015 1:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RCLS CAFETERIA COST TO DIETARY</b>					
1.00	CAFETERIA	11.00	0	1,185,954	1.00
	TOTALS		0	1,185,954	
<b>B - RCLS EQUIP RENTAL COST TO CAPITAL</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,819	1.00
	TOTALS		0	37,819	
<b>C - RCLS LAWN CARE TO PLANT OPERATION</b>					
1.00	OPERATION OF PLANT	7.00	0	43,770	1.00
	TOTALS		0	43,770	
<b>D - DEFAULT</b>					
1.00	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	426,639	0	1.00
	TOTALS		426,639	0	
<b>E - DEFAULT</b>					
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	860,483	1.00
	TOTALS		0	860,483	
<b>F - RCLS LAUNDRY COST FROM OTHER COST</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	172,667	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	172,667	
<b>G - RCLS PHARMACY COST TO DRUGS CHARGED</b>					
1.00		0.00	0	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	494,530	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
	TOTALS		0	494,530	
<b>H - RCLS SUPPLY COST TO CENTRAL SUPPLY</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,839,068	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	2,839,068	
<b>I - ALLOCATION OF 890 COST TO HOSPITALS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,250,627	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,827,101	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	109,714	0	3.00
	TOTALS		5,187,442	0	
500.00	Grand Total: Increases		5,614,081	5,634,291	500.00

RECLASSIFICATIONS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-6

Date/Time Prepared:  
3/9/2015 1:05 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - RCLS CAFETERIA COST TO DIETARY</b>						
1.00	DIETARY	10.00	0	1,185,954	0	1.00
	TOTALS		0	1,185,954		
<b>B - RCLS EQUIP RENTAL COST TO CAPITAL</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,819	10	1.00
	TOTALS		0	37,819		
<b>C - RCLS LAWN CARE TO PLANT OPERATION</b>						
1.00	MAINTENANCE & REPAIRS	6.00	0	43,770	0	1.00
	TOTALS		0	43,770		
<b>D - DEFAULT</b>						
1.00	ADULTS & PEDIATRICS	30.00	426,639	0	0	1.00
	TOTALS		426,639	0		
<b>E - DEFAULT</b>						
1.00	EMERGENCY	91.00	0	860,483	0	1.00
	TOTALS		0	860,483		
<b>F - RCLS LAUNDRY COST FROM OTHER COST</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	169,787	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,880	0	2.00
	TOTALS		0	172,667		
<b>G - RCLS PHARMACY COST TO DRUGS CHARGED</b>						
1.00		0.00	0	0	0	1.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,414	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	124,037	0	9.00
10.00	HOUSEKEEPING	9.00	0	17	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	17	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,575	0	12.00
13.00	PHARMACY	15.00	0	187,573	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,056	0	14.00
15.00	OPERATING ROOM	50.00	0	8,741	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	25,889	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	613	0	17.00
18.00	LABORATORY	60.00	0	4,396	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,165	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	29,709	0	20.00
21.00	RENAL DIALYSIS	74.00	0	162	0	21.00
22.00	CLINIC	90.00	0	37	0	22.00
23.00	EMERGENCY	91.00	0	5,129	0	23.00
	TOTALS		0	494,530		
<b>H - RCLS SUPPLY COST TO CENTRAL SUPPLY</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,501,129	0	1.00
2.00	HOUSEKEEPING	9.00	0	186	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,341	0	3.00
4.00	PHARMACY	15.00	0	2,116	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	11,841	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,419	0	6.00
7.00	OPERATING ROOM	50.00	0	290,776	0	7.00
8.00	RADIOISOTOPE	56.00	0	228,201	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	18,337	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,904	0	10.00
11.00	LABORATORY	60.00	0	391,005	0	11.00
12.00	BLOOD LABORATORY	60.01	0	97,656	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	68,408	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	396	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	883	0	15.00
16.00	CLINIC	90.00	0	343	0	16.00
17.00	EMERGENCY	91.00	0	41,127	0	17.00
	TOTALS		0	2,839,068		
<b>I - ALLOCATION OF 890 COST TO HOSPITALS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,250,627	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,827,101	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109,714	0	3.00
	TOTALS		0	5,187,442		
500.00	Grand Total: Decreases		426,639	10,821,733		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	47,572,031	3,576,706	0	3,576,706	0	4.00
5.00	Fixed Equipment	20,950	0	0	0	0	5.00
6.00	Movable Equipment	12,564,585	124,658	0	124,658	0	6.00
7.00	HIT designated Assets	137,218	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	60,294,784	3,701,364	0	3,701,364	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	60,294,784	3,701,364	0	3,701,364	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	51,148,737	0				4.00
5.00	Fixed Equipment	20,950	0				5.00
6.00	Movable Equipment	12,689,243	0				6.00
7.00	HIT designated Assets	137,218	0				7.00
8.00	Subtotal (sum of lines 1-7)	63,996,148	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	63,996,148	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,268,946	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	641,994	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,268,946				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	641,994				2.00
3.00	Total (sum of lines 1-2)	0	1,910,940				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,288,039	0	1,288,039	0.674034	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	622,901	0	622,901	0.325966	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	0	1,910,940	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,268,946	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	641,994	37,819	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,910,940	37,819	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,800,889	9,852	0	0	4,079,687	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,166,518	0	0	0	3,846,331	2.00
3.00	Total (sum of lines 1-2)	5,967,407	9,852	0	0	7,926,018	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-8

Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)	B	-97,674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,980,921			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	12,748,059			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-714	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 140300

Period:  
 From 12/01/2012  
 To 11/30/2013

Worksheet A-8

Date/Time Prepared:  
 3/9/2015 1:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 SENGSTACKE COST FROM STROGER	B	2,570,186	CLINIC	90.00	0 33.00
34.00 MISC INCOME	B	6,889	ADMINISTRATIVE & GENERAL	5.00	0 34.00
35.00 PHARMACY SERVICE CHARGE	B	-213,535	DRUGS CHARGED TO PATIENTS	73.00	0 35.00
36.00		0		0.00	0 36.00
37.00 COUNTY COST	A	341,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.00
38.00 COUNTY COST	A	158,897	ADMINISTRATIVE & GENERAL	5.00	0 38.00
39.00 PARKING FEES	B	-74,890	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 EXPENSES ACCRUALS/REVERSALS	A	-561,059	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00 HOSPITAL MALPRACTICE INSURANCE	A	502,286	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 BOND INTEREST	A	651,762	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 42.00
43.00 ADDED PROPERTY INSURANCE	A	9,852	NEW CAP REL COSTS-BLDG & FIXT	1.00	12 43.00
44.00 SODEXO COST FROM STROGER	B	929,408	DIETARY	10.00	0 44.00
45.00 SODEXO COST FROM STROGER	B	278,359	HOUSEKEEPING	9.00	0 45.00
45.01 ADDED INTEREST CAPITAL	A	2,149,127	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.01
45.02 ADDED INTEREST CAPITAL - MOV	A	3,166,518	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11 45.02
45.03 ADDED INT, INS, CO COST, RE STUDY	A	5,637,303	ADMINISTRATIVE & GENERAL	5.00	0 45.03
45.04 ADDED COUNTY COST FRINGE	A	123,670	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.04
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		18,345,506			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-8-1

Date/Time Prepared:  
3/9/2015 1:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	5.00	ADMINISTRATIVE & GENERAL	BUREAU OF HEALTH ALLOCATED C 7,827,672	0 1.00
2.00	73.00	DRUGS CHARGED TO PATIENTS	BUREAU OF HEALTH ALLOCATED C 3,933,291	0 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUREAU OF HEALTH ALLOCATED C 987,096	0 3.00
4.00	0.00		COOK COUNTY ALLOCATED COST 0	0 4.00
4.10	0.00		COOK COUNTY ALLOCATED COST 0	0 4.10
5.00	0		0 12,748,059	0 5.00

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

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

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

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

6.00	G	COOK COUNTY	100.00	COOK COUNTY	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	COOK COUNTY				100.00

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

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

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

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-8-1

Date/Time Prepared:  
3/9/2015 1:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	7,827,672	0		1.00
2.00	3,933,291	0		2.00
3.00	987,096	0		3.00
4.00	0	0		4.00
4.10	0	0		4.10
5.00	12,748,059			5.00

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

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

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

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

6.00	GOVERNMENT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet A-8-2

Date/Time Prepared:  
3/9/2015 1:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	637,502	637,501	0	0	1,160	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,949,494	2,065,821	883,673	177,200	6,432	2.00
3.00	50.00	OPERATING ROOM	1,259,251	938,519	320,732	208,000	2,144	3.00
4.00	53.00	ANESTHESIOLOGY	1,629,513	1,018,084	611,429	200,300	3,872	4.00
5.00	60.00	LABORATORY	192,188	192,188	0	215,700	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	786,893	524,595	262,298	177,200	2,144	6.00
7.00	91.00	EMERGENCY	4,133,958	3,493,690	640,268	177,200	4,288	7.00
8.00	30.00	ADULTS & PEDIATRICS	167,583	167,583	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	6,000	6,000	0	0	0	9.00
10.00	91.00	EMERGENCY	5,743	5,743	0	0	0	10.00
200.00			11,768,125	9,049,724	2,718,400		20,040	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	26,310	1.00
2.00	30.00	ADULTS & PEDIATRICS	547,957	27,398	0	0	109,868	2.00
3.00	50.00	OPERATING ROOM	214,400	10,720	0	0	49,914	3.00
4.00	53.00	ANESTHESIOLOGY	372,866	18,643	0	0	54,145	4.00
5.00	60.00	LABORATORY	0	0	0	0	10,221	5.00
6.00	69.00	ELECTROCARDIOLOGY	182,652	9,133	0	0	27,900	6.00
7.00	91.00	EMERGENCY	365,305	18,265	0	0	185,806	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	8,913	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	319	9.00
10.00	91.00	EMERGENCY	0	0	0	0	305	10.00
200.00			1,683,180	84,159	0	0	473,701	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	637,502		1.00
2.00	30.00	ADULTS & PEDIATRICS	32,917	580,874	302,799	2,368,620		2.00
3.00	50.00	OPERATING ROOM	12,713	227,113	93,619	1,032,138		3.00
4.00	53.00	ANESTHESIOLOGY	20,316	393,182	218,247	1,236,331		4.00
5.00	60.00	LABORATORY	0	0	0	192,188		5.00
6.00	69.00	ELECTROCARDIOLOGY	9,300	191,952	70,346	594,941		6.00
7.00	91.00	EMERGENCY	28,778	394,083	246,185	3,739,875		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	167,583		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,000		9.00
10.00	91.00	EMERGENCY	0	0	0	5,743		10.00
200.00			104,024	1,787,204	931,196	9,980,921		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,079,687	4,079,687				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,846,331		3,846,331			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	10,787,995	43,344	0	10,831,339		4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	20,766,355	1,152,508	798,699	1,440,385	24,157,947	5.00	
6.00 00600 MAINTENANCE & REPAIRS	1,957,841	14,282	90,139	288,606	2,350,868	6.00	
7.00 00700 OPERATION OF PLANT	1,069,002	636,341	373,386	235,006	2,313,735	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	172,667	0	0	0	172,667	8.00	
9.00 00900 HOUSEKEEPING	1,540,552	12,362	41,360	329,955	1,924,229	9.00	
10.00 01000 DIETARY	929,856	137,350	0	0	1,067,206	10.00	
11.00 01100 CAFETERIA	1,185,954	61,666	0	0	1,247,620	11.00	
13.00 01300 NURSING ADMINISTRATION	1,195,770	29,315	219,094	263,447	1,707,626	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	2,839,071	19,878	27,859	0	2,886,808	14.00	
15.00 01500 PHARMACY	6	26,589	11,736	0	38,331	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	470,475	94,602	0	116,469	681,546	16.00	
17.00 01700 SOCIAL SERVICE	546,655	13,388	0	92,835	652,878	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	426,639	0	0	122,190	548,829	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	860,483	0	0	0	860,483	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	4,897,968	305,074	458,069	2,068,462	7,729,573	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	141,366	0	141,366	31.00	
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	1,699,893	255,947	398,892	780,132	3,134,864	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	-302,199	72,770	0	267,089	37,660	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,957,554	270,836	985,224	637,104	4,850,718	54.00	
56.00 05600 RADIOISOTOPE	77,077	13,212	0	22,075	112,364	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	1,454,296	216,731	45,164	448,252	2,164,443	60.00	
60.01 06001 BLOOD LABORATORY	241,374	0	0	69,130	310,504	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,675	3,564	0	12,239	62.00	
65.00 06500 RESPIRATORY THERAPY	707,749	51,799	89,982	202,701	1,052,231	65.00	
66.00 06600 PHYSICAL THERAPY	586,467	11,037	23,579	57,306	678,389	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	23,554	0	0	23,554	67.00	
68.00 06800 SPEECH PATHOLOGY	0	7,075	0	0	7,075	68.00	
69.00 06900 ELECTROCARDIOLOGY	313,034	19,569	118,951	249,133	700,687	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	4,214,286	0	0	930,986	5,145,272	73.00	
74.00 07400 RENAL DIALYSIS	-162	0	0	0	-162	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	2,570,625	335,538	12,350	0	2,918,513	90.00	
91.00 09100 EMERGENCY	3,978,747	246,245	6,917	2,210,076	6,441,985	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	76,072,048	4,079,687	3,846,331	10,831,339	76,072,048	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	76,072,048	4,079,687	3,846,331	10,831,339	76,072,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 140300		Peri od: From 12/01/2012 To 11/30/2013		Worksheet B Part I Date/Time Prepared: 3/9/2015 1:05 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,157,947				5.00
6.00	00600	MAINTENANCE & REPAIRS	1,093,960	3,444,828			6.00
7.00	00700	OPERATION OF PLANT	1,076,680	763,911	4,154,326		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,349	0	0	253,016	8.00
9.00	00900	HOUSEKEEPING	895,426	14,840	22,996	11,765	2,869,256
10.00	01000	DIETARY	496,617	164,885	255,504	0	0
11.00	01100	CAFETERIA	580,571	74,029	114,714	0	0
13.00	01300	NURSING ADMINISTRATION	794,632	35,192	54,534	0	473,160
14.00	01400	CENTRAL SERVICES & SUPPLY	1,343,356	23,864	36,979	0	33,762
15.00	01500	PHARMACY	17,837	31,920	49,462	212	23,360
16.00	01600	MEDICAL RECORDS & LIBRARY	317,153	113,567	175,983	0	0
17.00	01700	SOCIAL SERVICE	303,812	16,072	24,906	0	16,547
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	255,394	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	400,420	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	3,596,910	366,234	567,513	126,870	645,987
31.00	03100	INTENSIVE CARE UNIT	65,784	0	0	29,521	507,348
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,458,787	307,258	476,124	23,568	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	17,525	87,358	135,370	57	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,257,248	325,132	503,822	268	110,290
56.00	05600	RADIOISOTOPE	52,288	15,860	24,577	0	6,631
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,007,208	260,180	403,173	309	29,382
60.01	06001	BLOOD LABORATORY	144,491	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,695	10,415	16,138	32	14,661
65.00	06500	RESPIRATORY THERAPY	489,648	62,183	96,358	138	2,433
66.00	06600	PHYSICAL THERAPY	315,684	13,250	20,532	8	9,916
67.00	06700	OCCUPATIONAL THERAPY	10,961	28,276	43,816	0	2,433
68.00	06800	SPEECH PATHOLOGY	3,292	8,493	13,161	8	2,433
69.00	06900	ELECTROCARDIOLOGY	326,060	23,493	36,404	49	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,316	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,358,110	402,805	624,184	32	0
91.00	09100	EMERGENCY	2,997,733	295,611	458,076	60,179	990,913
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,157,947	3,444,828	4,154,326	253,016	2,869,256
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	24,157,947	3,444,828	4,154,326	253,016	2,869,256

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,984,212					10.00
11.00	01100	0	2,016,934				11.00
13.00	01300	0	76,543	3,141,687			13.00
14.00	01400	0	0	0	4,324,769		14.00
15.00	01500	0	0	0	22,536	183,658	15.00
16.00	01600	0	91,753	0	0	0	16.00
17.00	01700	0	28,704	40,770	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,601,391	844,097	1,234,004	38,562	1,646	30.00
31.00	03100	38,855	157,600	1,255	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	169,515	289,024	946,944	40,424	50.00
51.00	05100	0	0	260,576	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	59,716	2,549	53.00
54.00	05400	0	127,587	41,227	559,824	23,898	54.00
56.00	05600	0	3,904	0	743,162	31,725	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	126,414	0	1,274,001	54,386	60.00
60.01	06001	0	0	0	318,028	13,576	60.01
62.00	06200	0	16,902	0	0	0	62.00
65.00	06500	0	75,031	0	222,778	9,510	65.00
66.00	06600	0	8,101	0	1,290	55	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	17,105	0	2,876	123	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	1,117	48	90.00
91.00	09100	343,966	273,678	1,274,831	133,935	5,718	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		1,984,212	2,016,934	3,141,687	4,324,769	183,658	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,984,212	2,016,934	3,141,687	4,324,769	183,658	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,380,002					16.00	
17.00 01700 SOCIAL SERVICE	112	1,083,801				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	804,223			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,260,903		22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	72,381	501,140	366,538	574,676	18,267,522	30.00	
31.00 03100 INTENSIVE CARE UNIT	503	0	0	0	942,232	31.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	6,824	0	35,901	56,288	6,945,521	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	260,576	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	4,498	7,052	351,785	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	168	0	0	0	8,800,182	54.00	
56.00 05600 RADIO SOTOPE	0	0	0	0	990,511	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	503	0	0	0	5,319,999	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	786,599	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	76,082	62.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,010,310	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	1,047,225	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	109,040	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	34,462	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	1,106,797	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,539,588	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	-162	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	782,213	582,661	54,220	85,009	6,808,912	90.00	
91.00 09100 EMERGENCY	517,298	0	343,066	537,878	14,674,867	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	99.10	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,380,002	1,083,801	804,223	1,260,903	76,072,048	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,380,002	1,083,801	804,223	1,260,903	76,072,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500 ADMINISTRATIVE & GENERAL			5.00
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS	-941,214	17,326,308	30.00
31.00	03100 INTENSIVE CARE UNIT	0	942,232	31.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-92,189	6,853,332	50.00
51.00	05100 RECOVERY ROOM	0	260,576	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	-11,550	340,235	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,800,182	54.00
56.00	05600 RADIOISOTOPE	0	990,511	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	5,319,999	60.00
60.01	06001 BLOOD LABORATORY	0	786,599	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	76,082	62.00
65.00	06500 RESPIRATORY THERAPY	0	2,010,310	65.00
66.00	06600 PHYSICAL THERAPY	0	1,047,225	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	109,040	67.00
68.00	06800 SPEECH PATHOLOGY	0	34,462	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,106,797	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,539,588	73.00
74.00	07400 RENAL DIALYSIS	0	-162	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-139,229	6,669,683	90.00
91.00	09100 EMERGENCY	-880,944	13,793,923	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,065,126	74,006,922	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,065,126	74,006,922	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	43,344	43,344	43,344	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,152,508	798,699	1,951,207	5,764
6.00 00600	MAINTENANCE & REPAIRS	0	14,282	90,139	104,421	1,155
7.00 00700	OPERATION OF PLANT	0	636,341	373,386	1,009,727	940
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	0	12,362	41,360	53,722	1,320
10.00 01000	DIETARY	0	137,350	0	137,350	0
11.00 01100	CAFETERIA	0	61,666	0	61,666	0
13.00 01300	NURSING ADMINISTRATION	0	29,315	219,094	248,409	1,054
14.00 01400	CENTRAL SERVICES & SUPPLY	0	19,878	27,859	47,737	0
15.00 01500	PHARMACY	0	26,589	11,736	38,325	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	94,602	0	94,602	466
17.00 01700	SOCIAL SERVICE	0	13,388	0	13,388	371
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	489
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	305,074	458,069	763,143	8,277
31.00 03100	INTENSIVE CARE UNIT	0	0	141,366	141,366	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	255,947	398,892	654,839	3,122
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	72,770	0	72,770	1,069
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	270,836	985,224	1,256,060	2,549
56.00 05600	RADIOISOTOPE	0	13,212	0	13,212	88
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	0	216,731	45,164	261,895	1,794
60.01 06001	BLOOD LABORATORY	0	0	0	0	277
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,675	3,564	12,239	0
65.00 06500	RESPIRATORY THERAPY	0	51,799	89,982	141,781	811
66.00 06600	PHYSICAL THERAPY	0	11,037	23,579	34,616	229
67.00 06700	OCCUPATIONAL THERAPY	0	23,554	0	23,554	0
68.00 06800	SPEECH PATHOLOGY	0	7,075	0	7,075	0
69.00 06900	ELECTROCARDIOLOGY	0	19,569	118,951	138,520	997
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,725
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	335,538	12,350	347,888	0
91.00 09100	EMERGENCY	0	246,245	6,917	253,162	8,847
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,079,687	3,846,331	7,926,018	43,344
<b>NONREIMBURSABLE COST CENTERS</b>						
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	4,079,687	3,846,331	7,926,018	43,344

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,956,971				5.00
6.00	00600	MAINTENANCE & REPAIRS	88,618	194,194			6.00
7.00	00700	OPERATION OF PLANT	87,219	43,064	1,140,950		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,509	0	0	6,509	8.00
9.00	00900	HOUSEKEEPING	72,536	837	6,316	303	135,034
10.00	01000	DIETARY	40,229	9,295	70,172	0	0
11.00	01100	CAFETERIA	47,030	4,173	31,505	0	0
13.00	01300	NURSING ADMINISTRATION	64,371	1,984	14,977	0	22,268
14.00	01400	CENTRAL SERVICES & SUPPLY	108,821	1,345	10,156	0	1,589
15.00	01500	PHARMACY	1,445	1,799	13,584	5	1,099
16.00	01600	MEDICAL RECORDS & LIBRARY	25,692	6,402	48,332	0	0
17.00	01700	SOCIAL SERVICE	24,611	906	6,840	0	779
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	20,689	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,437	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	291,382	20,646	155,863	3,265	30,402
31.00	03100	INTENSIVE CARE UNIT	5,329	0	0	759	23,877
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	118,172	17,321	130,763	606	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	1,420	4,925	37,178	1	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	182,853	18,329	138,370	7	5,191
56.00	05600	RADIOISOTOPE	4,236	894	6,750	0	312
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	81,591	14,667	110,728	8	1,383
60.01	06001	BLOOD LABORATORY	11,705	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	461	587	4,432	1	690
65.00	06500	RESPIRATORY THERAPY	39,665	3,505	26,464	4	115
66.00	06600	PHYSICAL THERAPY	25,573	747	5,639	0	467
67.00	06700	OCCUPATIONAL THERAPY	888	1,594	12,034	0	115
68.00	06800	SPEECH PATHOLOGY	267	479	3,615	0	115
69.00	06900	ELECTROCARDIOLOGY	26,413	1,324	9,998	1	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	193,956	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	110,016	22,707	171,427	1	0
91.00	09100	EMERGENCY	242,837	16,664	125,807	1,548	46,632
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,956,971	194,194	1,140,950	6,509	135,034
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,956,971	194,194	1,140,950	6,509	135,034

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	257,046					10.00
11.00	01100	0	144,374				11.00
13.00	01300	0	5,479	358,542			13.00
14.00	01400	0	0	0	169,648		14.00
15.00	01500	0	0	0	884	57,141	15.00
16.00	01600	0	6,568	0	0	0	16.00
17.00	01700	0	2,055	4,653	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	207,454	60,421	140,829	1,513	512	30.00
31.00	03100	5,033	11,281	143	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	12,134	32,985	37,146	12,577	50.00
51.00	05100	0	0	29,738	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	2,342	793	53.00
54.00	05400	0	9,133	4,705	21,960	7,435	54.00
56.00	05600	0	279	0	29,152	9,870	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	9,049	0	49,975	16,922	60.00
60.01	06001	0	0	0	12,475	4,224	60.01
62.00	06200	0	1,210	0	0	0	62.00
65.00	06500	0	5,371	0	8,739	2,959	65.00
66.00	06600	0	580	0	51	17	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,224	0	113	38	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	44	15	90.00
91.00	09100	44,559	19,590	145,489	5,254	1,779	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		257,046	144,374	358,542	169,648	57,141	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		257,046	144,374	358,542	169,648	57,141	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00		21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00		
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00		
5.00 00500 ADMINISTRATIVE & GENERAL					5.00		
6.00 00600 MAINTENANCE & REPAIRS					6.00		
7.00 00700 OPERATION OF PLANT					7.00		
8.00 00800 LAUNDRY & LINEN SERVICE					8.00		
9.00 00900 HOUSEKEEPING					9.00		
10.00 01000 DIETARY					10.00		
11.00 01100 CAFETERIA					11.00		
13.00 01300 NURSING ADMINISTRATION					13.00		
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00		
15.00 01500 PHARMACY					15.00		
16.00 01600 MEDICAL RECORDS & LIBRARY	182,062				16.00		
17.00 01700 SOCIAL SERVICE	15	53,618			17.00		
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21,178		21.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		32,437	22.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	9,549	24,792			30.00		
31.00 03100 INTENSIVE CARE UNIT	66	0			31.00		
41.00 04100 SUBPROVIDER - IRF	0	0			41.00		
42.00 04200 SUBPROVIDER	0	0			42.00		
43.00 04300 NURSERY	0	0			43.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	900	0			50.00		
51.00 05100 RECOVERY ROOM	0	0			51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00		
53.00 05300 ANESTHESIOLOGY	0	0			53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	22	0			54.00		
56.00 05600 RADIO SOTOPE	0	0			56.00		
57.00 05700 CT SCAN	0	0			57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00		
59.00 05900 CARDIAC CATHETERIZATION	0	0			59.00		
60.00 06000 LABORATORY	66	0			60.00		
60.01 06001 BLOOD LABORATORY	0	0			60.01		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00		
65.00 06500 RESPIRATORY THERAPY	0	0			65.00		
66.00 06600 PHYSICAL THERAPY	0	0			66.00		
67.00 06700 OCCUPATIONAL THERAPY	0	0			67.00		
68.00 06800 SPEECH PATHOLOGY	0	0			68.00		
69.00 06900 ELECTROCARDIOLOGY	0	0			69.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0			73.00		
74.00 07400 RENAL DIALYSIS	0	0			74.00		
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0			88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00		
90.00 09000 CLINIC	103,198	28,826			90.00		
91.00 09100 EMERGENCY	68,246	0			91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0			99.10		
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900 PANCREAS ACQUISITION	0	0			109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0			110.00		
111.00 11100 ISLET ACQUISITION	0	0			111.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,062	53,618	0	0	7,872,403	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00	Cross Foot Adjustments			21,178	32,437	53,615	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	182,062	53,618	21,178	32,437	7,926,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	1,718,048
31.00	03100	INTENSIVE CARE UNIT	0	187,854
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	1,020,565
51.00	05100	RECOVERY ROOM	0	29,738
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0
53.00	05300	ANESTHESIOLOGY	0	120,498
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,646,614
56.00	05600	RADIOISOTOPE	0	64,793
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	548,078
60.01	06001	BLOOD LABORATORY	0	28,681
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,620
65.00	06500	RESPIRATORY THERAPY	0	229,414
66.00	06600	PHYSICAL THERAPY	0	67,919
67.00	06700	OCCUPATIONAL THERAPY	0	38,185
68.00	06800	SPEECH PATHOLOGY	0	11,551
69.00	06900	ELECTROCARDIOLOGY	0	178,628
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	197,681
74.00	07400	RENAL DIALYSIS	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	784,122
91.00	09100	EMERGENCY	0	980,414
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,872,403
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00		Cross Foot Adjustments	0	53,615
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	7,926,018

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B-1  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	369,623					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		2,372,216				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,927	0	37,818,678			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	104,418	492,596	5,029,241	-24,157,947	51,914,263	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,294	55,593	1,007,694	0	2,350,868	6.00
7.00 00700	OPERATION OF PLANT	57,653	230,285	820,545	0	2,313,735	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	172,667	8.00
9.00 00900	HOUSEKEEPING	1,120	25,509	1,152,070	0	1,924,229	9.00
10.00 01000	DIETARY	12,444	0	0	0	1,067,206	10.00
11.00 01100	CAFETERIA	5,587	0	0	0	1,247,620	11.00
13.00 01300	NURSING ADMINISTRATION	2,656	135,126	919,850	0	1,707,626	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,801	17,182	0	0	2,886,808	14.00
15.00 01500	PHARMACY	2,409	7,238	0	0	38,331	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,571	0	406,664	0	681,546	16.00
17.00 01700	SOCIAL SERVICE	1,213	0	324,141	0	652,878	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	426,639	0	548,829	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	860,483	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	27,640	282,513	7,222,233	0	7,729,573	30.00
31.00 03100	INTENSIVE CARE UNIT	0	87,187	0	0	141,366	31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	23,189	246,016	2,723,905	0	3,134,864	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	6,593	0	932,567	0	37,660	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,538	607,634	2,224,510	0	4,850,718	54.00
56.00 05600	RADIOISOTOPE	1,197	0	77,077	0	112,364	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	19,636	27,855	1,565,116	0	2,164,443	60.00
60.01 06001	BLOOD LABORATORY	0	0	241,374	0	310,504	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	2,198	0	0	12,239	62.00
65.00 06500	RESPIRATORY THERAPY	4,693	55,496	707,749	0	1,052,231	65.00
66.00 06600	PHYSICAL THERAPY	1,000	14,542	200,089	0	678,389	66.00
67.00 06700	OCCUPATIONAL THERAPY	2,134	0	0	0	23,554	67.00
68.00 06800	SPEECH PATHOLOGY	641	0	0	0	7,075	68.00
69.00 06900	ELECTROCARDIOLOGY	1,773	73,363	869,872	0	700,687	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	3,250,627	0	5,145,272	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	162	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	30,400	7,617	0	0	2,918,513	90.00
91.00 09100	EMERGENCY	22,310	4,266	7,716,715	0	6,441,985	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	369,623	2,372,216	37,818,678	-24,157,785	51,914,263	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,079,687	3,846,331	10,831,339		24,157,947	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.037427	1.621408	0.286402		0.465343	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			43,344		1,956,971	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001146		0.037696	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B-1

Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	259,984				6.00
7.00	00700	OPERATION OF PLANT	57,653	202,331			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	486,312		8.00
9.00	00900	HOUSEKEEPING	1,120	1,120	22,614	47,166	9.00
10.00	01000	DIETARY	12,444	12,444	0	0	21,142
11.00	01100	CAFETERIA	5,587	5,587	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,656	2,656	0	7,778	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801	1,801	0	555	0
15.00	01500	PHARMACY	2,409	2,409	407	384	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,571	8,571	0	0	0
17.00	01700	SOCIAL SERVICE	1,213	1,213	0	272	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	27,640	27,640	243,847	10,619	17,063
31.00	03100	INTENSIVE CARE UNIT	0	0	56,741	8,340	414
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	23,189	23,189	45,300	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	6,593	6,593	110	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,538	24,538	516	1,813	0
56.00	05600	RADIOISOTOPE	1,197	1,197	0	109	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	19,636	19,636	594	483	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	786	61	241	0
65.00	06500	RESPIRATORY THERAPY	4,693	4,693	266	40	0
66.00	06600	PHYSICAL THERAPY	1,000	1,000	16	163	0
67.00	06700	OCCUPATIONAL THERAPY	2,134	2,134	0	40	0
68.00	06800	SPEECH PATHOLOGY	641	641	16	40	0
69.00	06900	ELECTROCARDIOLOGY	1,773	1,773	94	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	30,400	30,400	62	0	0
91.00	09100	EMERGENCY	22,310	22,310	115,668	16,289	3,665
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,984	202,331	486,312	47,166	21,142
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,444,828	4,154,326	253,016	2,869,256	1,984,212
203.00		Unit cost multiplier (Wkst. B, Part I)	13.250154	20.532326	0.520275	60.833143	93.851670
204.00		Cost to be allocated (per Wkst. B, Part II)	194,194	1,140,950	6,509	135,034	257,046
205.00		Unit cost multiplier (Wkst. B, Part II)	0.746946	5.639027	0.013384	2.862952	12.158074

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B-1

Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	89,380					11.00
13.00	01300	3,392	165,213				13.00
14.00	01400	0	0	1,327,997			14.00
15.00	01500	0	0	6,920	1,321,077		15.00
16.00	01600	4,066	0	0	0	24,671	16.00
17.00	01700	1,272	2,144	0	0	2	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	37,406	64,893	11,841	11,841	1,294	30.00
31.00	03100	6,984	66	0	0	9	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	7,512	15,199	290,776	290,776	122	50.00
51.00	05100	0	13,703	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	18,337	18,337	0	53.00
54.00	05400	5,654	2,168	171,904	171,904	3	54.00
56.00	05600	173	0	228,201	228,201	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	5,602	0	391,205	391,205	9	60.00
60.01	06001	0	0	97,656	97,656	0	60.01
62.00	06200	749	0	0	0	0	62.00
65.00	06500	3,325	0	68,408	68,408	0	65.00
66.00	06600	359	0	396	396	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	758	0	883	883	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	343	343	13,984	90.00
91.00	09100	12,128	67,040	41,127	41,127	9,248	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		89,380	165,213	1,327,997	1,321,077	24,671	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
200.00							200.00
201.00							201.00
202.00		2,016,934	3,141,687	4,324,769	183,658	1,380,002	202.00
203.00		22.565831	19.015979	3.256611	0.139021	55.936200	203.00
204.00		144,374	358,542	169,648	57,141	182,062	204.00
205.00		1.615283	2.170180	0.127747	0.043253	7.379595	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet B-1  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		17.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE	7,671			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	9,834		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		9,834	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	3,547	4,482	4,482	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	439	439	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	55	55	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	4,124	663	663	90.00
91.00 09100 EMERGENCY	0	4,195	4,195	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10 09910 CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,671	9,834	9,834	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,083,801	804,223	1,260,903	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	141.285491	81.779845	128.218731	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	53,618	21,178	32,437	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	6.989701	2.153549	3.298454	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	17,326,308	17,326,308	302,799	17,629,107	30.00
31.00	03100 INTENSIVE CARE UNIT	942,232	942,232	0	942,232	31.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	6,853,332	6,853,332	93,619	6,946,951	50.00
51.00	05100 RECOVERY ROOM	260,576	260,576	0	260,576	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	340,235	340,235	218,247	558,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,800,182	8,800,182	0	8,800,182	54.00
56.00	05600 RADIOISOTOPE	990,511	990,511	0	990,511	56.00
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	5,319,999	5,319,999	0	5,319,999	60.00
60.01	06001 BLOOD LABORATORY	786,599	786,599	0	786,599	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	76,082	76,082	0	76,082	62.00
65.00	06500 RESPIRATORY THERAPY	2,010,310	2,010,310	0	2,010,310	65.00
66.00	06600 PHYSICAL THERAPY	1,047,225	1,047,225	0	1,047,225	66.00
67.00	06700 OCCUPATIONAL THERAPY	109,040	109,040	0	109,040	67.00
68.00	06800 SPEECH PATHOLOGY	34,462	34,462	0	34,462	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,797	1,106,797	70,346	1,177,143	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,539,588	7,539,588	0	7,539,588	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	6,669,683	6,669,683	0	6,669,683	90.00
91.00	09100 EMERGENCY	13,793,923	13,793,923	246,185	14,040,108	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,751,218	1,751,218	0	1,751,218	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	75,758,302	75,758,302	931,196	76,689,498	200.00
201.00	Less Observation Beds	1,751,218	1,751,218	0	1,751,218	201.00
202.00	Total (see instructions)	74,007,084	74,007,084	931,196	74,938,280	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XVIII			Hospital	PPS
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	9,728,460		9,728,460	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	0		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	1,986,531	8,597,289	10,583,820	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	679,328	2,001,736	2,681,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,718	4,330,590	4,573,308	54.00
56.00	05600	RADIOISOTOPE	553,913	510,179	1,064,092	56.00
57.00	05700	CT SCAN	604,166	3,964,039	4,568,205	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	996	4,974	5,970	58.00
59.00	05900	CARDIAC CATHETERIZATION	483,377	848,401	1,331,778	59.00
60.00	06000	LABORATORY	1,448,510	6,577,778	8,026,288	60.00
60.01	06001	BLOOD LABORATORY	1,252	1,141	2,393	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,965	89,114	139,079	62.00
65.00	06500	RESPIRATORY THERAPY	10,866	0	10,866	65.00
66.00	06600	PHYSICAL THERAPY	15,757	1,013,527	1,029,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,369	316,679	318,048	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,126	1,126	68.00
69.00	06900	ELECTROCARDIOLOGY	89,374	325,744	415,118	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,279	765,208	821,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,609,559	2,118,187	4,727,746	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	58,815	14,424,026	14,482,841	90.00
91.00	09100	EMERGENCY	931,896	11,034,799	11,966,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,312	423,450	436,762	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
200.00		Subtotal (see instructions)	19,566,443	57,347,987	76,914,430	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	19,566,443	57,347,987	76,914,430	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.656375		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.208306		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1.924249		54.00
56.00	05600 RADIOISOTOPE	0.930851		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.662822		60.00
60.01	06001 BLOOD LABORATORY	328.708316		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042		62.00
65.00	06500 RESPIRATORY THERAPY	185.009203		65.00
66.00	06600 PHYSICAL THERAPY	1.017431		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.342841		67.00
68.00	06800 SPEECH PATHOLOGY	30.605684		68.00
69.00	06900 ELECTROCARDIOLOGY	2.835683		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1.594753		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.460523		90.00
91.00	09100 EMERGENCY	1.173265		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4.009548		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00		4.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	17,326,308		17,326,308	302,799	17,629,107	30.00
31.00	03100 INTENSIVE CARE UNIT	942,232		942,232	0	942,232	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,853,332		6,853,332	93,619	6,946,951	50.00
51.00	05100 RECOVERY ROOM	260,576		260,576	0	260,576	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	340,235		340,235	218,247	558,482	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,800,182		8,800,182	0	8,800,182	54.00
56.00	05600 RADIOISOTOPE	990,511		990,511	0	990,511	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	5,319,999		5,319,999	0	5,319,999	60.00
60.01	06001 BLOOD LABORATORY	786,599		786,599	0	786,599	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	76,082		76,082	0	76,082	62.00
65.00	06500 RESPIRATORY THERAPY	2,010,310	0	2,010,310	0	2,010,310	65.00
66.00	06600 PHYSICAL THERAPY	1,047,225	0	1,047,225	0	1,047,225	66.00
67.00	06700 OCCUPATIONAL THERAPY	109,040	0	109,040	0	109,040	67.00
68.00	06800 SPEECH PATHOLOGY	34,462	0	34,462	0	34,462	68.00
69.00	06900 ELECTROCARDIOLOGY	1,106,797		1,106,797	70,346	1,177,143	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,539,588		7,539,588	0	7,539,588	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	6,669,683		6,669,683	0	6,669,683	90.00
91.00	09100 EMERGENCY	13,793,923		13,793,923	246,185	14,040,108	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,751,218		1,751,218	0	1,751,218	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	75,758,302	0	75,758,302	931,196	76,689,498	200.00
201.00	Less Observation Beds	1,751,218		1,751,218	0	1,751,218	201.00
202.00	Total (see instructions)	74,007,084	0	74,007,084	931,196	74,938,280	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,728,460		9,728,460		30.00
31.00	03100	INTENSIVE CARE UNIT	0		0		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,986,531	8,597,289	10,583,820	0.647529	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	679,328	2,001,736	2,681,064	0.126903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,718	4,330,590	4,573,308	1.924249	54.00
56.00	05600	RADIOISOTOPE	553,913	510,179	1,064,092	0.930851	56.00
57.00	05700	CT SCAN	604,166	3,964,039	4,568,205	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	996	4,974	5,970	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	483,377	848,401	1,331,778	0.000000	59.00
60.00	06000	LABORATORY	1,448,510	6,577,778	8,026,288	0.662822	60.00
60.01	06001	BLOOD LABORATORY	1,252	1,141	2,393	328.708316	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,965	89,114	139,079	0.547042	62.00
65.00	06500	RESPIRATORY THERAPY	10,866	0	10,866	185.009203	65.00
66.00	06600	PHYSICAL THERAPY	15,757	1,013,527	1,029,284	1.017431	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,369	316,679	318,048	0.342841	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,126	1,126	30.605684	68.00
69.00	06900	ELECTROCARDIOLOGY	89,374	325,744	415,118	2.666223	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,279	765,208	821,487	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,609,559	2,118,187	4,727,746	1.594753	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	58,815	14,424,026	14,482,841	0.460523	90.00
91.00	09100	EMERGENCY	931,896	11,034,799	11,966,695	1.152693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,312	423,450	436,762	4.009548	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	19,566,443	57,347,987	76,914,430		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	19,566,443	57,347,987	76,914,430		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910 CORF				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet D Part I Date/Time Prepared: 3/9/2015 1:05 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
Title XVIII		Hospital		PPS			
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,718,048	0	1,718,048	6,332	271.33	30.00
31.00	INTENSIVE CARE UNIT	187,854	0	187,854	0	0.00	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0	0	0	0	0.00	43.00
200.00	Total (lines 30-199)	1,905,902		1,905,902	6,332		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	738	200,242				
31.00	INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	738	200,242				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part II Date/Time Prepared: 3/9/2015 1:05 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,020,565	10,583,820	0.096427	84,824	8,179	50.00
51.00	05100	RECOVERY ROOM	29,738	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	120,498	2,681,064	0.044944	24,304	1,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,646,614	4,573,308	0.360049	107,075	38,552	54.00
56.00	05600	RADIOISOTOPE	64,793	1,064,092	0.060890	59,919	3,648	56.00
57.00	05700	CT SCAN	0	4,568,205	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,970	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,331,778	0.000000	0	0	59.00
60.00	06000	LABORATORY	548,078	8,026,288	0.068285	199,813	13,644	60.00
60.01	06001	BLOOD LABORATORY	28,681	2,393	11.985374	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,620	139,079	0.141071	1,712	242	62.00
65.00	06500	RESPIRATORY THERAPY	229,414	10,866	21.113013	10,866	229,414	65.00
66.00	06600	PHYSICAL THERAPY	67,919	1,029,284	0.065987	2,104	139	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,185	318,048	0.120060	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,551	1,126	10.258437	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	178,628	415,118	0.430307	57,185	24,607	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	821,487	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,681	4,727,746	0.041813	358,953	15,009	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	784,122	14,482,841	0.054141	2,369	128	90.00
91.00	09100	EMERGENCY	980,414	11,966,695	0.081929	110,592	9,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	170,665	436,762	0.390751	0	0	92.00
200.00		Total (Lines 50-199)	6,137,166	67,185,970		1,019,716	343,715	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet D Part III Date/Time Prepared: 3/9/2015 1:05 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,332	0.00	738	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	0	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	6,332		738	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet D  
Part IV  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part IV Date/Time Prepared: 3/9/2015 1:05 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	10,583,820	0.000000	0.000000	84,824	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,681,064	0.000000	0.000000	24,304	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,573,308	0.000000	0.000000	107,075	54.00
56.00	05600 RADIOISOTOPE	0	1,064,092	0.000000	0.000000	59,919	56.00
57.00	05700 CT SCAN	0	4,568,205	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,970	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,331,778	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	8,026,288	0.000000	0.000000	199,813	60.00
60.01	06001 BLOOD LABORATORY	0	2,393	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	139,079	0.000000	0.000000	1,712	62.00
65.00	06500 RESPIRATORY THERAPY	0	10,866	0.000000	0.000000	10,866	65.00
66.00	06600 PHYSICAL THERAPY	0	1,029,284	0.000000	0.000000	2,104	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	318,048	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,126	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	415,118	0.000000	0.000000	57,185	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	821,487	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,727,746	0.000000	0.000000	358,953	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,482,841	0.000000	0.000000	2,369	90.00
91.00	09100 EMERGENCY	0	11,966,695	0.000000	0.000000	110,592	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	436,762	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	67,185,970			1,019,716	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part IV Date/Time Prepared: 3/9/2015 1:05 pm
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Cost Center Description	Title XVIII					Hospital	PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1		
	11.00	12.00	12.01	13.00	13.01		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	74,985	672,159	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	55,661	583,329	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	640	6,770	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	2,215	23,560	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,712	11,489	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	18,667	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,893	103,111	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,521	23,047	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,655	123,560	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	57,033	616,827	0	0	0	90.00
91.00 09100 EMERGENCY	0	56,478	659,539	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	266,793	2,842,058	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part V Date/Time Prepared: 3/9/2015 1:05 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)
	1.00	2.00	2.01	3.00	4.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.647529	74,985	672,159	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.126903	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	1.924249	55,661	583,329	0	0
56.00 05600 RADIOISOTOPE	0.930851	640	6,770	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.662822	2,215	23,560	0	0
60.01 06001 BLOOD LABORATORY	328.708316	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042	1,712	11,489	0	0
65.00 06500 RESPIRATORY THERAPY	185.009203	0	18,667	0	0
66.00 06600 PHYSICAL THERAPY	1.017431	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.342841	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	30.605684	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	2.666223	6,893	103,111	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,521	23,047	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	1.594753	7,655	123,560	0	0
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 09000 CLINIC	0.460523	57,033	616,827	0	0
91.00 09100 EMERGENCY	1.152693	56,478	659,539	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4.009548	0	0	0	0
200.00 Subtotal (see instructions)		266,793	2,842,058	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0
202.00 Net Charges (line 200 +/- line 201)		266,793	2,842,058	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D Part V Date/Time Prepared: 3/9/2015 1:05 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	48,555	435,242	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	107,106	1,122,470	0	0		54.00
56.00 05600 RADIOISOTOPE	596	6,302	0	0		56.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	1,468	15,616	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	937	6,285	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	0	3,453,567	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	18,378	274,917	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,208	197,048	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	26,265	284,063	0	0		90.00
91.00 09100 EMERGENCY	65,102	760,246	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00 Subtotal (see instructions)	280,615	6,555,756	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	280,615	6,555,756	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 3/9/2015 1:05 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,332	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		2,481	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,222	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		738	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,629,107	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		17,629,107	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		1,218,008	28.00
29.00	Private room charges (excluding swing-bed charges)		435,843	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		782,165	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		14.473720	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		175.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		242.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,629,107	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		2,784.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,054,688	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,054,688	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D-1 Date/Time Prepared: 3/9/2015 1:05 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	942,232	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,333,827
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,388,515
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					200,242
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					343,715
52.00 Total Program excludable cost (sum of lines 50 and 51)					543,957
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,844,558
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					629
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					2,784.13
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,751,218

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140300		Period: From 12/01/2012 To 11/30/2013		Worksheet D-1 Date/Time Prepared: 3/9/2015 1:05 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,718,048	17,629,107	0.097455	1,751,218	170,665	90.00
91.00	Nursing School cost	0	17,629,107	0.000000	1,751,218	0	91.00
92.00	Allied health cost	0	17,629,107	0.000000	1,751,218	0	92.00
93.00	All other Medical Education	0	17,629,107	0.000000	1,751,218	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet D-3 Date/Time Prepared: 3/9/2015 1:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,276,319	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.656375	84,824	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.208306	24,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.924249	107,075	54.00
56.00	05600	RADIOISOTOPE	0.930851	59,919	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.662822	199,813	60.00
60.01	06001	BLOOD LABORATORY	328.708316	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042	1,712	62.00
65.00	06500	RESPIRATORY THERAPY	185.009203	10,866	65.00
66.00	06600	PHYSICAL THERAPY	1.017431	2,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342841	0	67.00
68.00	06800	SPEECH PATHOLOGY	30.605684	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2.835683	57,185	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.594753	358,953	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.460523	2,369	90.00
91.00	09100	EMERGENCY	1.173265	110,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4.009548	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,019,716	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,019,716	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		623,846		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		95,063		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		0		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		111.28		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		11.59		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.59		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.42		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		9.42		12.00
13.00	Total allowable FTE count for the prior year.		8.77		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		8.28		14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.82		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		8.82		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.079260		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.088220		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.079260		21.00
22.00	IME payment adjustment (see instructions)		30,449		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.17		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment ( sum of lines 22 and 28)		30,449		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.58		30.00
31.00	Percentage of Medicaid patient days (see instructions)		55.99		31.00
32.00	Sum of lines 30 and 31		71.57		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		48.26	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		312,537		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)				0 35.00
35.01	Factor 3 (see instructions)				0.000000000 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				824,187 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				137,741 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		137,741		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)				41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		1,199,636		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		1,199,636		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		76,007		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		49,286		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		1,324,929		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		1,324,929		61.00
62.00	Deductibles billed to program beneficiaries		155,924		62.00
63.00	Coinurance billed to program beneficiaries		0		63.00
64.00	Allowable bad debts (see instructions)		71,796		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		46,667		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	Hospital 1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		1,215,672			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-20			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-4,520			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		1,211,132			71.00
71.01	Sequestration adjustment (see instructions)		16,229			71.01
72.00	Interim payments		1,094,410			72.00
73.00	Tentative settlement (for contractor use only)		0			73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		100,493			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		39,175			75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part B Date/Time Prepared: 3/9/2015 1:05 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		280,615	2.00
3.00	PPS payments		83,206	3.00
4.00	Outlier payment (see instructions)		18,235	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,163,874	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		279,473	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		884,401	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		62,528	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		946,929	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		946,929	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		101,728	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		66,123	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		8,440	36.00
37.00	Subtotal (see instructions)		1,013,052	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,013,052	40.00
40.01	Sequestration adjustment (see instructions)		13,575	40.01
41.00	Interim payments		997,877	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1,600	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		984,287		980,659	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/11/2013	136,727	07/24/2014	17,884	3.01	
3.02		07/24/2014	18,874		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	05/28/2013	45,478	05/28/2013	180	3.50	
3.51			0	11/11/2013	486	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		110,123		17,218	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,094,410		997,877	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		100,493		1,600	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,194,903		999,477	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet E-1  
Part II  
Date/Time Prepared:  
3/9/2015 1:05 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,409 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			738 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			44 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			5,703 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			76,914,430 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,468,718 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			370,386 8.00
9.00	Sequestration adjustment amount (see instructions)			7,408 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			362,978 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			362,978 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E-4 Date/Time Prepared: 3/9/2015 1:05 pm	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			11.59	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.59	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.42	6.00
7.00	Enter the lesser of line 5 or line 6			9.42	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.18	7.24	8.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.18	7.24	8.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.18	7.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.29	3.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.79	3.70		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	3.79	3.70		17.00
18.00	Per resident amount	115,910.64	103,425.02		18.00
19.00	Approved amount for resident costs	439,301	382,673	821,974	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			821,974	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	738	44		26.00
27.00	Total Inpatient Days (see instructions)	5,703	5,703		27.00
28.00	Ratio of inpatient days to total inpatient days	0.129406	0.007715		28.00
29.00	Program direct GME amount	106,368	6,342		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		896		30.00
31.00	Net Program direct GME amount			111,814	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E-4 Date/Time Prepared: 3/9/2015 1:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		5,388,515	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		5,388,515	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		6,836,371	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		6,836,371	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		12,224,886	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.440782	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.559218	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		111,814	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		49,286	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		62,528	50.00

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

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet G

Date/Time Prepared:  
3/9/2015 1:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	114,506,579	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	19,929,964	0	0	0	4.00
5.00	Other receivable	32,693,437	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,152,573	0	0	0	6.00
7.00	Inventory	338,565	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	150,315,972	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	50,676,989	0	0	0	15.00
16.00	Accumulated depreciation	-29,223,910	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	20,950	0	0	0	19.00
20.00	Accumulated depreciation	-20,950	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	12,842,287	0	0	0	23.00
24.00	Accumulated depreciation	-9,249,587	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-1,220,484	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	23,825,295	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	174,141,267	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	49,046,909	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,680,007	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,738,965	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,367,278	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,367,278	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	54,106,243	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	120,035,024				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	120,035,024	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	174,141,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provi der CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet G-1

Date/Time Prepared:  
3/9/2015 1:05 pm

		General Fund		Speci al Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		123,344,806		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,309,782				2.00
3.00	Total (sum of line 1 and line 2)		120,035,024		0		3.00
4.00	Addi tions (credit adjustments) (speci fy)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		120,035,024		0		11.00
12.00	Deducti ons (debit adjustments) (speci fy)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		120,035,024		0		19.00
		Endowment Fund		Pl ant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Addi tions (credit adjustments) (speci fy)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deducti ons (debit adjustments) (speci fy)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
3/9/2015 1:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	9,728,460		9,728,460	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,728,460		9,728,460	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,728,460		9,728,460	17.00
18.00	Ancillary services	8,833,960	31,465,712	40,299,672	18.00
19.00	Outpatient services	1,004,023	25,882,275	26,886,298	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	19,566,443	57,347,987	76,914,430	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		57,726,542		29.00
30.00	SENGSTACKE CLINIC COST	2,570,186			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		2,570,186		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		60,296,728		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140300

Period:  
From 12/01/2012  
To 11/30/2013

Worksheet G-3

Date/Time Prepared:  
3/9/2015 1:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	76,914,430	1.00
2.00	Less contractual allowances and discounts on patients' accounts	42,965,931	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,948,499	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,296,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,348,229	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	320	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	172,564	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	213,535	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	21,033,704	23.00
24.00	EHR INCENTIVES	1,624,499	24.00
25.00	Total other income (sum of lines 6-24)	23,044,622	25.00
26.00	Total (line 5 plus line 25)	-3,303,607	26.00
27.00	MISCELLANEOUS	6,175	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,175	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,309,782	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet L Parts I-III Date/Time Prepared: 3/9/2015 1:05 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		57,208	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		15.62	3.00
4.00	Number of interns & residents (see instructions)		8.82	4.00
5.00	Indirect medical education percentage (see instructions)		17.27	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		9,880	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		55.99	8.00
9.00	Sum of lines 7 and 8		71.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.59	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		8,919	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		76,007	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00