

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: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/23/2015 10:03 am
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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: 2/23/2015 Time: 10:03 am
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 NORTHSHORE UNIVERSITY HEALTHSYSTEM (140010) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,405,862	31,537	37,300	0	1.00
2.00 Subprovider - IPF	0	81,457	0		0	2.00
3.00 Subprovider - IRF	0	138,887	16		0	3.00
4.00 SUBPROVIDER (SPECIFY)	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	4,626,206	31,553	37,300	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-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/23/2015 8:50 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 2650 RIDGE AVENUE	3.00 PO Box:	4.00 State: IL	5.00 Zip Code: 60201	6.00 County: COOK	7.00	8.00	9.00	10.00
2.00 City: EVANSTON	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	NORTHSHORE UNIVERSITY HEALTHSYSTEM	140010	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCHIATRY UNIT	14S010	16974	4	10/01/1983	N	P	O	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T010	16974	5	10/01/1983	N	P	O	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	TRANSITIONAL CARE CENTER	145855	16974		11/27/1995	N	N	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HOME HEALTH	147001	16974		01/01/1966	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	141522	16974		07/01/1979				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	RENAL DIALYSIS	142300	16974		10/01/1997				18.00
18.01		HPH RENAL DIALYSIS	142336	29404		03/05/2008				18.01
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2013	09/30/2014	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(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)		N	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 days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	17,002	6,048	0	21	424	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.	440	151	0	0	7		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/23/2015 8:50 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	
Teaching Hospitals						
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)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-2
Part I
Date/Time Prepared:
2/23/2015 8:50 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
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
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/23/2015 8:50 am		
		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	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		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)			Y	N 0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		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)			Y	N 0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/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	95.00

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00	97.00		
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)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	3,107,137	38,216,107	20,000		
		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.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/23/2015 8:50 am				
		1.00	2.00					
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00			
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:	Contractor's Name:		Contractor's Number:				
142.00	Street:	PO Box:						
143.00	City:	State:		Zip Code:				
				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.	N			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 1.00	Part B 2.00	Title V 3.00	Title XIX 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 (SPECIFY)					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		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	Y			165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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	EVANSTON HOSPITAL	COOK	IL	60201	16974	2,132.00	166.00
166.01		GLENBROOK HOSPITAL	COOK	IL	60026	16974	865.00	166.01
166.02		HIGHLAND PARK HOSPITAL	LAKE	IL	60035	29404	807.00	166.02
166.03		SKOKIE HOSPITAL	COOK	IL	60076	16974	705.00	166.03
				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	168.00		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25	169.00		
				Beginning 1.00	Ending 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)	10/01/2013		09/30/2014		170.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/23/2015 8:50 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
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.	Y			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.	Y			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-2
Part II
Date/Time Prepared:
2/23/2015 8:50 am

	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.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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
Interest Expense					
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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
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
Home Office Costs					
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
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARIA MONET		ABERIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5128		MABERIN@NORTHSHORE.ORG	43.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2015 8:50 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	599	225,935	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)		599	225,935	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	71	27,010	0.00	0	8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	31.01	44	16,060	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	0.00	0	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)		745	280,320	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	34	12,410		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER (SPECIFY)	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		801				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)		7	2,555			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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2015 8:50 am

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)	65,544	11,227	125,138			1.00
2.00 HMO and other (see instructions)	5,513	424				2.00
3.00 HMO IPF Subprovider	229	331				3.00
4.00 HMO IRF Subprovider	156	7				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	65,544	11,227	125,138			7.00
8.00 INTENSIVE CARE UNIT	9,587	1,399	17,290			8.00
8.01 INFANT SPECIAL CARE UNIT (ISCU)	0	7,689	12,717			8.01
9.00 CORONARY CARE UNIT	88	140	1,354			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		2,533	10,401			13.00
14.00 Total (see instructions)	75,219	22,988	166,900	195.66	5,569.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,193	799	9,950	3.54	64.00	16.00
17.00 SUBPROVIDER - IRF	3,346	591	5,805	1.00	27.00	17.00
18.00 SUBPROVIDER (SPECIFY)	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	58,637	1,090	72,490	0.00	103.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	36.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				200.20	5,799.00	27.00
28.00 Observation Bed Days		1,687	18,411			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)	1	83	491			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			27			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part I
Date/Time Prepared:
2/23/2015 8:50 am

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	16,667	2,663	35,870	1.00
2.00 HMO and other (see instructions)			1,162	620		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
8.01 INFANT SPECIAL CARE UNIT (ISCU)						8.01
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	16,667	2,663	35,870	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	303	167	1,753	16.00
17.00 SUBPROVIDER - IRF	0.00	0	245	27	447	17.00
18.00 SUBPROVIDER (SPECIFY)	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/23/2015 8:50 am

	Worksheet A Line Number	Amount Reported	Reclassification 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	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	481,429,615	0	481,429,615	12,061,209.00	39.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		13,244,271	0	13,244,271	75,603.00	175.18
4.01	Physicians - Part A - Teaching		9,490,219	0	9,490,219	56,022.00	169.40
5.00	Physician-Part B		7,740,590	0	7,740,590	148,439.00	52.15
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		15,702,812	0	15,702,812	419,806.00	37.40
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		46,853,361	-321,326	46,532,035	880,016.00	52.88
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		20,450,437	0	20,450,437	632,390.00	32.34
12.00	Contract labor: Top level management and other management and administrative services		3,273,808	0	3,273,808	64,218.00	50.98
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		122,988,894	0	122,988,894		
18.00	Wage-related costs (other) (see instructions)		5,146,503	0	5,146,503		
19.00	Excluded areas		12,022,849	0	12,022,849		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		2,427,677	0	2,427,677		
22.01	Physician Part A - Teaching		1,750,069	0	1,750,069		
23.00	Physician Part B		2,011,646	0	2,011,646		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	8,829,380	0	8,829,380	205,758.00	42.91
27.00	Administrative & General	5.00	108,826,202	-24,766,017	84,060,185	1,335,898.00	62.92
28.00	Administrative & General under contract (see inst.)		20,980,654	0	20,980,654	231,361.00	90.68
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	393,599	0	393,599	7,393.00	53.24
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		11,264,367	0	11,264,367	578,687.00	19.47
34.00	Dietary	10.00	194,034	0	194,034	5,166.00	37.56
35.00	Dietary under contract (see instructions)		8,684,380	0	8,684,380	412,625.00	21.05
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,991,137	0	5,991,137	143,288.00	41.81
39.00	Central Services and Supply	14.00	3,700,292	0	3,700,292	204,368.00	18.11
40.00	Pharmacy	15.00	15,246,024	38,944	15,284,968	383,382.00	39.87

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part II
Date/Time Prepared:
2/23/2015 8:50 am

	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)	Pai d Hours Rel ated to Sal ari es in col . 4	Average Hourl y 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	4,250,101	0	4,250,101	159,810.00	26.59	41.00
42.00	Soci al Servi ce	17.00	3,997,804	0	3,997,804	109,095.00	36.65	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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part III
Date/Time Prepared:
2/23/2015 8:50 am

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	489,425,395	0	489,425,395	12,659,615.00	38.66	1.00
2.00	Excluded area salaries (see instructions)	46,853,361	-321,326	46,532,035	880,016.00	52.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	442,572,034	321,326	442,893,360	11,779,599.00	37.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	23,724,245	0	23,724,245	696,608.00	34.06	4.00
5.00	Subtotal wage-related costs (see inst.)	130,563,074	0	130,563,074	0.00	29.48	5.00
6.00	Total (sum of lines 3 thru 5)	596,859,353	321,326	597,180,679	12,476,207.00	47.87	6.00
7.00	Total overhead cost (see instructions)	192,357,974	-24,727,073	167,630,901	3,776,831.00	44.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/23/2015 8:50 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		44,332,842	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		29,968,419	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		1,479,923	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		60,124,145	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		18,472	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		1,016,546	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)		2,334,554	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		3,779,374	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
TAXES				
17.00	FICA-Employers Portion Only		29,759,987	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		1,164,525	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		-36,272,547	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		3,494,896	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		141,201,136	24.00
Part B - Other than Core Related Cost				
25.00	MALPRACTICE		5,146,503	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-3
Part V
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	20,450,437	141,201,135	1.00
2.00	Hospital	20,450,437	122,988,894	2.00
3.00	Subprovider - IPF	0	1,813,096	3.00
4.00	Subprovider - IRF	0	771,481	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	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	2,940,799	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	1,023,560	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	441,370	17.00
18.00	Other	0	11,221,935	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140010 Component CCN: 147001		Period: From 10/01/2013 To 09/30/2014		Worksheet S-4 Date/Time Prepared: 2/23/2015 8:50 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK COUNTY AND LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,832	0	162	3,994	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	3,277.00	116.00	2,043.00	5,436.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.08	0.00	1.08	3.00
4.00	Director(s) and Assistant Director(s)			0.30	0.00	0.30	4.00
5.00	Other Administrative Personnel			35.15	0.00	35.15	5.00
6.00	Direct Nursing Service			41.62	0.00	41.62	6.00
7.00	Nursing Supervisor			2.93	0.00	2.93	7.00
8.00	Physical Therapy Service			24.39	0.00	24.39	8.00
9.00	Physical Therapy Supervisor			0.65	0.00	0.65	9.00
10.00	Occupational Therapy Service			2.47	0.00	2.47	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.44	0.00	0.44	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.92	0.00	1.92	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	DME & MED REC TEACHERS, CLINICAL PR			2.00	0.00	2.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			20.00
20.01				29404			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	27,041	92	1,372	656	29,161	21.00
22.00	Skilled Nursing Visit Charges	5,156,785	18,480	204,544	122,011	5,501,820	22.00
23.00	Physical Therapy Visits	23,424	18	607	553	24,602	23.00
24.00	Physical Therapy Visit Charges	4,701,280	3,780	96,181	109,620	4,910,861	24.00
25.00	Occupational Therapy Visits	2,413	0	9	32	2,454	25.00
26.00	Occupational Therapy Visit Charges	503,370	0	1,680	6,720	511,770	26.00
27.00	Speech Pathology Visits	340	0	1	1	342	27.00
28.00	Speech Pathology Visit Charges	74,698	0	221	221	75,140	28.00
29.00	Medical Social Service Visits	488	0	16	21	525	29.00
30.00	Medical Social Service Visit Charges	122,724	0	3,780	5,292	131,796	30.00
31.00	Home Health Aide Visits	1,503	21	0	29	1,553	31.00
32.00	Home Health Aide Visit Charges	196,680	2,772	0	3,828	203,280	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	55,209	131	2,005	1,292	58,637	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	10,755,537	25,032	306,406	247,692	11,334,667	35.00
36.00	Total Number of Episodes (standard/non outlier)	3,600		556	105	4,261	36.00
37.00	Total Number of Outlier Episodes		4		1	5	37.00
38.00	Total Non-Routine Medical Supply Charges	59,722	96	5,893	1,247	66,958	38.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-5

Date/Time Prepared:
2/23/2015 8:50 am

		Outpatient		Training		Home			
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00	5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	146	0	0	0	0	60	1.00	
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	3.00	7.00	2.00	
3.00	Average patient dialysis time including setup	4.00	0.00	0.00	0.00			3.00	
4.00	CAPD exchanges per day				0.00		0.00	4.00	
5.00	Number of days in year dialysis furnished	313	0					5.00	
6.00	Number of stations	20	0	0	0			6.00	
7.00	Treatment capacity per day per station	3	0					7.00	
8.00	Utilization (see instructions)	0.75	0.00					8.00	
9.00	Average times dialyzers re-used	0.00	0.00					9.00	
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00	
							Y/N		
							1.00		
ESRD PPS									
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N		10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						N		10.02
							Prior to 1/1	After 12/31	
							1.00	2.00	
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						3	4	10.03
TRANSPLANT INFORMATION									
11.00	Number of patients on transplant list						8		11.00
12.00	Number of patients transplanted during the cost reporting period						4		12.00
EPOETIN									
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00
16.00	Number of EPO units furnished relating to the home dialysis department								16.00
ARANESP									
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00
							MCP	INITIAL METHOD	
							1.00	2.00	
PHYSICIAN PAYMENT METHOD									
21.00	Enter "X" if method(s) is applicable						X		21.00
	ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.				
		1.00	2.00	3.00	4.00	5.00			
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)	ERYTHROPOI E I I N	283,813	0	210,700	0		22.00	
22.01		I N J D A R B E P O E T I N A L F A	555,894	0	145,142	0		22.01	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-7

Date/Time Prepared:
2/23/2015 8:50 am

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-7

Date/Time Prepared:
2/23/2015 8:50 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).					201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140010
Component CCN: 141522

Period:
From 10/01/2013
To 09/30/2014

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/23/2015 8:50 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	27,046	1,568	0	0	2,745	31,359	2.00
3.00	Inpatient Respite Care	104	0	0	0	12	116	3.00
4.00	General Inpatient Care	2,836	327	0	0	663	3,826	4.00
5.00	Total Hospice Days	29,986	1,895	0	0	3,420	35,301	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	925	76	0	0	96	1,097	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	32.42	24.93	0.00	0.00	35.63	32.18	8.00
9.00	Unduplicated Census Count	934	76	0	0	85	1,095	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/23/2015 8:50 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.275734		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		49,209,565		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		285,756,208		6.00
7.00	Medicaid cost (line 1 times line 6)		78,792,702		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)		29,583,137		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		29,583,137		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	53,335,267	10,956,019	64,291,286	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	14,706,347	3,020,947	17,727,294	21.00
22.00	Partial payment by patients approved for charity care	580,649	962,004	1,542,653	22.00
23.00	Cost of charity care (line 21 minus line 22)	14,125,698	2,058,943	16,184,641	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			60,538,045	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			3,114,309	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			57,423,736	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			15,833,676	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			32,018,317	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			61,601,454	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet A		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		69,862,043	69,862,043	0	69,862,043	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		42,304,980	42,304,980	0	42,304,980	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,829,380	15,715,082	24,544,462	-8,269	24,536,193	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	108,826,202	182,748,841	291,575,043	-36,625,804	254,949,239	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	393,599	49,208,413	49,602,012	-4	49,602,008	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,617,901	3,617,901	0	3,617,901	8.00
9.00	00900	HOUSEKEEPING	0	13,224,166	13,224,166	-549	13,223,617	9.00
10.00	01000	DIETARY	194,034	12,520,872	12,714,906	-1,294	12,713,612	10.00
11.00	01100	CAFETERIA	0	4,671,893	4,671,893	0	4,671,893	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,991,137	1,764,191	7,755,328	-99	7,755,229	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,700,292	9,321,030	13,021,322	-4,844,261	8,177,061	14.00
15.00	01500	PHARMACY	15,246,024	123,786,006	139,032,030	2,416,799	141,448,829	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,250,101	2,183,402	6,433,503	0	6,433,503	16.00
17.00	01700	SOCIAL SERVICE	3,997,804	2,787,573	6,785,377	0	6,785,377	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	31,386,305	22,430,226	53,816,531	-9,197,400	44,619,131	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	1,298,612	388,765	1,687,377	-48,841	1,638,536	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	45,676	20,856	66,532	152,151	218,683	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	565,484	212,019	777,503	0	777,503	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,346,669	18,414,407	69,761,076	2,545,570	72,306,646	30.00
31.00	03100	INTENSIVE CARE UNIT	13,876,690	5,113,199	18,989,889	-314,230	18,675,659	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	7,400,431	2,393,110	9,793,541	-32,205	9,761,336	31.01
32.00	03200	CORONARY CARE UNIT	735,864	294,692	1,030,556	-1,278	1,029,278	32.00
40.00	04000	SUBPROVIDER - I/PF	4,233,807	1,193,464	5,427,271	-36,410	5,390,861	40.00
41.00	04100	SUBPROVIDER - I/RF	1,668,301	553,780	2,222,081	-3,589	2,218,492	41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	3,499,592	3,499,592	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,392,381	73,170,642	91,563,023	-60,369,424	31,193,599	50.00
51.00	05100	RECOVERY ROOM	3,931,606	1,379,666	5,311,272	-110,104	5,201,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,611,227	2,981,383	9,592,610	-2,548,313	7,044,297	52.00
53.00	05300	ANESTHESIOLOGY	2,158,457	3,529,450	5,687,907	-1,477,138	4,210,769	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,456,803	14,553,267	38,010,070	-6,452,253	31,557,817	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,117,942	2,833,829	6,951,771	-60,747	6,891,024	55.00
56.00	05600	RADIOISOTOPE	3,255,372	2,917,027	6,172,399	-47,516	6,124,883	56.00
57.00	05700	CT SCAN	3,221,324	2,645,155	5,866,479	-389,067	5,477,412	57.00
58.00	05800	MRI	3,683,153	3,046,078	6,729,231	-838,769	5,890,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,483,535	10,370,397	12,853,932	-9,205,385	3,648,547	59.00
60.00	06000	LABORATORY	19,877,967	27,427,105	47,305,072	-74,329	47,230,743	60.00
60.01	06001	VASCULAR LAB	1,444,141	513,087	1,957,228	-18,231	1,938,997	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,120,365	2,239,232	3,359,597	-1,343,441	2,016,156	63.00
64.00	06400	INTRAVENOUS THERAPY	1,831,387	1,329,114	3,160,501	-528,587	2,631,914	64.00
65.00	06500	RESPIRATORY THERAPY	5,042,583	3,048,816	8,091,399	-25,510	8,065,889	65.00
66.00	06600	PHYSICAL THERAPY	16,681,096	6,372,721	23,053,817	-352,734	22,701,083	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,428,576	668,847	3,097,423	-19,945	3,077,478	67.00
68.00	06800	SPEECH PATHOLOGY	884,320	239,132	1,123,452	-939	1,122,513	68.00
69.00	06900	ELECTROCARDIOLOGY	4,245,630	5,944,518	10,190,148	-4,489,959	5,700,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,327,862	594,177	1,922,039	-5,309	1,916,730	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	25,971,581	25,971,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	64,164,110	64,164,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,812,420	3,856,986	5,669,406	0	5,669,406	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,970,464	2,161,614	8,132,078	-25,739	8,106,339	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	535,424	156,612	692,036	-173	691,863	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	23,556,274	33,197,248	56,753,522	50,132,327	106,885,849	90.00
91.00	09100	EMERGENCY	17,762,991	6,442,979	24,205,970	-1,887,542	22,318,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION	2,568,422	849,791	3,418,213	-5,719	3,412,494	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,975,023	5,220,804	13,195,827	0	13,195,827	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,119,024	7,119,024	-7,119,024	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
116.00	11600	HOSPICE	2,899,363	4,175,768	7,075,131	0	7,075,131	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	453,262,520	813,715,380	1,266,977,900	372,000	1,267,349,900	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	28,167,095	39,005,759	67,172,854	-372,000	66,800,854	193.01
200.00		TOTAL (SUM OF LINES 118-199)	481,429,615	852,721,139	1,334,150,754	0	1,334,150,754	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	69,862,043	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	42,304,980	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-192,629	24,343,564	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-62,303,721	192,645,518	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,391,662	48,210,346	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,617,901	8.00
9.00	00900	HOUSEKEEPING	-52	13,223,565	9.00
10.00	01000	DIETARY	-151,822	12,561,790	10.00
11.00	01100	CAFETERIA	-4,173,422	498,471	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-378	7,754,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,177,061	14.00
15.00	01500	PHARMACY	-1,145,984	140,302,845	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-15,809	6,417,694	16.00
17.00	01700	SOCIAL SERVICE	-302	6,785,075	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-9,062,046	35,557,085	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	-174	1,638,362	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	-147,583	71,100	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	-777,503	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-285,774	72,020,872	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,675,659	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	9,761,336	31.01
32.00	03200	CORONARY CARE UNIT	0	1,029,278	32.00
40.00	04000	SUBPROVIDER - I PF	-68,740	5,322,121	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,218,492	41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0	42.00
43.00	04300	NURSERY	0	3,499,592	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-9,641	31,183,958	50.00
51.00	05100	RECOVERY ROOM	-42	5,201,126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-25	7,044,272	52.00
53.00	05300	ANESTHESIOLOGY	-207,617	4,003,152	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-824,935	30,732,882	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-243,885	6,647,139	55.00
56.00	05600	RADIOISOTOPE	-163,805	5,961,078	56.00
57.00	05700	CT SCAN	0	5,477,412	57.00
58.00	05800	MRI	-40,000	5,850,462	58.00
59.00	05900	CARDIAC CATHETERIZATION	-285,730	3,362,817	59.00
60.00	06000	LABORATORY	-2,494,369	44,736,374	60.00
60.01	06001	VASCULAR LAB	-14,571	1,924,426	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,016,156	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,631,914	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,065,889	65.00
66.00	06600	PHYSICAL THERAPY	-291,350	22,409,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,077,478	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,122,513	68.00
69.00	06900	ELECTROCARDIOLOGY	-76,111	5,624,078	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-40	1,916,690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	25,971,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,164,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,669,406	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	8,106,339	75.00
76.00	03950	BLANK	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-90,808	601,055	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-3,092,952	103,792,897	90.00
91.00	09100	EMERGENCY	-199,423	22,119,005	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION	-19	3,412,475	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-3,259	13,192,568	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-323	7,074,808	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-87,756,506	1,179,593,394	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	26,162,474	26,162,474	191.00
193.01	19301	NON-ALLOWABLE COST	0	66,800,854	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-61,594,032	1,272,556,722	200.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
Date/Time Prepared:
2/23/2015 8:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	3,251,287	248,305	1.00
2.00		0.00	0	0	2.00
			3,251,287	248,305	
B - TRANSPORTATION RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	0	3,925,979	1.00
			0	3,925,979	
C - LDRP ROOM CHARGES RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	1,083,547	125,518	1.00
			1,083,547	125,518	
D - IMPLANT DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	64,164,110	1.00
			0	64,164,110	
E - INTEREST EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,119,024	1.00
			0	7,119,024	
G - PROVIDER BASED RECLASS					
1.00	CLINIC	90.00	33,200,381	20,135,041	1.00
			33,200,381	20,135,041	
H - TEACHING PHYSICIAN RECLASS (I & R)					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,516,482	351,804	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
			2,516,482	351,804	
I - ADMIN PHYSICIAN RECLASS (I & R)					
1.00	ADMINISTRATIVE & GENERAL	5.00	8,610,839	1,203,795	1.00
			8,610,839	1,203,795	
J - GROUP STIPEND RECLASS					
1.00	LABORATORY	60.00	4,142,940	0	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
			4,142,940	0	
K - PHARMACY RECLASS					
1.00	PHARMACY	15.00	0	2,395,449	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,145	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	158	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
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
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-6
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	2,400,752	
L - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	90,135,691	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
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
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
0			0	90,135,691	
M - PHYSICIAN SALARY RECLASS					
1.00	NON-ALLOWABLE COST	193.01	3,870,569	0	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
0			3,870,569	0	
N - PARAMED - MEDICAL TECH EXPENSE					
1.00	PARAMED ED PRGM-MEDICAL TECH	23.01	121,298	30,853	1.00
2.00		0.00	0	0	2.00
0			121,298	30,853	
O - ALLOWABLE PHYSICIAN PART A					
1.00	ADULTS & PEDIATRICS	30.00	352,713	0	1.00
0			352,713	0	
P - PHARMACY RESIDENCY					
1.00	PHARMACY	15.00	38,944	9,897	1.00
TOTALS			38,944	9,897	
500.00	Grand Total: Increases		57,189,000	189,850,769	500.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
From 10/01/2013
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Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	2,213,786	129,068	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,037,501	119,237	0		2.00
			3,251,287	248,305			
B - TRANSPORTATION RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,925,979	0		1.00
			0	3,925,979			
C - LDRP ROOM CHARGES RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,083,547	125,518	0		1.00
			1,083,547	125,518			
D - IMPLANT DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	64,164,110	0		1.00
			0	64,164,110			
E - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	7,119,024	0		1.00
			0	7,119,024			
G - PROVIDER BASED RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	33,200,381	20,135,041	0		1.00
			33,200,381	20,135,041			
H - TEACHING PHYSICIAN RECLASS (I & R)							
1.00	ADMINISTRATIVE & GENERAL	5.00	126,467	17,680	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	99,494	13,909	0		2.00
3.00	SUBPROVIDER - IPF	40.00	31,680	4,429	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	174,668	24,419	0		4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	52,395	7,325	0		5.00
6.00	RADIOISOTOPE	56.00	36,121	5,050	0		6.00
7.00	LABORATORY	60.00	1,882,003	263,104	0		7.00
8.00	VASCULAR LAB	60.01	15,807	2,210	0		8.00
9.00	PHYSICAL THERAPY	66.00	61,305	8,570	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	5,568	778	0		10.00
11.00	CLINIC	90.00	30,974	4,330	0		11.00
			2,516,482	351,804			
I - ADMIN PHYSICIAN RECLASS (I & R)							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	8,610,839	1,203,795	0		1.00
			8,610,839	1,203,795			
J - GROUP STIPEND RECLASS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	100,000	0	0		1.00
2.00	CLINIC	90.00	1,751	0	0		2.00
3.00	OPERATING ROOM	50.00	151,333	0	0		3.00
4.00	NON-ALLOWABLE COST	193.01	3,889,856	0	0		4.00
			4,142,940	0			
K - PHARMACY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,269	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,055	0		2.00
3.00	OPERATION OF PLANT	7.00	0	3	0		3.00
4.00	DIETARY	10.00	0	1,294	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	163	0		5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	272	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	267	0		7.00
8.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	11,997	0		8.00
9.00	OPERATING ROOM	50.00	0	47,265	0		9.00
10.00	RECOVERY ROOM	51.00	0	6,803	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,338,974	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,131	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	421	0		13.00
14.00	RADIOISOTOPE	56.00	0	3,789	0		14.00
15.00	CT SCAN	57.00	0	244,450	0		15.00
16.00	MRI	58.00	0	241,414	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	35,868	0		17.00
18.00	LABORATORY	60.00	0	11,066	0		18.00
19.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	32,228	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	5,476	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	7,720	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	6,571	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	225	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	7,560	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	3	0		25.00
26.00	ASC (NON-DISTINCT PART)	75.00	0	395	0		26.00

RECLASSIFICATIONS

Provider CCN: 140010

Period:
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Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
27.00	CARDIAC REHABILITATION	76.97	0	19	0	27.00
28.00	CLINIC	90.00	0	247,203	0	28.00
29.00	EMERGENCY	91.00	0	33,849	0	29.00
30.00	OBSERVATION	92.01	0	2	0	30.00
0			0	2,400,752		
L - MEDICAL SUPPLIES RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,830	0	1.00
2.00	OPERATION OF PLANT	7.00	0	1	0	2.00
3.00	HOUSEKEEPING	9.00	0	549	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	99	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	918,119	0	5.00
6.00	PHARMACY	15.00	0	27,491	0	6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	58	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	491,075	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	313,963	0	9.00
10.00	INFANT SPECIAL CARE UNIT (ISCU)	31.01	0	20,208	0	10.00
11.00	CORONARY CARE UNIT	32.00	0	1,278	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	301	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	3,589	0	13.00
14.00	OPERATING ROOM	50.00	0	60,170,826	0	14.00
15.00	RECOVERY ROOM	51.00	0	103,301	0	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	182,668	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	138,164	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,148,035	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	606	0	19.00
20.00	RADIOISOTOPE	56.00	0	2,556	0	20.00
21.00	CT SCAN	57.00	0	144,617	0	21.00
22.00	MRI	58.00	0	597,355	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	9,169,517	0	23.00
24.00	LABORATORY	60.00	0	1,947,386	0	24.00
25.00	VASCULAR LAB	60.01	0	214	0	25.00
26.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,272,772	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	0	523,111	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	17,790	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	276,288	0	29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	19,720	0	30.00
31.00	SPEECH PATHOLOGY	68.00	0	939	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	4,476,053	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,306	0	33.00
34.00	ASC (NON-DIAGNOSTIC PART)	75.00	0	25,344	0	34.00
35.00	CARDIAC REHABILITATION	76.97	0	154	0	35.00
36.00	CLINIC	90.00	0	2,803,427	0	36.00
37.00	EMERGENCY	91.00	0	299,264	0	37.00
38.00	OBSERVATION	92.01	0	5,717	0	38.00
0			0	90,135,691		
M - PHYSICIAN SALARY RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	50,008	0	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,150,722	0	0	2.00
3.00	CLINIC	90.00	115,410	0	0	3.00
4.00	EMERGENCY	91.00	1,554,429	0	0	4.00
0			3,870,569	0		
N - PARAMED - MEDICAL TECH EXPENSE						
1.00	LABORATORY	60.00	90,653	23,057	0	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	30,645	7,796	0	2.00
0			121,298	30,853		
O - ALLOWABLE PHYSICIAN PART A						
1.00	NON-ALLOWABLE COST	193.01	352,713	0	0	1.00
0			352,713	0		
P - PHARMACY RESIDENCY						
1.00	PARAMED PRGM-PHARMACY	23.00	38,944	9,897	0	1.00
TOTALS			38,944	9,897		
500.00	Grand Total: Decreases		57,189,000	189,850,769		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
	1.00	2.00	3.00	4.00	5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	61,651,668	8,296,000	0	8,296,000	0	1.00
2.00	Land Improvements	34,546,924	4,280	0	4,280	163,188	2.00
3.00	Buildings and Fixtures	1,300,015,327	70,122,532	0	70,122,532	16,470,609	3.00
4.00	Building Improvements	62,815,260	463,138	0	463,138	376,248	4.00
5.00	Fixed Equipment	455,512,137	15,396,571	0	15,396,571	84,078,919	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	60,229,960	16,319,226	0	16,319,226	31,760,375	7.00
8.00	Subtotal (sum of lines 1-7)	1,974,771,276	110,601,747	0	110,601,747	132,849,339	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,974,771,276	110,601,747	0	110,601,747	132,849,339	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	69,947,668	0				1.00
2.00	Land Improvements	34,388,016	4,357,550				2.00
3.00	Buildings and Fixtures	1,353,667,250	191,678,743				3.00
4.00	Building Improvements	62,902,150	6,678,383				4.00
5.00	Fixed Equipment	386,829,789	168,346,002				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	44,788,811	28,124,584				7.00
8.00	Subtotal (sum of lines 1-7)	1,952,523,684	399,185,262				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	1,952,523,684	399,185,262				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part II
Date/Time Prepared:
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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	CAP REL COSTS-BLDG & FIXT	69,862,043	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,304,980	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	112,167,023	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	CAP REL COSTS-BLDG & FIXT	0	69,862,043				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	42,304,980				2.00
3.00	Total (sum of lines 1-2)	0	112,167,023				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-7
Part III
Date/Time Prepared:
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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	CAP REL COSTS-BLDG & FIXT	1,520,905,084	0	1,520,905,084	0.778943	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	431,618,599	0	431,618,599	0.221057	0	2.00
3.00	Total (sum of lines 1-2)	1,952,523,683	0	1,952,523,683	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	69,862,043	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	42,304,980	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	112,167,023	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	69,862,043	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	42,304,980	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	112,167,023	3.00

Provider CCN: 140010

Period:
From 10/01/2013
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Worksheet A-8
Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	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)	A	-180,951		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,771,598				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		0			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			0		0.00	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		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PHYSICIAN ASSISTANT SALARY	A	-6,771,122		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/23/2015 8:50 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	PHYSICIAN ASSISTANT SALARY	A	-115,002	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 33.01
33.04	PHYSICIAN ASSISTANT SALARY	A	-261,262	RADIOLOGY-DIAGNOSTIC	54.00	0 33.04
33.05	PHYSICIAN ASSISTANT SALARY	A	-285,580	CARDIAC CATHETERIZATION	59.00	0 33.05
33.06	PHYSICIAN ASSISTANT SALARY	A	-116,768	PHYSICAL THERAPY	66.00	0 33.06
33.07	PHYSICIAN ASSISTANT SALARY	A	-59,092	ELECTROCARDIOLOGY	69.00	0 33.07
33.08	PHYSICIAN ASSISTANT SALARY	A	-131,763	EMERGENCY	91.00	0 33.08
36.00	LOBBYING DUES EXPENSE	A	-97,471	ADMINISTRATIVE & GENERAL	5.00	0 36.00
39.00	RESEARCH INSTITUTE EXPENSE	A	26,162,474	RESEARCH	191.00	0 39.00
40.00	TUITION REVENUE OFFSET	B	-147,583	PARAMED ED PRGM-MEDICAL TECH	23.01	0 40.00
40.01	TUITION REVENUE OFFSET	B	-662,326	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.01
40.02	TUITION REVENUE OFFSET	B	-29,025	EMERGENCY	91.00	0 40.02
40.03	TUITION REVENUE OFFSET	B	-19,800	CLINIC	90.00	0 40.03
40.04	TUITION REVENUE OFFSET	B	-207,617	ANESTHESIOLOGY	53.00	0 40.04
40.05	CORPORATE EXPENSES	A	-181,345	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.05
40.06	CORPORATE EXPENSES	A	-6,058,136	ADMINISTRATIVE & GENERAL	5.00	0 40.06
40.07	CORPORATE EXPENSES	A	-378	NURSING ADMINISTRATION	13.00	0 40.07
40.08	CORPORATE EXPENSES	A	-215,916	PHARMACY	15.00	0 40.08
40.09	CORPORATE EXPENSES	A	-302	SOCIAL SERVICE	17.00	0 40.09
40.10	CORPORATE EXPENSES	A	-19,021	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 40.10
40.11	CORPORATE EXPENSES	A	-2,772	ADULTS & PEDIATRICS	30.00	0 40.11
40.12	CORPORATE EXPENSES	A	-9,641	OPERATING ROOM	50.00	0 40.12
40.13	CORPORATE EXPENSES	A	-616	RADIOLOGY-DIAGNOSTIC	54.00	0 40.13
40.14	CORPORATE EXPENSES	A	-502,002	CLINIC	90.00	0 40.14
40.15	CORPORATE EXPENSES	A	-349	HOME HEALTH AGENCY	101.00	0 40.15
40.16	CORPORATE EXPENSES	A	-77	OPERATION OF PLANT	7.00	0 40.16
40.17	CORPORATE EXPENSES	A	-52	HOUSEKEEPING	9.00	0 40.17
40.18	CORPORATE EXPENSES	A	-50	DIETARY	10.00	0 40.18
40.19	CORPORATE EXPENSES	A	-174	PARAMED ED PRGM-PHARMACY	23.00	0 40.19
40.20	CORPORATE EXPENSES	A	-175	PARAMED ED PRGM-SCHOOL OF ANESTHESI	23.02	0 40.20
40.21	CORPORATE EXPENSES	A	-42	RECOVERY ROOM	51.00	0 40.21
41.00	CORPORATE EXPENSES	A	-25	DELIVERY ROOM & LABOR ROOM	52.00	0 41.00
41.01	CORPORATE EXPENSES	A	-403	RADIOLOGY-THERAPEUTIC	55.00	0 41.01
41.02	CORPORATE EXPENSES	A	-3	RADIOISOTOPE	56.00	0 41.02
41.03	CORPORATE EXPENSES	A	-501	LABORATORY	60.00	0 41.03
41.04	CORPORATE EXPENSES	A	-120	PHYSICAL THERAPY	66.00	0 41.04
41.05	CORPORATE EXPENSES	A	-28	ELECTROCARDIOLOGY	69.00	0 41.05
41.06	CORPORATE EXPENSES	A	-40	ELECTROENCEPHALOGRAPHY	70.00	0 41.06
41.07	CORPORATE EXPENSES	A	-19	OBSERVATION	92.01	0 41.07
41.08	CORPORATE EXPENSES	A	-323	HOSPICE	116.00	0 41.08
41.09	CAFETERIA & DIETARY	B	-4,173,422	CAFETERIA	11.00	0 41.09
41.12	CAFETERIA & DIETARY	B	-151,772	DIETARY	10.00	0 41.12
42.00	MISCELLANEOUS REVENUE OFFSET	B	-2,865,253	ADMINISTRATIVE & GENERAL	5.00	0 42.00
42.01	MISCELLANEOUS REVENUE OFFSET	B	-1,391,585	OPERATION OF PLANT	7.00	0 42.01
42.02	MISCELLANEOUS REVENUE OFFSET	B	-930,068	PHARMACY	15.00	0 42.02
42.03	MISCELLANEOUS REVENUE OFFSET	B	-15,809	MEDICAL RECORDS & LIBRARY	16.00	0 42.03
42.04	MISCELLANEOUS REVENUE OFFSET	B	-2,271,903	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 42.04
42.05	MISCELLANEOUS REVENUE OFFSET	B	-111,363	ADULTS & PEDIATRICS	30.00	0 42.05
42.06	MISCELLANEOUS REVENUE OFFSET	B	-3,742	SUBPROVIDER - I/PF	40.00	0 42.06
42.07	MISCELLANEOUS REVENUE OFFSET	B	-87,546	RADIOLOGY-DIAGNOSTIC	54.00	0 42.07
42.08	MISCELLANEOUS REVENUE OFFSET	B	-71,568	RADIOLOGY-THERAPEUTIC	55.00	0 42.08
42.09	MISCELLANEOUS REVENUE OFFSET	B	-40,000	MRI	58.00	0 42.09
42.10	MISCELLANEOUS REVENUE OFFSET	B	-150	CARDIAC CATHETERIZATION	59.00	0 42.10
42.11	MISCELLANEOUS REVENUE OFFSET	B	-277,793	LABORATORY	60.00	0 42.11
42.12	MISCELLANEOUS REVENUE OFFSET	B	-92,093	PHYSICAL THERAPY	66.00	0 42.12
42.13	MISCELLANEOUS REVENUE OFFSET	B	1,920	ELECTROCARDIOLOGY	69.00	0 42.13
42.14	MISCELLANEOUS REVENUE OFFSET	B	-90,808	CARDIAC REHABILITATION	76.97	0 42.14
42.15	MISCELLANEOUS REVENUE OFFSET	B	-2,529,914	CLINIC	90.00	0 42.15
42.16	MISCELLANEOUS REVENUE OFFSET	B	-38,635	EMERGENCY	91.00	0 42.16
42.17	MISCELLANEOUS REVENUE OFFSET	B	-2,910	HOME HEALTH AGENCY	101.00	0 42.17
42.18	REMOVE PROVIDER TAX ASSESSMENT	A	-52,762,622	ADMINISTRATIVE & GENERAL	5.00	0 42.18
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-61,594,032			50.00

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

ADJUSTMENTS TO EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8

Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- (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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet A-8-2

Date/Time Prepared:
2/23/2015 8:50 am

	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	30,710	0	30,710	165,600	244	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	3,989	0	3,989	200,300	14	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	721,856	0	721,856	165,600	5,093	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	38,307	0	38,307	196,400	191	4.00
5.00	30.00	ADULTS & PEDIATRICS	375,232	0	375,232	165,600	2,729	5.00
6.00	30.00	ADULTS & PEDIATRICS	26,791	0	26,791	140,600	194	6.00
7.00	40.00	SUBPROVIDER - IPF	127,601	0	127,601	154,100	845	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	840,649	0	840,649	225,300	3,371	8.00
9.00	56.00	RADIOISOTOPE	214,321	0	214,321	177,200	593	9.00
10.00	60.00	LABORATORY	512,910	0	512,910	165,600	2,080	10.00
11.00	60.00	LABORATORY	4,722,123	0	4,722,123	215,700	27,515	11.00
12.00	60.01	VASCULAR LAB	22,671	0	22,671	208,000	81	12.00
13.00	66.00	PHYSICAL THERAPY	130,588	0	130,588	177,200	566	13.00
14.00	69.00	ELECTROCARDIOLOGY	28,385	0	28,385	165,600	119	14.00
15.00	90.00	CLINIC	8,334	0	8,334	140,600	82	15.00
16.00	90.00	CLINIC	84,379	0	84,379	154,100	620	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	260,626	0	260,626	225,300	819	17.00
200.00			8,149,472	0	8,149,472		45,156	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	19,426	971	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	1,348	67	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	405,481	20,274	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	18,035	902	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	217,270	10,864	0	0	0	5.00
6.00	30.00	ADULTS & PEDIATRICS	13,114	656	0	0	0	6.00
7.00	40.00	SUBPROVIDER - IPF	62,603	3,130	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	365,138	18,257	0	0	0	8.00
9.00	56.00	RADIOISOTOPE	50,519	2,526	0	0	0	9.00
10.00	60.00	LABORATORY	165,600	8,280	0	0	0	10.00
11.00	60.00	LABORATORY	2,853,358	142,668	0	0	0	11.00
12.00	60.01	VASCULAR LAB	8,100	405	0	0	0	12.00
13.00	66.00	PHYSICAL THERAPY	48,219	2,411	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	9,474	474	0	0	0	14.00
15.00	90.00	CLINIC	5,543	277	0	0	0	15.00
16.00	90.00	CLINIC	45,934	2,297	0	0	0	16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	88,712	4,436	0	0	0	17.00
200.00			4,377,874	218,895	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	19,426	11,284	11,284		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	1,348	2,641	2,641		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	405,481	316,375	316,375		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	18,035	20,272	20,272		4.00
5.00	30.00	ADULTS & PEDIATRICS	0	217,270	157,962	157,962		5.00
6.00	30.00	ADULTS & PEDIATRICS	0	13,114	13,677	13,677		6.00
7.00	40.00	SUBPROVIDER - IPF	0	62,603	64,998	64,998		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	365,138	475,511	475,511		8.00
9.00	56.00	RADIOISOTOPE	0	50,519	163,802	163,802		9.00
10.00	60.00	LABORATORY	0	165,600	347,310	347,310		10.00
11.00	60.00	LABORATORY	0	2,853,358	1,868,765	1,868,765		11.00
12.00	60.01	VASCULAR LAB	0	8,100	14,571	14,571		12.00
13.00	66.00	PHYSICAL THERAPY	0	48,219	82,369	82,369		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	9,474	18,911	18,911		14.00
15.00	90.00	CLINIC	0	5,543	2,791	2,791		15.00
16.00	90.00	CLINIC	0	45,934	38,445	38,445		16.00
17.00	55.00	RADIOLOGY-THERAPEUTIC	0	88,712	171,914	171,914		17.00
200.00			0	4,377,874	3,771,598	3,771,598		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part I
Date/Time Prepared:
2/23/2015 8: 50 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	69,862,043	69,862,043			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	42,304,980		42,304,980		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,343,564	594,197	2,438	24,940,199	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	192,645,518	20,653,158	15,964,648	4,436,161	233,699,485
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	48,210,346	16,835,567	314,515	20,771	65,381,199
8.00 00800	LAUNDRY & LINEN SERVICE	3,617,901	116,378	0	0	3,734,279
9.00 00900	HOUSEKEEPING	13,223,565	436,527	54,209	0	13,714,301
10.00 01000	DIETARY	12,561,790	673,968	118,254	10,240	13,364,252
11.00 01100	CAFETERIA	498,471	525,738	23,829	0	1,048,038
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,754,851	127,916	206,175	316,164	8,405,106
14.00 01400	CENTRAL SERVICES & SUPPLY	8,177,061	0	0	195,272	8,372,333
15.00 01500	PHARMACY	140,302,845	0	0	806,618	141,109,463
16.00 01600	MEDICAL RECORDS & LIBRARY	6,417,694	187,600	4,125	224,286	6,833,705
17.00 01700	SOCIAL SERVICE	6,785,075	107,305	0	210,972	7,103,352
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	35,557,085	867,669	94,912	1,215,932	37,735,598
23.00 02300	PARAMED ED PRGM-PHARMACY	1,638,362	6,643	0	66,475	1,711,480
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	71,100	14,650	0	8,812	94,562
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	1,399	0	29,842	31,241
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	72,020,872	4,383,607	1,288,078	2,663,384	80,355,941
31.00 03100	INTENSIVE CARE UNIT	18,675,659	791,902	429,782	732,301	20,629,644
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,761,336	174,104	277,178	390,536	10,603,154
32.00 03200	CORONARY CARE UNIT	1,029,278	0	0	38,833	1,068,111
40.00 04000	SUBPROVIDER - IPF	5,322,121	301,933	8,030	221,755	5,853,839
41.00 04100	SUBPROVIDER - I RF	2,218,492	148,528	20,695	88,040	2,475,755
42.00 04200	SUBPROVIDER (SPECIFY)	0	0	0	0	42.00
43.00 04300	NURSERY	3,499,592	45,838	0	171,577	3,717,007
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	31,183,958	1,688,941	4,791,670	962,617	38,627,186
51.00 05100	RECOVERY ROOM	5,201,126	230,798	92,169	207,479	5,731,572
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,044,272	619,721	259,069	236,956	8,160,018
53.00 05300	ANESTHESIOLOGY	4,003,152	74,036	547,768	113,906	4,738,862
54.00 05400	RADIOLOGY-DIAGNOSTIC	30,732,882	2,132,111	4,008,470	1,228,645	38,102,108
55.00 05500	RADIOLOGY-THERAPEUTIC	6,647,139	358,015	1,590,358	214,547	8,810,059
56.00 05600	RADIOISOTOPE	5,961,078	363,330	1,019,036	169,886	7,513,330
57.00 05700	CT SCAN	5,477,412	193,491	1,159,350	169,996	7,000,249
58.00 05800	MRI	5,850,462	418,415	3,636,832	194,367	10,100,076
59.00 05900	CARDIAC CATHETERIZATION	3,362,817	380,724	1,317,413	131,061	5,192,015
60.00 06000	LABORATORY	44,736,374	1,062,769	821,532	1,163,530	47,784,205
60.01 06001	VASCULAR LAB	1,924,426	64,684	300,514	75,376	2,365,000
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,016,156	48,076	14,872	57,507	2,136,611
64.00 06400	INTRAVENOUS THERAPY	2,631,914	13,741	10,967	96,646	2,753,268
65.00 06500	RESPIRATORY THERAPY	8,065,889	107,480	201,168	266,107	8,640,644
66.00 06600	PHYSICAL THERAPY	22,409,733	998,435	64,614	877,060	24,349,842
67.00 06700	OCCUPATIONAL THERAPY	3,077,478	73,722	7,055	128,161	3,286,416
68.00 06800	SPEECH PATHOLOGY	1,122,513	39,579	1,492	46,667	1,210,251
69.00 06900	ELECTROCARDIOLOGY	5,624,078	389,902	461,332	223,757	6,699,069
70.00 07000	ELECTROENCEPHALOGRAPHY	1,916,690	86,589	75,423	70,074	2,148,776
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,971,581	228,158	113,108	0	26,312,847
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	64,164,110	364,448	180,680	0	64,709,238
73.00 07300	DRUGS CHARGED TO PATIENTS	0	410,286	47,367	0	457,653
74.00 07400	RENAL DIALYSIS	5,669,406	182,618	9,273	95,645	5,956,942
75.00 07500	ASC (NON-DISTINCT PART)	8,106,339	630,298	26,595	315,073	9,078,305
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	601,055	94,403	18,615	28,255	742,328
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	103,792,897	5,011,300	1,588,668	2,987,345	113,380,210
91.00 09100	EMERGENCY	22,119,005	961,583	384,097	855,358	24,320,043
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION	3,412,475	253,735	0	135,541	3,801,751
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	13,192,568	159,174	11,615	420,858	13,784,215

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	70,907	2,920	153,005	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,706,096	41,570,910	23,473,396	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	484,690	479,914	0	191.00
193.01	19301	NON-ALLOWABLE COST	4,671,257	254,156	1,466,803	193.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	69,862,043	42,304,980	24,940,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part I Date/Time Prepared: 2/23/2015 8:50 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	233,699,485					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	14,708,481	0	80,089,680			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	840,082	0	293,296	4,867,657		8.00
9.00	00900	HOUSEKEEPING	3,085,238	0	1,100,134	40,369	17,940,042	9.00
10.00	01000	DIETARY	3,006,489	0	1,698,533	7,691	387,207	10.00
11.00	01100	CAFETERIA	235,772	0	1,324,963	0	302,046	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,890,855	0	322,374	0	73,490	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,883,482	0	0	0	0	14.00
15.00	01500	PHARMACY	31,744,685	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,537,344	0	472,789	0	107,780	16.00
17.00	01700	SOCIAL SERVICE	1,598,006	0	270,429	0	61,649	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,489,189	0	2,186,698	0	498,492	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	385,023	0	16,742	0	3,817	23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	21,273	0	36,921	0	8,417	23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	3,525	0	804	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,077,274	0	11,047,559	1,504,714	2,518,464	30.00
31.00	03100	INTENSIVE CARE UNIT	4,640,948	0	1,995,750	210,553	454,962	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	2,385,339	0	438,776	43,665	100,026	31.01
32.00	03200	CORONARY CARE UNIT	240,288	0	0	163,876	0	32.00
40.00	04000	SUBPROVIDER - IPF	1,316,909	0	760,930	87,941	173,466	40.00
41.00	04100	SUBPROVIDER - IRF	556,958	0	374,319	34,143	85,332	41.00
42.00	04200	SUBPROVIDER (SPECIALTY)	0	0	0	0	0	42.00
43.00	04300	NURSERY	836,196	0	115,521	0	26,335	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,689,765	0	4,256,466	261,176	970,328	50.00
51.00	05100	RECOVERY ROOM	1,289,403	0	581,657	140,029	132,598	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,835,718	0	1,561,820	141,169	356,041	52.00
53.00	05300	ANESTHESIOLOGY	1,066,078	0	186,587	0	42,535	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,571,641	0	5,373,343	282,256	1,224,938	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,981,955	0	902,269	126,356	205,686	55.00
56.00	05600	RADIOISOTOPE	1,690,236	0	915,662	115,979	208,740	56.00
57.00	05700	CT SCAN	1,574,811	0	487,637	12,900	111,164	57.00
58.00	05800	MRI	2,272,164	0	1,054,490	66,291	240,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,168,022	0	959,500	110,038	218,733	59.00
60.00	06000	LABORATORY	10,749,774	0	2,678,388	32,759	610,581	60.00
60.01	06001	VASCULAR LAB	532,042	0	163,015	59,210	37,162	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	480,663	0	121,160	16,359	27,620	63.00
64.00	06400	INTRAVENOUS THERAPY	619,389	0	34,630	1,831	7,894	64.00
65.00	06500	RESPIRATORY THERAPY	1,943,842	0	270,870	0	61,749	65.00
66.00	06600	PHYSICAL THERAPY	5,477,862	0	2,516,254	67,227	573,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	739,329	0	185,794	55,182	42,355	67.00
68.00	06800	SPEECH PATHOLOGY	272,264	0	99,748	0	22,739	68.00
69.00	06900	ELECTROCARDIOLOGY	1,507,056	0	982,631	98,847	224,006	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	483,399	0	218,220	48,589	49,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,919,470	0	575,004	37,602	131,081	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,557,314	0	918,482	60,024	209,382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,956	0	1,034,003	0	235,717	73.00
74.00	07400	RENAL DIALYSIS	1,340,103	0	460,232	89,609	104,917	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,042,301	0	1,588,476	196,269	362,118	75.00
76.00	03950	BLANK	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	166,998	0	237,914	34,102	54,236	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	25,506,579	0	12,629,471	412,275	2,879,086	90.00
91.00	09100	EMERGENCY	5,471,158	0	2,423,379	308,626	552,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION	855,261	0	639,461	0	145,775	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,100,966	0	401,150	0	91,448	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,642,613	0	178,700	0	40,738	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	211,130,963	0	67,095,672	4,867,657	14,977,855	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	6,102,643	0	1,221,515	0	278,463	191.00
193.01	19301	NON-ALLOWABLE COST	16,465,879	0	11,772,493	0	2,683,724	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	233,699,485	0	80,089,680	4,867,657	17,940,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						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	18,464,172					10.00
11.00	01100		2,910,819				11.00
12.00	01200			0			12.00
13.00	01300		40,716	0	10,732,541		13.00
14.00	01400			0		10,255,815	14.00
15.00	01500			0			15.00
16.00	01600		45,411	0			16.00
17.00	01700		31,000	0			17.00
19.00	01900			0			19.00
20.00	02000			0			20.00
21.00	02100			0			21.00
22.00	02200		106,001	0	49,459		22.00
23.00	02300		12,776	0			23.00
23.01	02301		1,341	0			23.01
23.02	02302		2,475	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	11,997,441	517,756	0	3,462,109		30.00
31.00	03100	1,278,366	109,794	0	1,031,567		31.00
31.01	03101	22,952	55,651	0	600,570		31.01
32.00	03200	192,836	6,933	0	49,459		32.00
40.00	04000	938,754	37,789	0	169,573		40.00
41.00	04100	509,888	16,046	0	98,917		41.00
42.00	04200			0			42.00
43.00	04300			0			43.00
44.00	04400			0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	326,951	142,961	0	876,126		50.00
51.00	05100	5,940	25,463	0	282,621		51.00
52.00	05200	676,385	55,028	0	501,653		52.00
53.00	05300		13,608	0	21,197		53.00
54.00	05400	104,755	207,679	0	204,900		54.00
55.00	05500	1,485	23,956	0	21,197		55.00
56.00	05600	13,755	22,733	0			56.00
57.00	05700	7,008	23,360	0			57.00
58.00	05800	22,196	26,565	0	14,131		58.00
59.00	05900	48,196	16,975	0	120,114		59.00
60.00	06000	48,509	205,352	0	14,131		60.00
60.01	06001		9,736	0			60.01
63.00	06300		9,615	0			63.00
64.00	06400		12,310	0	148,376		64.00
65.00	06500	521	46,065	0			65.00
66.00	06600	521	138,304	0	7,066		66.00
67.00	06700		18,573	0			67.00
68.00	06800		6,975	0			68.00
69.00	06900	19,852	36,314	0	120,114		69.00
70.00	07000		10,903	0			70.00
71.00	07100		22,358	0		2,947,047	71.00
72.00	07200		35,714	0		7,280,817	72.00
73.00	07300		108,456	0			73.00
74.00	07400	35,926	15,456	0	77,721	2,146	74.00
75.00	07500	358,656	45,669	0	409,801		75.00
76.00	03950			0			76.00
76.97	07697	365	4,313	0	28,262		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	732,657	222,674	0	897,322		90.00
91.00	09100	505,771	141,300	0	876,126		91.00
92.00	09200						92.00
92.01	09201	614,486	26,788	0	169,573		92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	61,165	0	325,014	18,934	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	21,289	0	120,114	6,843	116.00
118.00		18,464,172	2,741,346	0	10,697,213	10,255,787	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	73,880	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	95,593	0	35,328	28	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,464,172	2,910,819	0	10,732,541	10,255,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	172,854,148					15.00
16.00	01600	0	8,997,029				16.00
17.00	01700	0	0	9,064,436			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	380	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	663,013	4,668,740	0	0	30.00
31.00	03100	373	164,013	767,264	0	0	31.00
31.01	03101	16,770	112,778	0	0	0	31.01
32.00	03200	0	6,985	0	0	0	32.00
40.00	04000	0	45,153	0	0	0	40.00
41.00	04100	0	20,580	352,788	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	19,860	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	66,071	746,704	0	0	0	50.00
51.00	05100	9,510	155,181	0	0	0	51.00
52.00	05200	0	103,119	0	0	0	52.00
53.00	05300	1,871,717	114,655	0	0	0	53.00
54.00	05400	146,960	561,693	0	0	0	54.00
55.00	05500	589	200,759	0	0	0	55.00
56.00	05600	5,297	169,473	0	0	0	56.00
57.00	05700	341,710	569,832	0	0	0	57.00
58.00	05800	337,466	383,998	0	0	0	58.00
59.00	05900	50,139	189,604	0	0	0	59.00
60.00	06000	15,469	871,574	0	0	0	60.00
60.01	06001	0	68,829	0	0	0	60.01
63.00	06300	45,051	25,239	0	0	0	63.00
64.00	06400	7,655	17,691	0	0	0	64.00
65.00	06500	10,792	124,107	0	0	0	65.00
66.00	06600	9,185	187,307	0	0	0	66.00
67.00	06700	315	30,718	0	0	0	67.00
68.00	06800	0	11,262	0	0	0	68.00
69.00	06900	10,568	315,934	0	0	0	69.00
70.00	07000	4	25,038	0	0	0	70.00
71.00	07100	88	304,595	0	0	0	71.00
72.00	07200	140	487,261	0	0	0	72.00
73.00	07300	166,651,135	971,141	0	0	0	73.00
74.00	07400	1,235,087	43,370	355,533	0	0	74.00
75.00	07500	552	43,845	15,025	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	27	4,695	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	345,559	569,762	1,382,982	0	0	90.00
91.00	09100	47,317	564,755	47,963	0	0	91.00
92.00	09200						92.00
92.01	09201	3	32,665	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	810,883	43,702	300,491	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	785,935	26,139	1,173,650	0	0	116.00
118.00		172,822,747	8,997,029	9,064,436	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	28,363	0	0	0	0	0 191.00
193.01	19301	NON-ALLOWABLE COST	3,038	0	0	0	0	0 193.01
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	172,854,148	8,997,029	9,064,436	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
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To 09/30/2014

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	PARAMED PRGM-SCHOOL OF ANESTHESIA	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	49,065,817			22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	0	2,129,838		23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	0	0	162,514	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESIA	0	0	0	0	38,045
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	26,852,241	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	262,566	0	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I/PF	0	860,633	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	243,117	0	0	41.00
42.00 04200	SUBPROVIDER (SPECIFY)	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	7,616,847	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	3,471,707	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,457,910	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	561,600	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	2,662,128	0	162,514	60.00
60.01 06001	VASCULAR LAB	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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	432,748	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,129,838	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	461,922	0	0	90.00
91.00 09100	EMERGENCY	0	3,182,398	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESIA			
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
			21.00	22.00	23.00					23.01	23.02
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	49,065,817	2,129,838	162,514	38,045		118.00		
NONREIMBURSABLE COST CENTERS											
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00		
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	0	193.01		
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	49,065,817	2,129,838	162,514	38,045		202.00		

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH				23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	161,665,252	-26,852,241	134,813,011	30.00
31.00	03100	INTENSIVE CARE UNIT	31,283,234	0	31,283,234	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	14,642,247	-262,566	14,379,681	31.01
32.00	03200	CORONARY CARE UNIT	1,728,488	0	1,728,488	32.00
40.00	04000	SUBPROVIDER - IPF	10,244,987	-860,633	9,384,354	40.00
41.00	04100	SUBPROVIDER - IRF	4,767,843	-243,117	4,524,726	41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0	0	42.00
43.00	04300	NURSERY	4,714,919	0	4,714,919	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	62,580,581	-7,616,847	54,963,734	50.00
51.00	05100	RECOVERY ROOM	8,353,974	0	8,353,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,390,951	0	13,390,951	52.00
53.00	05300	ANESTHESIOLOGY	11,564,991	-3,471,707	8,093,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,238,183	-2,457,910	54,780,273	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,835,911	-561,600	12,274,311	55.00
56.00	05600	RADIOISOTOPE	10,655,205	0	10,655,205	56.00
57.00	05700	CT SCAN	10,128,671	0	10,128,671	57.00
58.00	05800	MRI	14,517,764	0	14,517,764	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,073,336	0	8,073,336	59.00
60.00	06000	LABORATORY	65,835,384	-2,662,128	63,173,256	60.00
60.01	06001	VASCULAR LAB	3,234,994	0	3,234,994	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,862,318	0	2,862,318	63.00
64.00	06400	INTRAVENOUS THERAPY	3,603,044	0	3,603,044	64.00
65.00	06500	RESPIRATORY THERAPY	11,098,590	0	11,098,590	65.00
66.00	06600	PHYSICAL THERAPY	33,327,188	0	33,327,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,358,682	0	4,358,682	67.00
68.00	06800	SPEECH PATHOLOGY	1,623,239	0	1,623,239	68.00
69.00	06900	ELECTROCARDIOLOGY	10,447,139	-432,748	10,014,391	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,984,676	0	2,984,676	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,250,092	0	36,250,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,258,372	0	88,258,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	171,690,899	0	171,690,899	73.00
74.00	07400	RENAL DIALYSIS	9,717,042	-839,707	8,877,335	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,141,017	0	14,141,017	75.00
76.00	03950	BLANK	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,273,240	0	1,273,240	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	159,420,499	-461,922	158,958,577	90.00
91.00	09100	EMERGENCY	38,441,283	-3,182,398	35,258,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
92.01	09201	OBSERVATION	6,285,763	0	6,285,763	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	18,937,968	0	18,937,968	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
116.00	11600	HOSPICE	11,297,661	0	11,297,661	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,133,475,627	-49,905,524	1,083,570,103	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	34,831,942	0	34,831,942	191.00
193.01	19301	NON-ALLOWABLE COST	104,249,153	0	104,249,153	193.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,272,556,722	-49,905,524	1,222,651,198	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	594,197	2,438	596,635	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	20,653,158	15,964,648	36,617,806	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	16,835,567	314,515	17,150,082	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	116,378	0	116,378	8.00
9.00 00900	HOUSEKEEPING	0	436,527	54,209	490,736	9.00
10.00 01000	DIETARY	0	673,968	118,254	792,222	10.00
11.00 01100	CAFETERIA	0	525,738	23,829	549,567	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	127,916	206,175	334,091	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	187,600	4,125	191,725	16.00
17.00 01700	SOCIAL SERVICE	0	107,305	0	107,305	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	867,669	94,912	962,581	22.00
23.00 02300	PARAMED PRGM-PHARMACY	0	6,643	0	6,643	23.00
23.01 02301	PARAMED PRGM-MEDICAL TECH	0	14,650	0	14,650	23.01
23.02 02302	PARAMED PRGM-SCHOOL OF ANESTHESI	0	1,399	0	1,399	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,383,607	1,288,078	5,671,685	30.00
31.00 03100	INTENSIVE CARE UNIT	0	791,902	429,782	1,221,684	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	0	174,104	277,178	451,282	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - I PF	0	301,933	8,030	309,963	40.00
41.00 04100	SUBPROVIDER - I RF	0	148,528	20,695	169,223	41.00
42.00 04200	SUBPROVIDER (SPECIALTY)	0	0	0	0	42.00
43.00 04300	NURSERY	0	45,838	0	45,838	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,688,941	4,791,670	6,480,611	50.00
51.00 05100	RECOVERY ROOM	0	230,798	92,169	322,967	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	619,721	259,069	878,790	52.00
53.00 05300	ANESTHESIOLOGY	0	74,036	547,768	621,804	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,132,111	4,008,470	6,140,581	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	358,015	1,590,358	1,948,373	55.00
56.00 05600	RADIOISOTOPE	0	363,330	1,019,036	1,382,366	56.00
57.00 05700	CT SCAN	0	193,491	1,159,350	1,352,841	57.00
58.00 05800	MRI	0	418,415	3,636,832	4,055,247	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	380,724	1,317,413	1,698,137	59.00
60.00 06000	LABORATORY	0	1,062,769	821,532	1,884,301	60.00
60.01 06001	VASCULAR LAB	0	64,684	300,514	365,198	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	48,076	14,872	62,948	63.00
64.00 06400	INTRAVENOUS THERAPY	0	13,741	10,967	24,708	64.00
65.00 06500	RESPIRATORY THERAPY	0	107,480	201,168	308,648	65.00
66.00 06600	PHYSICAL THERAPY	0	998,435	64,614	1,063,049	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	73,722	7,055	80,777	67.00
68.00 06800	SPEECH PATHOLOGY	0	39,579	1,492	41,071	68.00
69.00 06900	ELECTROCARDIOLOGY	0	389,902	461,332	851,234	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	86,589	75,423	162,012	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	228,158	113,108	341,266	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	364,448	180,680	545,128	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	410,286	47,367	457,653	73.00
74.00 07400	RENAL DIALYSIS	0	182,618	9,273	191,891	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	630,298	26,595	656,893	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	94,403	18,615	113,018	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	5,011,300	1,588,668	6,599,968	90.00
91.00 09100	EMERGENCY	0	961,583	384,097	1,345,680	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION	0	253,735	0	253,735	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	159,174	11,615	170,789	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	70,907	2,920	73,827	3,659 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	64,706,096	41,570,910	106,277,006	561,558 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	0	484,690	479,914	964,604	0 191.00
193.01 19301	NON-ALLOWABLE COST	0	4,671,257	254,156	4,925,413	35,077 193.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	69,862,043	42,304,980	112,167,023	596,635 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	36,724,102				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,311,356	0	19,461,935		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	132,014	0	71,271	319,663	8.00
9.00	00900	HOUSEKEEPING	484,828	0	267,335	2,651	1,245,550
10.00	01000	DIETARY	472,453	0	412,747	505	26,883
11.00	01100	CAFETERIA	37,050	0	321,968	0	20,971
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	297,137	0	78,337	0	5,102
14.00	01400	CENTRAL SERVICES & SUPPLY	295,979	0	0	0	0
15.00	01500	PHARMACY	4,988,027	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	241,585	0	114,889	0	7,483
17.00	01700	SOCIAL SERVICE	251,118	0	65,715	0	4,280
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,334,029	0	531,372	0	34,610
23.00	02300	PARAMED ED PRGM-PHARMACY	60,504	0	4,068	0	265
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	3,343	0	8,972	0	584
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	856	0	56
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,840,743	0	2,684,576	98,818	174,853
31.00	03100	INTENSIVE CARE UNIT	729,299	0	484,971	13,827	31,587
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	374,843	0	106,623	2,868	6,945
32.00	03200	CORONARY CARE UNIT	37,760	0	0	10,762	0
40.00	04000	SUBPROVIDER - IPF	206,945	0	184,907	5,775	12,043
41.00	04100	SUBPROVIDER - IRF	87,523	0	90,960	2,242	5,924
42.00	04200	SUBPROVIDER (SPECIALTY)	0	0	0	0	0
43.00	04300	NURSERY	131,404	0	28,072	0	1,828
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,365,548	0	1,034,329	17,152	67,368
51.00	05100	RECOVERY ROOM	202,623	0	141,344	9,196	9,206
52.00	05200	DELIVERY ROOM & LABOR ROOM	288,473	0	379,525	9,271	24,719
53.00	05300	ANESTHESIOLOGY	167,528	0	45,341	0	2,953
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,986	0	1,305,732	18,536	85,046
55.00	05500	RADIOLOGY-THERAPEUTIC	311,453	0	219,253	8,298	14,280
56.00	05600	RADIOISOTOPE	265,611	0	222,508	7,616	14,492
57.00	05700	CT SCAN	247,473	0	118,497	847	7,718
58.00	05800	MRI	357,058	0	256,243	4,353	16,690
59.00	05900	CARDIAC CATHETERIZATION	183,548	0	233,160	7,226	15,186
60.00	06000	LABORATORY	1,689,267	0	650,853	2,151	42,392
60.01	06001	VASCULAR LAB	83,607	0	39,613	3,888	2,580
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	75,533	0	29,442	1,074	1,918
64.00	06400	INTRAVENOUS THERAPY	97,334	0	8,415	120	548
65.00	06500	RESPIRATORY THERAPY	305,464	0	65,822	0	4,287
66.00	06600	PHYSICAL THERAPY	860,816	0	611,454	4,415	39,826
67.00	06700	OCCUPATIONAL THERAPY	116,181	0	45,148	3,624	2,941
68.00	06800	SPEECH PATHOLOGY	42,785	0	24,239	0	1,579
69.00	06900	ELECTROCARDIOLOGY	236,825	0	238,781	6,491	15,552
70.00	07000	ELECTROENCEPHALOGRAPHY	75,964	0	53,028	3,191	3,454
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	930,212	0	139,727	2,469	9,101
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,287,601	0	223,193	3,942	14,537
73.00	07300	DRUGS CHARGED TO PATIENTS	16,179	0	251,265	0	16,365
74.00	07400	RENAL DIALYSIS	210,590	0	111,837	5,885	7,284
75.00	07500	ASC (NON-DISTINCT PART)	320,936	0	386,002	12,889	25,141
76.00	03950	BLANK	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	26,243	0	57,814	2,239	3,766
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,008,217	0	3,068,985	27,074	199,893
91.00	09100	EMERGENCY	859,762	0	588,885	20,268	38,356
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION	134,400	0	155,390	0	10,121
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	487,300	0	97,480	0	6,349
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	258,128	0	43,424	0	2,828
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,177,585	0	16,304,368	319,663	1,039,890

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	958,996	0	296,830	0	19,333	191.00
193.01	19301	NON-ALLOWABLE COST	2,587,521	0	2,860,737	0	186,327	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,724,102	0	19,461,935	319,663	1,245,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						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	1,705,055					10.00
11.00	01100	0	929,556				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	13,003	0	735,231		13.00
14.00	01400	0	0	0	0	300,649	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	14,502	0	0	0	16.00
17.00	01700	0	9,900	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	33,851	0	3,388	0	22.00
23.00	02300	0	4,080	0	0	0	23.00
23.01	02301	0	428	0	0	0	23.01
23.02	02302	0	790	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,107,893	165,339	0	237,173	0	30.00
31.00	03100	118,049	35,062	0	70,667	0	31.00
31.01	03101	2,119	17,772	0	41,142	0	31.01
32.00	03200	17,807	2,214	0	3,388	0	32.00
40.00	04000	86,688	12,068	0	11,617	0	40.00
41.00	04100	47,085	5,124	0	6,776	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,192	45,654	0	60,019	0	50.00
51.00	05100	549	8,131	0	19,361	0	51.00
52.00	05200	62,460	17,573	0	34,366	0	52.00
53.00	05300	0	4,346	0	1,452	0	53.00
54.00	05400	9,673	66,322	0	14,037	0	54.00
55.00	05500	137	7,650	0	1,452	0	55.00
56.00	05600	1,270	7,260	0	0	0	56.00
57.00	05700	647	7,460	0	0	0	57.00
58.00	05800	2,050	8,483	0	968	0	58.00
59.00	05900	4,451	5,421	0	8,228	0	59.00
60.00	06000	4,479	65,579	0	968	0	60.00
60.01	06001	0	3,109	0	0	0	60.01
63.00	06300	0	3,071	0	0	0	63.00
64.00	06400	0	3,931	0	10,164	0	64.00
65.00	06500	48	14,711	0	0	0	65.00
66.00	06600	48	44,167	0	484	0	66.00
67.00	06700	0	5,931	0	0	0	67.00
68.00	06800	0	2,227	0	0	0	68.00
69.00	06900	1,833	11,597	0	8,228	0	69.00
70.00	07000	0	3,482	0	0	0	70.00
71.00	07100	0	7,140	0	0	86,381	71.00
72.00	07200	0	11,405	0	0	213,448	72.00
73.00	07300	0	34,635	0	0	0	73.00
74.00	07400	3,318	4,936	0	5,324	63	74.00
75.00	07500	33,120	14,584	0	28,073	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	34	1,377	0	1,936	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	67,656	71,110	0	61,471	0	90.00
91.00	09100	46,705	45,124	0	60,019	0	91.00
92.00	09200						92.00
92.01	09201	56,744	8,555	0	11,617	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	19,533	0	22,265	555	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	6,799	0	8,228	201	116.00
118.00		1,705,055	875,436	0	732,811	300,648	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	23,593	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	30,527	0	2,420	1	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,705,055	929,556	0	735,231	300,649	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	5,007,317				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	575,548			16.00
17.00	01700	SOCIAL SERVICE	0	0	443,363		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	11	0	0		22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-MEDICAL TECH	0	0	0		23.01
23.02	02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	42,289	228,358		30.00
31.00	03100	INTENSIVE CARE UNIT	11	10,461	37,529		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	486	7,193	0		31.01
32.00	03200	CORONARY CARE UNIT	0	446	0		32.00
40.00	04000	SUBPROVIDER - I PF	0	2,880	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	1,313	17,256		41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0	0		42.00
43.00	04300	NURSERY	0	1,267	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,914	47,627	0		50.00
51.00	05100	RECOVERY ROOM	275	9,898	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,577	0		52.00
53.00	05300	ANESTHESIOLOGY	54,220	7,313	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,257	35,827	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	17	12,805	0		55.00
56.00	05600	RADIOISOTOPE	153	10,810	0		56.00
57.00	05700	CT SCAN	9,899	36,346	0		57.00
58.00	05800	MRI	9,776	24,493	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,452	12,094	0		59.00
60.00	06000	LABORATORY	448	55,592	0		60.00
60.01	06001	VASCULAR LAB	0	4,390	0		60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,305	1,610	0		63.00
64.00	06400	INTRAVENOUS THERAPY	222	1,128	0		64.00
65.00	06500	RESPIRATORY THERAPY	313	7,916	0		65.00
66.00	06600	PHYSICAL THERAPY	266	11,947	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	9	1,959	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	718	0		68.00
69.00	06900	ELECTROCARDIOLOGY	306	20,151	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,597	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3	19,428	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4	31,079	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,827,627	63,632	0		73.00
74.00	07400	RENAL DIALYSIS	35,778	2,766	17,390		74.00
75.00	07500	ASC (NON-DISTINCT PART)	16	2,797	735		75.00
76.00	03950	BLANK	0	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	1	299	0		76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,010	36,341	67,645		90.00
91.00	09100	EMERGENCY	1,371	36,022	2,346		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION	0	2,083	0		92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	23,490	2,787	14,698		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	22,767	1,667	57,406		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,006,407	575,548	443,363	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	822	0	0			191.00
193.01	19301	NON-ALLOWABLE COST	88	0	0			193.01
200.00		Cross Foot Adjustments				0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	5,007,317	575,548	443,363	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description	INTERNS & RESIDENTS					23.00	23.01	23.02
	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED	PARAMED ED	PARAMED ED			
	Y & FRINGES	PRGM COSTS	PRGM-PHARMACY	PRGM-MEDICAL	PRGM-SCHOOL OF			
	APPRV	APPRV		TECH	ANESTHESI			
	21.00	22.00						
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	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
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
13.00 01300	NURSING ADMINISTRATION							13.00
14.00 01400	CENTRAL SERVICES & SUPPLY							14.00
15.00 01500	PHARMACY							15.00
16.00 01600	MEDICAL RECORDS & LIBRARY							16.00
17.00 01700	SOCIAL SERVICE							17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL							20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0						21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		2,928,920					22.00
23.00 02300	PARAMED ED PRGM-PHARMACY			77,150				23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH				28,188			23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI					3,815		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS							30.00
31.00 03100	INTENSIVE CARE UNIT							31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)							31.01
32.00 03200	CORONARY CARE UNIT							32.00
40.00 04000	SUBPROVIDER - IPF							40.00
41.00 04100	SUBPROVIDER - IRF							41.00
42.00 04200	SUBPROVIDER (SPECIFY)							42.00
43.00 04300	NURSERY							43.00
44.00 04400	SKILLED NURSING FACILITY							44.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM							50.00
51.00 05100	RECOVERY ROOM							51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM							52.00
53.00 05300	ANESTHESIOLOGY							53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC							54.00
55.00 05500	RADIOLOGY-THERAPEUTIC							55.00
56.00 05600	RADIOISOTOPE							56.00
57.00 05700	CT SCAN							57.00
58.00 05800	MRI							58.00
59.00 05900	CARDIAC CATHETERIZATION							59.00
60.00 06000	LABORATORY							60.00
60.01 06001	VASCULAR LAB							60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.							63.00
64.00 06400	INTRAVENOUS THERAPY							64.00
65.00 06500	RESPIRATORY THERAPY							65.00
66.00 06600	PHYSICAL THERAPY							66.00
67.00 06700	OCCUPATIONAL THERAPY							67.00
68.00 06800	SPEECH PATHOLOGY							68.00
69.00 06900	ELECTROCARDIOLOGY							69.00
70.00 07000	ELECTROENCEPHALOGRAPHY							70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT							71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS							72.00
73.00 07300	DRUGS CHARGED TO PATIENTS							73.00
74.00 07400	RENAL DIALYSIS							74.00
75.00 07500	ASC (NON-DISTINCT PART)							75.00
76.00 03950	BLANK							76.00
76.97 07697	CARDIAC REHABILITATION							76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	CLINIC							90.00
91.00 09100	EMERGENCY							91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 09201	OBSERVATION							92.01
OTHER REIMBURSABLE COST CENTERS								
101.00 10100	HOME HEALTH AGENCY							101.00
SPECIAL PURPOSE COST CENTERS								
113.00 11300	INTEREST EXPENSE							113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESIA			
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV							
			21.00	22.00	23.00					23.01	23.02
116.00	11600	HOSPICE							116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00		
NONREIMBURSABLE COST CENTERS											
191.00	19100	RESEARCH							191.00		
193.01	19301	NON-ALLOWABLE COST							193.01		
200.00		Cross Foot Adjustments	0	2,928,920	77,150	28,188	3,815	0	200.00		
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00		
202.00		TOTAL (sum lines 118-201)	0	2,928,920	77,150	28,188	3,815	0	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
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				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	13,315,420	0	13,315,420	30.00
31.00	03100	2,770,659	0	2,770,659	31.00
31.01	03101	1,020,612	0	1,020,612	31.01
32.00	03200	73,306	0	73,306	32.00
40.00	04000	838,189	0	838,189	40.00
41.00	04100	435,531	0	435,531	41.00
42.00	04200	0	0	0	42.00
43.00	04300	212,512	0	212,512	43.00
44.00	04400	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	9,173,434	0	9,173,434	50.00
51.00	05100	728,512	0	728,512	51.00
52.00	05200	1,707,421	0	1,707,421	52.00
53.00	05300	907,681	0	907,681	53.00
54.00	05400	9,056,379	0	9,056,379	54.00
55.00	05500	2,528,849	0	2,528,849	55.00
56.00	05600	1,916,149	0	1,916,149	56.00
57.00	05700	1,785,793	0	1,785,793	57.00
58.00	05800	4,740,009	0	4,740,009	58.00
59.00	05900	2,172,037	0	2,172,037	59.00
60.00	06000	4,423,855	0	4,423,855	60.00
60.01	06001	504,188	0	504,188	60.01
63.00	06300	178,276	0	178,276	63.00
64.00	06400	148,881	0	148,881	64.00
65.00	06500	713,573	0	713,573	65.00
66.00	06600	2,657,446	0	2,657,446	66.00
67.00	06700	259,635	0	259,635	67.00
68.00	06800	113,735	0	113,735	68.00
69.00	06900	1,396,349	0	1,396,349	69.00
70.00	07000	304,404	0	304,404	70.00
71.00	07100	1,535,727	0	1,535,727	71.00
72.00	07200	3,330,337	0	3,330,337	72.00
73.00	07300	5,667,356	0	5,667,356	73.00
74.00	07400	599,349	0	599,349	74.00
75.00	07500	1,488,721	0	1,488,721	75.00
76.00	03950	0	0	0	76.00
76.97	07697	207,403	0	207,403	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	14,289,810	0	14,289,810	90.00
91.00	09100	3,064,993	0	3,064,993	91.00
92.00	09200		0		92.00
92.01	09201	635,886	0	635,886	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	855,310	0	855,310	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
116.00	11600	HOSPICE	478,934	0	478,934	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,236,661	0	96,236,661	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,264,178	0	2,264,178	191.00
193.01	19301	NON-ALLOWABLE COST	10,628,111	0	10,628,111	193.01
200.00		Cross Foot Adjustments	3,038,073	0	3,038,073	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,167,023	0	112,167,023	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,996,215					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		42,790,401				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	33,989	2,466	472,600,235			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,181,392	16,147,837	84,060,185	-233,699,485	1,038,825,996	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	963,020	318,124	393,599	0	65,381,199	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,657	0	0	0	3,734,279	8.00
9.00 00900	HOUSEKEEPING	24,970	54,831	0	0	13,714,301	9.00
10.00 01000	DIETARY	38,552	119,611	194,034	0	13,364,252	10.00
11.00 01100	CAFETERIA	30,073	24,102	0	0	1,048,038	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	7,317	208,541	5,991,137	0	8,405,106	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	3,700,292	0	8,372,333	14.00
15.00 01500	PHARMACY	0	0	15,284,968	0	141,109,463	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,731	4,172	4,250,101	0	6,833,705	16.00
17.00 01700	SOCIAL SERVICE	6,138	0	3,997,804	0	7,103,352	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	49,632	96,001	23,041,226	0	37,735,598	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	380	0	1,259,668	0	1,711,480	23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	838	0	166,974	0	94,562	23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	80	0	565,484	-31,241	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	250,749	1,302,858	50,469,649	0	80,355,941	30.00
31.00 03100	INTENSIVE CARE UNIT	45,298	434,713	13,876,690	0	20,629,644	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	9,959	280,358	7,400,431	0	10,603,154	31.01
32.00 03200	CORONARY CARE UNIT	0	0	735,864	0	1,068,111	32.00
40.00 04000	SUBPROVIDER - IPF	17,271	8,122	4,202,127	0	5,853,839	40.00
41.00 04100	SUBPROVIDER - IRF	8,496	20,932	1,668,301	0	2,475,755	41.00
42.00 04200	SUBPROVIDER (SPECIFY)	0	0	0	0	0	42.00
43.00 04300	NURSERY	2,622	0	3,251,287	0	3,717,007	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	96,610	4,846,650	18,241,048	0	38,627,186	50.00
51.00 05100	RECOVERY ROOM	13,202	93,227	3,931,606	0	5,731,572	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	35,449	262,042	4,490,179	0	8,160,018	52.00
53.00 05300	ANESTHESIOLOGY	4,235	554,053	2,158,457	0	4,738,862	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	121,960	4,054,464	23,282,135	0	38,102,108	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	20,479	1,608,606	4,065,547	0	8,810,059	55.00
56.00 05600	RADIOISOTOPE	20,783	1,030,729	3,219,251	0	7,513,330	56.00
57.00 05700	CT SCAN	11,068	1,172,653	3,221,324	0	7,000,249	57.00
58.00 05800	MRI	23,934	3,678,562	3,683,153	0	10,100,076	58.00
59.00 05900	CARDIAC CATHETERIZATION	21,778	1,332,529	2,483,535	0	5,192,015	59.00
60.00 06000	LABORATORY	60,792	830,958	22,048,251	0	47,784,205	60.00
60.01 06001	VASCULAR LAB	3,700	303,962	1,428,334	0	2,365,000	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,750	15,043	1,089,720	0	2,136,611	63.00
64.00 06400	INTRAVENOUS THERAPY	786	11,093	1,831,387	0	2,753,268	64.00
65.00 06500	RESPIRATORY THERAPY	6,148	203,476	5,042,583	0	8,640,644	65.00
66.00 06600	PHYSICAL THERAPY	57,112	65,355	16,619,791	0	24,349,842	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,217	7,136	2,428,576	0	3,286,416	67.00
68.00 06800	SPEECH PATHOLOGY	2,264	1,509	884,320	0	1,210,251	68.00
69.00 06900	ELECTROCARDIOLOGY	22,303	466,625	4,240,062	0	6,699,069	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,953	76,288	1,327,862	0	2,148,776	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,051	114,406	0	0	26,312,847	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	20,847	182,753	0	0	64,709,238	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	23,469	47,910	0	0	457,653	73.00
74.00 07400	RENAL DIALYSIS	10,446	9,379	1,812,420	0	5,956,942	74.00
75.00 07500	ASC (NON-DISTINCT PART)	36,054	26,900	5,970,464	0	9,078,305	75.00
76.00 03950	BLANK	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	5,400	18,829	535,424	0	742,328	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	286,654	1,606,897	56,608,520	0	113,380,210	90.00
91.00 09100	EMERGENCY	55,004	388,504	16,208,562	0	24,320,043	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION	14,514	0	2,568,422	0	3,801,751	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	9,105	11,748	7,975,023	0	13,784,215	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00	4.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,056	2,954	2,899,363	0	7,301,640
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,701,287	42,047,908	444,805,140	-233,730,726	938,505,848
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	27,725	485,421	0	0	27,127,078
193.01	19301	NON-ALLOWABLE COST	267,203	257,072	27,795,095	0	73,193,070
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)	69,862,043	42,304,980	24,940,199		233,699,485
203.00		Unit cost multiplier (Wkst. B, Part I)	17.482053	0.988656	0.052772		0.224965
204.00		Cost to be allocated (per Wkst. B, Part II)			596,635		36,724,102
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001262		0.035352

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		1,817,814				7.00
8.00	00800		6,657	119,615			8.00
9.00	00900		24,970	992	1,786,187		9.00
10.00	01000		38,552	189	38,552	708,746	10.00
11.00	01100		30,073	0	30,073	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		7,317	0	7,317	0	13.00
14.00	01400		0	0	0	0	14.00
15.00	01500		0	0	0	0	15.00
16.00	01600		10,731	0	10,731	0	16.00
17.00	01700		6,138	0	6,138	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		49,632	0	49,632	0	22.00
23.00	02300		380	0	380	0	23.00
23.01	02301		838	0	838	0	23.01
23.02	02302		80	0	80	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		250,749	36,976	250,749	460,521	30.00
31.00	03100		45,298	5,174	45,298	49,070	31.00
31.01	03101		9,959	1,073	9,959	881	31.01
32.00	03200		0	4,027	0	7,402	32.00
40.00	04000		17,271	2,161	17,271	36,034	40.00
41.00	04100		8,496	839	8,496	19,572	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		2,622	0	2,622	0	43.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		96,610	6,418	96,610	12,550	50.00
51.00	05100		13,202	3,441	13,202	228	51.00
52.00	05200		35,449	3,469	35,449	25,963	52.00
53.00	05300		4,235	0	4,235	0	53.00
54.00	05400		121,960	6,936	121,960	4,021	54.00
55.00	05500		20,479	3,105	20,479	57	55.00
56.00	05600		20,783	2,850	20,783	528	56.00
57.00	05700		11,068	317	11,068	269	57.00
58.00	05800		23,934	1,629	23,934	852	58.00
59.00	05900		21,778	2,704	21,778	1,850	59.00
60.00	06000		60,792	805	60,792	1,862	60.00
60.01	06001		3,700	1,455	3,700	0	60.01
63.00	06300		2,750	402	2,750	0	63.00
64.00	06400		786	45	786	0	64.00
65.00	06500		6,148	0	6,148	20	65.00
66.00	06600		57,112	1,652	57,112	20	66.00
67.00	06700		4,217	1,356	4,217	0	67.00
68.00	06800		2,264	0	2,264	0	68.00
69.00	06900		22,303	2,429	22,303	762	69.00
70.00	07000		4,953	1,194	4,953	0	70.00
71.00	07100		13,051	924	13,051	0	71.00
72.00	07200		20,847	1,475	20,847	0	72.00
73.00	07300		23,469	0	23,469	0	73.00
74.00	07400		10,446	2,202	10,446	1,379	74.00
75.00	07500		36,054	4,823	36,054	13,767	75.00
76.00	03950		0	0	0	0	76.00
76.97	07697		5,400	838	5,400	14	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		286,654	10,131	286,654	28,123	90.00
91.00	09100		55,004	7,584	55,004	19,414	91.00
92.00	09200						92.00
92.01	09201		14,514	0	14,514	23,587	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100		9,105	0	9,105	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600		4,056	0	4,056	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,522,886	119,615	1,491,259	708,746	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	27,725	0	27,725	0	191.00
193.01	19301 NON-ALLOWABLE COST	0	267,203	0	267,203	0	193.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	80,089,680	4,867,657	17,940,042	18,464,172	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	44.058237	40.694369	10.043765	26.051889	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	19,461,935	319,663	1,245,550	1,705,055	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	10.706230	2.672432	0.697323	2.405735	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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	10,243,765					11.00
12.00	01200		0				12.00
13.00	01300	143,288	0	1,519			13.00
14.00	01400		0	0	90,382,016		14.00
15.00	01500		0	0	0	123,655,021	15.00
16.00	01600	159,810	0	0	0	0	16.00
17.00	01700	109,095	0	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200	373,041	0	7	0	272	22.00
23.00	02300	44,962	0	0	0	0	23.00
23.01	02301	4,720	0	0	0	0	23.01
23.02	02302	8,711	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,822,072	0	490	0	0	30.00
31.00	03100	386,388	0	146	0	267	31.00
31.01	03101	195,848	0	85	0	11,997	31.01
32.00	03200	24,398	0	7	0	0	32.00
40.00	04000	132,988	0	24	0	0	40.00
41.00	04100	56,469	0	14	0	0	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		0	0	0	0	43.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	503,109	0	124	0	47,265	50.00
51.00	05100	89,609	0	40	0	6,803	51.00
52.00	05200	193,654	0	71	0	0	52.00
53.00	05300	47,889	0	3	0	1,338,974	53.00
54.00	05400	730,866	0	29	0	105,131	54.00
55.00	05500	84,307	0	3	0	421	55.00
56.00	05600	80,003	0	0	0	3,789	56.00
57.00	05700	82,210	0	0	0	244,450	57.00
58.00	05800	93,486	0	2	0	241,414	58.00
59.00	05900	59,740	0	17	0	35,868	59.00
60.00	06000	722,677	0	2	0	11,066	60.00
60.01	06001	34,263	0	0	0	0	60.01
63.00	06300	33,837	0	0	0	32,228	63.00
64.00	06400	43,323	0	21	0	5,476	64.00
65.00	06500	162,113	0	0	0	7,720	65.00
66.00	06600	486,721	0	1	0	6,571	66.00
67.00	06700	65,363	0	0	0	225	67.00
68.00	06800	24,546	0	0	0	0	68.00
69.00	06900	127,796	0	17	0	7,560	69.00
70.00	07000	38,371	0	0	0	3	70.00
71.00	07100	78,682	0	0	25,971,581	63	71.00
72.00	07200	125,686	0	0	64,164,110	100	72.00
73.00	07300	381,678	0	0	0	119,217,561	73.00
74.00	07400	54,393	0	11	18,914	883,547	74.00
75.00	07500	160,717	0	58	0	395	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	15,180	0	4	0	19	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	783,636	0	127	0	247,203	90.00
91.00	09100	497,263	0	124	0	33,849	91.00
92.00	09200						92.00
92.01	09201	94,271	0	24	0	2	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	215,253	0	46	166,857	580,083	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
116.00	11600	HOSPICE	74,920	0	17	60,306	562,236	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,647,352	0	1,514	90,381,768	123,632,558	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	260,000	0	0	0	20,290	191.00
193.01	19301	NON-ALLOWABLE COST	336,413	0	5	248	2,173	193.01
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)	2,910,819	0	10,732,541	10,255,815	172,854,148	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.284155	0.000000	7,065.530612	0.113472	1.397874	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	929,556	0	735,231	300,649	5,007,317	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.090744	0.000000	484.023041	0.003326	0.040494	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,929,762,625				16.00
17.00 01700	SOCIAL SERVICE	0	62,744			17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-PHARMACY	0	0			23.00
23.01 02301	PARAMED ED PRGM-MEDICAL TECH	0	0			23.01
23.02 02302	PARAMED ED PRGM-SCHOOL OF ANESTHESI	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	289,651,732	32,317		0	30.00
31.00 03100	INTENSIVE CARE UNIT	71,652,863	5,311		0	31.00
31.01 03101	INFANT SPECIAL CARE UNIT (ISCU)	49,269,541	0		0	31.01
32.00 03200	CORONARY CARE UNIT	3,051,423	0		0	32.00
40.00 04000	SUBPROVIDER - IPF	19,726,057	0		0	40.00
41.00 04100	SUBPROVIDER - I RF	8,990,721	2,442		0	41.00
42.00 04200	SUBPROVIDER (SPECIFY)	0	0		0	42.00
43.00 04300	NURSERY	8,676,162	0		0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	326,213,856	0	0	0	50.00
51.00 05100	RECOVERY ROOM	67,794,408	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	45,049,594	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	50,089,759	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	245,388,081	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	87,705,922	0	0	0	55.00
56.00 05600	RADIOISOTOPE	74,038,048	0	0	0	56.00
57.00 05700	CT SCAN	248,943,504	0	0	0	57.00
58.00 05800	MRI	167,757,977	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	82,832,858	0	0	0	59.00
60.00 06000	LABORATORY	380,766,279	0	0	0	60.00
60.01 06001	VASCULAR LAB	30,069,624	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	11,026,200	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	7,728,661	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	54,218,909	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	81,829,304	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	13,420,034	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	4,920,078	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	138,022,733	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	10,938,580	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	133,069,189	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	212,870,875	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	423,476,516	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	18,947,202	2,461	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	19,154,528	104	0	0	75.00
76.00 03950	BLANK	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	2,051,226	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	248,912,906	9,573	0	0	90.00
91.00 09100	EMERGENCY	246,725,467	332	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION	14,270,233	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	19,092,125	2,080	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	11,419,450	8,124	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,929,762,625	62,744	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	0	0	193.01
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)	8,997,029	9,064,436	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002289	144.466977	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	575,548	443,363	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000146	7.066221	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	20,182				22.00
23.00 02300 PARAMED PRGM-PHARMACY		100			23.00
23.01 02301 PARAMED PRGM-MEDICAL TECH		0	100		23.01
23.02 02302 PARAMED PRGM-SCHOOL OF ANESTHESIA		0	0	100	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	11,045	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01 03101 INFANT SPECIAL CARE UNIT (ISCU)	108	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	354	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	100	0	0	0	41.00
42.00 04200 SUBPROVIDER (SPECIALTY)	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	3,133	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	1,428	0	0	100	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,011	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	231	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	1,095	0	100	0	60.00
60.01 06001 VASCULAR LAB	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
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	178	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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	100	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03950 BLANK	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	190	0	0	0	90.00
91.00 09100 EMERGENCY	1,309	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201 OBSERVATION	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet B-1

Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,182	100	100	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	0	0	191.00
193.01	19301	NON-ALLOWABLE COST	0	0	0	193.01
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)	49,065,817	2,129,838	162,514	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,431.167228	21,298.380000	1,625.140000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,928,920	77,150	28,188	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	145.125359	771.500000	281.880000	205.00

Provider CCN: 140010

Period:
 From 10/01/2013
 To 09/30/2014

Worksheet B-2
 Date/Time Prepared:
 2/23/2015 8:50 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	-839,707	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/23/2015 8:50 am	
			Title XVIIII	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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		134,813,011	171,639	134,984,650	30.00
31.00	03100 INTENSIVE CARE UNIT		31,283,234	0	31,283,234	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		14,379,681	0	14,379,681	31.01
32.00	03200 CORONARY CARE UNIT		1,728,488	0	1,728,488	32.00
40.00	04000 SUBPROVIDER - IPF		9,384,354	64,998	9,449,352	40.00
41.00	04100 SUBPROVIDER - IRF		4,524,726	0	4,524,726	41.00
42.00	04200 SUBPROVIDER (SPECIFY)		0	0	0	42.00
43.00	04300 NURSERY		4,714,919	0	4,714,919	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		54,963,734	0	54,963,734	50.00
51.00	05100 RECOVERY ROOM		8,353,974	0	8,353,974	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		13,390,951	0	13,390,951	52.00
53.00	05300 ANESTHESIOLOGY		8,093,284	0	8,093,284	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		54,780,273	475,511	55,255,784	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		12,274,311	171,914	12,446,225	55.00
56.00	05600 RADIOISOTOPE		10,655,205	163,802	10,819,007	56.00
57.00	05700 CT SCAN		10,128,671	0	10,128,671	57.00
58.00	05800 MRI		14,517,764	0	14,517,764	58.00
59.00	05900 CARDIAC CATHETERIZATION		8,073,336	0	8,073,336	59.00
60.00	06000 LABORATORY		63,173,256	2,216,075	65,389,331	60.00
60.01	06001 VASCULAR LAB		3,234,994	14,571	3,249,565	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,862,318	0	2,862,318	63.00
64.00	06400 INTRAVENOUS THERAPY		3,603,044	0	3,603,044	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,098,590	0	11,098,590	65.00
66.00	06600 PHYSICAL THERAPY	0	33,327,188	82,369	33,409,557	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,358,682	0	4,358,682	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,623,239	0	1,623,239	68.00
69.00	06900 ELECTROCARDIOLOGY		10,014,391	18,911	10,033,302	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,984,676	0	2,984,676	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		36,250,092	0	36,250,092	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		88,258,372	0	88,258,372	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		171,690,899	0	171,690,899	73.00
74.00	07400 RENAL DIALYSIS		8,877,335	0	8,877,335	74.00
75.00	07500 ASC (NON-DISTINCT PART)		14,141,017	0	14,141,017	75.00
76.00	03950 BLANK		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		1,273,240	0	1,273,240	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		158,958,577	41,236	158,999,813	90.00
91.00	09100 EMERGENCY		35,258,885	0	35,258,885	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		17,312,600	0	17,312,600	92.00
92.01	09201 OBSERVATION		6,285,763	0	6,285,763	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY		18,937,968	0	18,937,968	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE		11,297,661		11,297,661	116.00
200.00	Subtotal (see instructions)	0	1,100,882,703	3,421,026	1,104,303,729	200.00
201.00	Less Observation Beds		17,312,600		17,312,600	201.00
202.00	Total (see instructions)	0	1,083,570,103	3,421,026	1,086,991,129	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet C Part I Date/Time Prepared: 2/23/2015 8:50 am	
			Title XVII I		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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,141,554		242,141,554			30.00
31.00	03100	INTENSIVE CARE UNIT	71,652,863		71,652,863			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,269,541		49,269,541			31.01
32.00	03200	CORONARY CARE UNIT	3,051,423		3,051,423			32.00
40.00	04000	SUBPROVIDER - I PF	19,726,057		19,726,057			40.00
41.00	04100	SUBPROVIDER - I RF	8,990,721		8,990,721			41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0		0			42.00
43.00	04300	NURSERY	8,676,162		8,676,162			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,938,961	172,274,895	326,213,856	0.168490	0.000000	50.00
51.00	05100	RECOVERY ROOM	29,519,508	38,274,900	67,794,408	0.123225	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,609,865	2,439,729	45,049,594	0.297249	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,377,984	27,711,775	50,089,759	0.161576	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,925,236	196,462,845	245,388,081	0.223239	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,798	85,033,124	87,705,922	0.139948	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,730,668	67,307,380	74,038,048	0.143915	0.000000	56.00
57.00	05700	CT SCAN	62,440,445	186,503,059	248,943,504	0.040687	0.000000	57.00
58.00	05800	MRI	18,657,909	149,100,068	167,757,977	0.086540	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,016,762	40,816,096	82,832,858	0.097465	0.000000	59.00
60.00	06000	LABORATORY	153,451,526	227,314,753	380,766,279	0.165911	0.000000	60.00
60.01	06001	VASCULAR LAB	10,382,223	19,687,401	30,069,624	0.107583	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,769,913	3,256,287	11,026,200	0.259592	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	7,416,872	311,789	7,728,661	0.466193	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	49,440,864	4,778,045	54,218,909	0.204700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,779,199	62,050,105	81,829,304	0.407277	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,159,529	2,260,505	13,420,034	0.324789	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,151,796	768,282	4,920,078	0.329921	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	40,504,726	97,518,007	138,022,733	0.072556	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,362,708	4,575,872	10,938,580	0.272858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,408,735	61,660,454	133,069,189	0.272415	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,395,503	66,475,372	212,870,875	0.414610	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,866,935	310,609,581	423,476,516	0.405432	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,954,373	13,992,829	18,947,202	0.468530	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	159,646	18,994,882	19,154,528	0.738260	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,468	2,048,758	2,051,226	0.620721	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,997,264	239,915,642	248,912,906	0.638611	0.000000	90.00
91.00	09100	EMERGENCY	80,063,076	166,662,391	246,725,467	0.142907	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,163,602	37,346,576	47,510,178	0.364398	0.000000	92.00
92.01	09201	OBSERVATION	2,621,212	11,649,021	14,270,233	0.440481	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	19,092,125	19,092,125			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,419,450	11,419,450			116.00
200.00		Subtotal (see instructions)	1,581,450,627	2,348,311,998	3,929,762,625			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,581,450,627	2,348,311,998	3,929,762,625			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/23/2015 8:50 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)			31.01
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER (SPECIFY)			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.168490		50.00
51.00	05100 RECOVERY ROOM	0.123225		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297249		52.00
53.00	05300 ANESTHESIOLOGY	0.161576		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225177		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141909		55.00
56.00	05600 RADIOISOTOPE	0.146128		56.00
57.00	05700 CT SCAN	0.040687		57.00
58.00	05800 MRI	0.086540		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097465		59.00
60.00	06000 LABORATORY	0.171731		60.00
60.01	06001 VASCULAR LAB	0.108068		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.259592		63.00
64.00	06400 INTRAVENOUS THERAPY	0.466193		64.00
65.00	06500 RESPIRATORY THERAPY	0.204700		65.00
66.00	06600 PHYSICAL THERAPY	0.408284		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.324789		67.00
68.00	06800 SPEECH PATHOLOGY	0.329921		68.00
69.00	06900 ELECTROCARDIOLOGY	0.072693		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272858		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.414610		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405432		73.00
74.00	07400 RENAL DIALYSIS	0.468530		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.738260		75.00
76.00	03950 BLANK	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.620721		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638777		90.00
91.00	09100 EMERGENCY	0.142907		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.364398		92.00
92.01	09201 OBSERVATION	0.440481		92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet C
Part I
Date/Time Prepared:
2/23/2015 8:50 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		134,813,011	171,639	134,984,650	30.00	
31.00	03100 INTENSIVE CARE UNIT		31,283,234	0	31,283,234	31.00	
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		14,379,681	0	14,379,681	31.01	
32.00	03200 CORONARY CARE UNIT		1,728,488	0	1,728,488	32.00	
40.00	04000 SUBPROVIDER - IPF		9,384,354	64,998	9,449,352	40.00	
41.00	04100 SUBPROVIDER - IRF		4,524,726	0	4,524,726	41.00	
42.00	04200 SUBPROVIDER (SPECIFY)		0	0	0	42.00	
43.00	04300 NURSERY		4,714,919	0	4,714,919	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		54,963,734	0	54,963,734	50.00	
51.00	05100 RECOVERY ROOM		8,353,974	0	8,353,974	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		13,390,951	0	13,390,951	52.00	
53.00	05300 ANESTHESIOLOGY		8,093,284	0	8,093,284	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		54,780,273	475,511	55,255,784	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		12,274,311	171,914	12,446,225	55.00	
56.00	05600 RADIOISOTOPE		10,655,205	163,802	10,819,007	56.00	
57.00	05700 CT SCAN		10,128,671	0	10,128,671	57.00	
58.00	05800 MRI		14,517,764	0	14,517,764	58.00	
59.00	05900 CARDIAC CATHETERIZATION		8,073,336	0	8,073,336	59.00	
60.00	06000 LABORATORY		63,173,256	2,216,075	65,389,331	60.00	
60.01	06001 VASCULAR LAB		3,234,994	14,571	3,249,565	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,862,318	0	2,862,318	63.00	
64.00	06400 INTRAVENOUS THERAPY		3,603,044	0	3,603,044	64.00	
65.00	06500 RESPIRATORY THERAPY	0	11,098,590	0	11,098,590	65.00	
66.00	06600 PHYSICAL THERAPY	0	33,327,188	82,369	33,409,557	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	4,358,682	0	4,358,682	67.00	
68.00	06800 SPEECH PATHOLOGY	0	1,623,239	0	1,623,239	68.00	
69.00	06900 ELECTROCARDIOLOGY		10,014,391	18,911	10,033,302	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		2,984,676	0	2,984,676	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		36,250,092	0	36,250,092	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		88,258,372	0	88,258,372	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		171,690,899	0	171,690,899	73.00	
74.00	07400 RENAL DIALYSIS		8,877,335	0	8,877,335	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		14,141,017	0	14,141,017	75.00	
76.00	03950 BLANK		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		1,273,240	0	1,273,240	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		158,958,577	41,236	158,999,813	90.00	
91.00	09100 EMERGENCY		35,258,885	0	35,258,885	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		17,312,600	0	17,312,600	92.00	
92.01	09201 OBSERVATION		6,285,763	0	6,285,763	92.01	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		18,937,968		18,937,968	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		11,297,661		11,297,661	116.00	
200.00	Subtotal (see instructions)	0	1,100,882,703	3,421,026	1,104,303,729	200.00	
201.00	Less Observation Beds		17,312,600		17,312,600	201.00	
202.00	Total (see instructions)	0	1,083,570,103	3,421,026	1,086,991,129	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet C Part I Date/Time Prepared: 2/23/2015 8:50 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	242,141,554		242,141,554			30.00
31.00	03100	INTENSIVE CARE UNIT	71,652,863		71,652,863			31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	49,269,541		49,269,541			31.01
32.00	03200	CORONARY CARE UNIT	3,051,423		3,051,423			32.00
40.00	04000	SUBPROVIDER - I/PF	19,726,057		19,726,057			40.00
41.00	04100	SUBPROVIDER - I/RF	8,990,721		8,990,721			41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0		0			42.00
43.00	04300	NURSERY	8,676,162		8,676,162			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	153,938,961	172,274,895	326,213,856	0.168490	0.000000	50.00
51.00	05100	RECOVERY ROOM	29,519,508	38,274,900	67,794,408	0.123225	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,609,865	2,439,729	45,049,594	0.297249	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	22,377,984	27,711,775	50,089,759	0.161576	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,925,236	196,462,845	245,388,081	0.223239	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,672,798	85,033,124	87,705,922	0.139948	0.000000	55.00
56.00	05600	RADIOISOTOPE	6,730,668	67,307,380	74,038,048	0.143915	0.000000	56.00
57.00	05700	CT SCAN	62,440,445	186,503,059	248,943,504	0.040687	0.000000	57.00
58.00	05800	MRI	18,657,909	149,100,068	167,757,977	0.086540	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,016,762	40,816,096	82,832,858	0.097465	0.000000	59.00
60.00	06000	LABORATORY	153,451,526	227,314,753	380,766,279	0.165911	0.000000	60.00
60.01	06001	VASCULAR LAB	10,382,223	19,687,401	30,069,624	0.107583	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,769,913	3,256,287	11,026,200	0.259592	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	7,416,872	311,789	7,728,661	0.466193	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	49,440,864	4,778,045	54,218,909	0.204700	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	19,779,199	62,050,105	81,829,304	0.407277	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,159,529	2,260,505	13,420,034	0.324789	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	4,151,796	768,282	4,920,078	0.329921	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	40,504,726	97,518,007	138,022,733	0.072556	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,362,708	4,575,872	10,938,580	0.272858	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71,408,735	61,660,454	133,069,189	0.272415	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	146,395,503	66,475,372	212,870,875	0.414610	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	112,866,935	310,609,581	423,476,516	0.405432	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,954,373	13,992,829	18,947,202	0.468530	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	159,646	18,994,882	19,154,528	0.738260	0.000000	75.00
76.00	03950	BLANK	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	2,468	2,048,758	2,051,226	0.620721	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,997,264	239,915,642	248,912,906	0.638611	0.000000	90.00
91.00	09100	EMERGENCY	80,063,076	166,662,391	246,725,467	0.142907	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,163,602	37,346,576	47,510,178	0.364398	0.000000	92.00
92.01	09201	OBSERVATION	2,621,212	11,649,021	14,270,233	0.440481	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	19,092,125	19,092,125			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	11,419,450	11,419,450			116.00
200.00		Subtotal (see instructions)	1,581,450,627	2,348,311,998	3,929,762,625			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,581,450,627	2,348,311,998	3,929,762,625			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/23/2015 8:50 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		31.01
32.00	03200	CORONARY CARE UNIT		32.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER (SPECIFY)		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
56.00	05600	RADIOISOTOPE	0.000000	56.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	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	VASCULAR LAB	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
76.00	03950	BLANK	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS				
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
92.01	09201	OBSERVATION	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
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: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Prepared: 2/23/2015 8:50 am
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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	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,315,420	0	13,315,420	143,549	92.76	30.00
31.00	INTENSIVE CARE UNIT	2,770,659		2,770,659	17,290	160.25	31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	1,020,612		1,020,612	12,717	80.26	31.01
32.00	CORONARY CARE UNIT	73,306		73,306	1,354	54.14	32.00
40.00	SUBPROVIDER - IPF	838,189	0	838,189	9,950	84.24	40.00
41.00	SUBPROVIDER - IRF	435,531	0	435,531	5,805	75.03	41.00
42.00	SUBPROVIDER (SPECIFY)	0	0	0	0	0.00	42.00
43.00	NURSERY	212,512		212,512	10,401	20.43	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	18,666,229		18,666,229	201,066		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	65,544	6,079,861				30.00
31.00	INTENSIVE CARE UNIT	9,587	1,536,317				31.00
31.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0				31.01
32.00	CORONARY CARE UNIT	88	4,764				32.00
40.00	SUBPROVIDER - IPF	2,193	184,738				40.00
41.00	SUBPROVIDER - IRF	3,346	251,050				41.00
42.00	SUBPROVIDER (SPECIFY)	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (lines 30-199)	80,758	8,056,730				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,173,434	326,213,856	0.028121	70,402,096	1,979,777	50.00
51.00	05100 RECOVERY ROOM	728,512	67,794,408	0.010746	14,055,699	151,043	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,707,421	45,049,594	0.037901	46,906	1,778	52.00
53.00	05300 ANESTHESIOLOGY	907,681	50,089,759	0.018121	8,826,692	159,948	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,056,379	245,388,081	0.036906	26,965,484	995,188	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,528,849	87,705,922	0.028833	1,401,696	40,415	55.00
56.00	05600 RADIOISOTOPE	1,916,149	74,038,048	0.025881	3,831,903	99,173	56.00
57.00	05700 CT SCAN	1,785,793	248,943,504	0.007173	34,291,047	245,970	57.00
58.00	05800 MRI	4,740,009	167,757,977	0.028255	9,435,672	266,605	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,172,037	82,832,858	0.026222	22,716,526	595,673	59.00
60.00	06000 LABORATORY	4,423,855	380,766,279	0.011618	84,388,109	980,421	60.00
60.01	06001 VASCULAR LAB	504,188	30,069,624	0.016767	6,097,241	102,232	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	178,276	11,026,200	0.016168	3,010,964	48,681	63.00
64.00	06400 INTRAVENOUS THERAPY	148,881	7,728,661	0.019263	3,969,161	76,458	64.00
65.00	06500 RESPIRATORY THERAPY	713,573	54,218,909	0.013161	24,960,462	328,505	65.00
66.00	06600 PHYSICAL THERAPY	2,657,446	81,829,304	0.032475	10,572,569	343,344	66.00
67.00	06700 OCCUPATIONAL THERAPY	259,635	13,420,034	0.019347	5,003,952	96,811	67.00
68.00	06800 SPEECH PATHOLOGY	113,735	4,920,078	0.023117	1,868,574	43,196	68.00
69.00	06900 ELECTROCARDIOLOGY	1,396,349	138,022,733	0.010117	24,959,500	252,515	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	304,404	10,938,580	0.027828	2,851,448	79,350	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,535,727	133,069,189	0.011541	34,863,810	402,363	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,330,337	212,870,875	0.015645	76,059,559	1,189,952	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,667,356	423,476,516	0.013383	59,890,289	801,512	73.00
74.00	07400 RENAL DIALYSIS	599,349	18,947,202	0.031633	3,456,308	109,333	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,488,721	19,154,528	0.077722	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	207,403	2,051,226	0.101112	340	34	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,289,810	248,912,906	0.057409	5,183,923	297,604	90.00
91.00	09100 EMERGENCY	3,064,993	246,725,467	0.012423	44,777,273	556,268	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,707,784	47,510,178	0.035946	7,962,084	286,205	92.00
92.01	09201 OBSERVATION	635,886	14,270,233	0.044560	1,795,040	79,987	92.01
200.00	Total (lines 50-199)	77,943,972	3,495,742,729		593,644,327	10,610,341	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part III Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0	0	0 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
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	143,549	0.00	65,544	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,290	0.00	9,587	0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)	12,717	0.00	0	0	31.01
32.00	03200	CORONARY CARE UNIT	1,354	0.00	88	0	32.00
40.00	04000	SUBPROVIDER - IPF	9,950	0.00	2,193	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,805	0.00	3,346	0	41.00
42.00	04200	SUBPROVIDER (SPECIFY)	0	0.00	0	0	42.00
43.00	04300	NURSERY	10,401	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00		Total (lines 30-199)	201,066		80,758	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
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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		
ANCILLARY SERVICE COST CENTERS								
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	38,045	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	162,514	0	60.00	
60.01	06001	VASCULAR LAB	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
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	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,129,838	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03950	BLANK	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
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	
92.01	09201	OBSERVATION	0	0	0	0	92.01	
200.00		Total (lines 50-199)	0	0	2,330,397	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet D
Part IV
Date/Time Prepared:
2/23/2015 8:50 am

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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	326,213,856	0.000000	0.000000	70,402,096	50.00
51.00	05100	RECOVERY ROOM	0	67,794,408	0.000000	0.000000	14,055,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,049,594	0.000000	0.000000	46,906	52.00
53.00	05300	ANESTHESIOLOGY	38,045	50,089,759	0.000760	0.000760	8,826,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	245,388,081	0.000000	0.000000	26,965,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	87,705,922	0.000000	0.000000	1,401,696	55.00
56.00	05600	RADIOISOTOPE	0	74,038,048	0.000000	0.000000	3,831,903	56.00
57.00	05700	CT SCAN	0	248,943,504	0.000000	0.000000	34,291,047	57.00
58.00	05800	MRI	0	167,757,977	0.000000	0.000000	9,435,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	82,832,858	0.000000	0.000000	22,716,526	59.00
60.00	06000	LABORATORY	162,514	380,766,279	0.000427	0.000427	84,388,109	60.00
60.01	06001	VASCULAR LAB	0	30,069,624	0.000000	0.000000	6,097,241	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,026,200	0.000000	0.000000	3,010,964	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,728,661	0.000000	0.000000	3,969,161	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,218,909	0.000000	0.000000	24,960,462	65.00
66.00	06600	PHYSICAL THERAPY	0	81,829,304	0.000000	0.000000	10,572,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,420,034	0.000000	0.000000	5,003,952	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,920,078	0.000000	0.000000	1,868,574	68.00
69.00	06900	ELECTROCARDIOLOGY	0	138,022,733	0.000000	0.000000	24,959,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,938,580	0.000000	0.000000	2,851,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,069,189	0.000000	0.000000	34,863,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	212,870,875	0.000000	0.000000	76,059,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,129,838	423,476,516	0.005029	0.005029	59,890,289	73.00
74.00	07400	RENAL DIALYSIS	0	18,947,202	0.000000	0.000000	3,456,308	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	19,154,528	0.000000	0.000000	0	75.00
76.00	03950	BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	2,051,226	0.000000	0.000000	340	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	248,912,906	0.000000	0.000000	5,183,923	90.00
91.00	09100	EMERGENCY	0	246,725,467	0.000000	0.000000	44,777,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0.000000	7,962,084	92.00
92.01	09201	OBSERVATION	0	14,270,233	0.000000	0.000000	1,795,040	92.01
200.00		Total (lines 50-199)	2,330,397	3,495,742,729			593,644,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	47,752,947	0		50.00
51.00	05100 RECOVERY ROOM	0	9,085,242	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,472	0		52.00
53.00	05300 ANESTHESIOLOGY	6,708	7,745,122	5,886		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	51,825,259	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	37,110,805	0		55.00
56.00	05600 RADIOISOTOPE	0	30,808,588	0		56.00
57.00	05700 CT SCAN	0	75,370,215	0		57.00
58.00	05800 MRI	0	44,610,991	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,534,901	0		59.00
60.00	06000 LABORATORY	36,034	63,658,437	27,182		60.00
60.01	06001 VASCULAR LAB	0	9,820,340	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,011,904	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,189,090	0		65.00
66.00	06600 PHYSICAL THERAPY	0	888,612	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	29,050	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	49,814,007	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,946,953	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,480,248	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,881,959	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	301,188	131,911,780	663,384		73.00
74.00	07400 RENAL DIALYSIS	0	568,020	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	5,868,994	0		75.00
76.00	03950 BLANK	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	1,055,072	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	110,564,410	0		90.00
91.00	09100 EMERGENCY	0	45,214,130	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,953,118	0		92.00
92.01	09201 OBSERVATION	0	5,824,506	0		92.01
200.00	Total (lines 50-199)	343,930	827,529,172	696,452		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.168490	47,752,947	0	0	8,045,894	50.00
51.00	05100 RECOVERY ROOM	0.123225	9,085,242	0	0	1,119,529	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297249	4,472	0	0	1,329	52.00
53.00	05300 ANESTHESIOLOGY	0.161576	7,745,122	0	0	1,251,426	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223239	51,825,259	0	0	11,569,419	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139948	37,110,805	0	0	5,193,583	55.00
56.00	05600 RADIOISOTOPE	0.143915	30,808,588	0	0	4,433,818	56.00
57.00	05700 CT SCAN	0.040687	75,370,215	0	0	3,066,588	57.00
58.00	05800 MRI	0.086540	44,610,991	0	0	3,860,635	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097465	23,534,901	0	0	2,293,829	59.00
60.00	06000 LABORATORY	0.165911	63,658,437	55,927	0	10,561,635	60.00
60.01	06001 VASCULAR LAB	0.107583	9,820,340	0	0	1,056,502	60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.259592	1,011,904	0	0	262,682	63.00
64.00	06400 INTRAVENOUS THERAPY	0.466193	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.204700	2,189,090	0	0	448,107	65.00
66.00	06600 PHYSICAL THERAPY	0.407277	888,612	0	0	361,911	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.324789	29,050	0	0	9,435	67.00
68.00	06800 SPEECH PATHOLOGY	0.329921	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072556	49,814,007	0	0	3,614,305	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272858	1,946,953	0	0	531,242	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	21,480,248	0	0	5,851,542	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.414610	33,881,959	0	0	14,047,799	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405432	131,911,780	8,083	1,070,009	53,481,257	73.00
74.00	07400 RENAL DIALYSIS	0.468530	568,020	0	0	266,134	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.738260	5,868,994	0	0	4,332,844	75.00
76.00	03950 BLANK	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.620721	1,055,072	0	0	654,905	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.638611	110,564,410	0	0	70,607,648	90.00
91.00	09100 EMERGENCY	0.142907	45,214,130	0	0	6,461,416	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	13,953,118	0	0	5,084,488	92.00
92.01	09201 OBSERVATION	0.440481	5,824,506	0	0	2,565,584	92.01
200.00	Subtotal (see instructions)		827,529,172	64,010	1,070,009	221,035,486	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		827,529,172	64,010	1,070,009	221,035,486	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	9,279	0		60.00
60.01 06001 VASCULAR LAB	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,277	433,816		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 BLANK	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION	0	0		92.01
200.00	Subtotal (see instructions)	12,556	433,816	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	12,556	433,816	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,173,434	326,213,856	0.028121	0	50.00
51.00	05100	RECOVERY ROOM	728,512	67,794,408	0.010746	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,707,421	45,049,594	0.037901	0	52.00
53.00	05300	ANESTHESIOLOGY	907,681	50,089,759	0.018121	88,785	1,609 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,056,379	245,388,081	0.036906	25,713	949 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,528,849	87,705,922	0.028833	0	55.00
56.00	05600	RADIOISOTOPE	1,916,149	74,038,048	0.025881	0	56.00
57.00	05700	CT SCAN	1,785,793	248,943,504	0.007173	64,665	464 57.00
58.00	05800	MRI	4,740,009	167,757,977	0.028255	38,805	1,096 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,172,037	82,832,858	0.026222	0	59.00
60.00	06000	LABORATORY	4,423,855	380,766,279	0.011618	544,384	6,325 60.00
60.01	06001	VASCULAR LAB	504,188	30,069,624	0.016767	3,473	58 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	178,276	11,026,200	0.016168	0	63.00
64.00	06400	INTRAVENOUS THERAPY	148,881	7,728,661	0.019263	0	64.00
65.00	06500	RESPIRATORY THERAPY	713,573	54,218,909	0.013161	10,881	143 65.00
66.00	06600	PHYSICAL THERAPY	2,657,446	81,829,304	0.032475	20,512	666 66.00
67.00	06700	OCCUPATIONAL THERAPY	259,635	13,420,034	0.019347	1,029	20 67.00
68.00	06800	SPEECH PATHOLOGY	113,735	4,920,078	0.023117	1,779	41 68.00
69.00	06900	ELECTROCARDIOLOGY	1,396,349	138,022,733	0.010117	49,638	502 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	304,404	10,938,580	0.027828	4,334	121 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,535,727	133,069,189	0.011541	9,637	111 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,330,337	212,870,875	0.015645	1,128	18 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,667,356	423,476,516	0.013383	496,680	6,647 73.00
74.00	07400	RENAL DIALYSIS	599,349	18,947,202	0.031633	3,825	121 74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,488,721	19,154,528	0.077722	0	0 75.00
76.00	03950	BLANK	0	0	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	207,403	2,051,226	0.010112	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	14,289,810	248,912,906	0.057409	94,553	5,428 90.00
91.00	09100	EMERGENCY	3,064,993	246,725,467	0.012423	644,188	8,003 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0	0 92.00
92.01	09201	OBSERVATION	635,886	14,270,233	0.044560	10,525	469 92.01
200.00		Total (Lines 50-199)	76,236,188	3,495,742,729		2,114,534	32,791 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	38,045	0	38,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	162,514	0	162,514	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,129,838	0	2,129,838	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,330,397	0	2,330,397	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
Title XVIII		Subprovider - IPF	PPS

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	326,213,856	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	67,794,408	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	45,049,594	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	38,045	50,089,759	0.000760	0.000760	88,785	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	245,388,081	0.000000	0.000000	25,713	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	87,705,922	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	74,038,048	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	248,943,504	0.000000	0.000000	64,665	57.00
58.00	05800 MRI	0	167,757,977	0.000000	0.000000	38,805	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	82,832,858	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	162,514	380,766,279	0.000427	0.000427	544,384	60.00
60.01	06001 VASCULAR LAB	0	30,069,624	0.000000	0.000000	3,473	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,026,200	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	7,728,661	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	54,218,909	0.000000	0.000000	10,881	65.00
66.00	06600 PHYSICAL THERAPY	0	81,829,304	0.000000	0.000000	20,512	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,420,034	0.000000	0.000000	1,029	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,920,078	0.000000	0.000000	1,779	68.00
69.00	06900 ELECTROCARDIOLOGY	0	138,022,733	0.000000	0.000000	49,638	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,938,580	0.000000	0.000000	4,334	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,069,189	0.000000	0.000000	9,637	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	212,870,875	0.000000	0.000000	1,128	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,129,838	423,476,516	0.005029	0.005029	496,680	73.00
74.00	07400 RENAL DIALYSIS	0	18,947,202	0.000000	0.000000	3,825	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	19,154,528	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,051,226	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	248,912,906	0.000000	0.000000	94,553	90.00
91.00	09100 EMERGENCY	0	246,725,467	0.000000	0.000000	644,188	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION	0	14,270,233	0.000000	0.000000	10,525	92.01
200.00	Total (Lines 50-199)	2,330,397	3,495,742,729			2,114,534	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	67	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	932	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	1,800	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	232	2,101	1	60.00
60.01	06001 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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	1,602	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,498	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	336	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION	0	0	0	92.01
200.00	Total (Lines 50-199)	2,797	6,771	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am		
		Component CCN: 14S010	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.168490	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.123225	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297249	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.161576	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223239	932	0	0	208 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139948	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.143915	0	0	0	0 56.00
57.00	05700 CT SCAN	0.040687	1,800	0	0	73 57.00
58.00	05800 MRI	0.086540	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097465	0	0	0	0 59.00
60.00	06000 LABORATORY	0.165911	2,101	0	0	349 60.00
60.01	06001 VASCULAR LAB	0.107583	0	0	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.259592	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.466193	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.204700	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.407277	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.324789	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.329921	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072556	1,602	0	0	116 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272858	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.414610	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405432	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0.468530	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.738260	0	0	0	0 75.00
76.00	03950 BLANK	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.620721	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.638611	0	0	0	0 90.00
91.00	09100 EMERGENCY	0.142907	336	0	0	48 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	0	0	0	0 92.00
92.01	09201 OBSERVATION	0.440481	0	0	0	0 92.01
200.00	Subtotal (see instructions)		6,771	0	0	794 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		6,771	0	0	794 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am
	Component CCN: 14S010	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION	0	0	92.01
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,173,434	326,213,856	0.028121	32,233	906	50.00
51.00	05100 RECOVERY ROOM	728,512	67,794,408	0.010746	6,147	66	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,707,421	45,049,594	0.037901	0	0	52.00
53.00	05300 ANESTHESIOLOGY	907,681	50,089,759	0.018121	2,425	44	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,056,379	245,388,081	0.036906	197,678	7,296	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,528,849	87,705,922	0.028833	121,460	3,502	55.00
56.00	05600 RADIOISOTOPE	1,916,149	74,038,048	0.025881	17,792	460	56.00
57.00	05700 CT SCAN	1,785,793	248,943,504	0.007173	166,349	1,193	57.00
58.00	05800 MRI	4,740,009	167,757,977	0.028255	78,388	2,215	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,172,037	82,832,858	0.026222	0	0	59.00
60.00	06000 LABORATORY	4,423,855	380,766,279	0.011618	727,040	8,447	60.00
60.01	06001 VASCULAR LAB	504,188	30,069,624	0.016767	216,746	3,634	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	178,276	11,026,200	0.016168	11,022	178	63.00
64.00	06400 INTRAVENOUS THERAPY	148,881	7,728,661	0.019263	27,948	538	64.00
65.00	06500 RESPIRATORY THERAPY	713,573	54,218,909	0.013161	156,254	2,056	65.00
66.00	06600 PHYSICAL THERAPY	2,657,446	81,829,304	0.032475	1,512,638	49,123	66.00
67.00	06700 OCCUPATIONAL THERAPY	259,635	13,420,034	0.019347	1,544,229	29,876	67.00
68.00	06800 SPEECH PATHOLOGY	113,735	4,920,078	0.023117	909,392	21,022	68.00
69.00	06900 ELECTROCARDIOLOGY	1,396,349	138,022,733	0.010117	39,093	396	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	304,404	10,938,580	0.027828	6,636	185	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,535,727	133,069,189	0.011541	116,527	1,345	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,330,337	212,870,875	0.015645	16,074	251	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,667,356	423,476,516	0.013383	1,065,556	14,260	73.00
74.00	07400 RENAL DIALYSIS	599,349	18,947,202	0.031633	41,311	1,307	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,488,721	19,154,528	0.077722	0	0	75.00
76.00	03950 BLANK	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	207,403	2,051,226	0.010112	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,289,810	248,912,906	0.057409	13,590	780	90.00
91.00	09100 EMERGENCY	3,064,993	246,725,467	0.012423	5,026	62	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0	0	92.00
92.01	09201 OBSERVATION	635,886	14,270,233	0.044560	26,120	1,164	92.01
200.00	Total (Lines 50-199)	76,236,188	3,495,742,729		7,057,674	150,306	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	38,045	0	38,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	162,514	0	162,514	60.00
60.01	06001 VASCULAR LAB	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,129,838	0	2,129,838	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 BLANK	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	2,330,397	0	2,330,397	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
Title XVIII		Subprovider - IRF	PPS

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	326,213,856	0.000000	0.000000	32,233	50.00
51.00	05100 RECOVERY ROOM	0	67,794,408	0.000000	0.000000	6,147	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	45,049,594	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	38,045	50,089,759	0.000760	0.000760	2,425	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	245,388,081	0.000000	0.000000	197,678	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	87,705,922	0.000000	0.000000	121,460	55.00
56.00	05600 RADIOISOTOPE	0	74,038,048	0.000000	0.000000	17,792	56.00
57.00	05700 CT SCAN	0	248,943,504	0.000000	0.000000	166,349	57.00
58.00	05800 MRI	0	167,757,977	0.000000	0.000000	78,388	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	82,832,858	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	162,514	380,766,279	0.000427	0.000427	727,040	60.00
60.01	06001 VASCULAR LAB	0	30,069,624	0.000000	0.000000	216,746	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,026,200	0.000000	0.000000	11,022	63.00
64.00	06400 INTRAVENOUS THERAPY	0	7,728,661	0.000000	0.000000	27,948	64.00
65.00	06500 RESPIRATORY THERAPY	0	54,218,909	0.000000	0.000000	156,254	65.00
66.00	06600 PHYSICAL THERAPY	0	81,829,304	0.000000	0.000000	1,512,638	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,420,034	0.000000	0.000000	1,544,229	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,920,078	0.000000	0.000000	909,392	68.00
69.00	06900 ELECTROCARDIOLOGY	0	138,022,733	0.000000	0.000000	39,093	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,938,580	0.000000	0.000000	6,636	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,069,189	0.000000	0.000000	116,527	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	212,870,875	0.000000	0.000000	16,074	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,129,838	423,476,516	0.005029	0.005029	1,065,556	73.00
74.00	07400 RENAL DIALYSIS	0	18,947,202	0.000000	0.000000	41,311	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	19,154,528	0.000000	0.000000	0	75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	2,051,226	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	248,912,906	0.000000	0.000000	13,590	90.00
91.00	09100 EMERGENCY	0	246,725,467	0.000000	0.000000	5,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION	0	14,270,233	0.000000	0.000000	26,120	92.01
200.00	Total (Lines 50-199)	2,330,397	3,495,742,729			7,057,674	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,721	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	4,537	0	57.00
58.00	05800 MRI	0	2,923	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	310	735	0	60.00
60.01	06001 VASCULAR LAB	0	7,538	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	250	0	64.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	297	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,359	3,103	16	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	10	0	90.00
91.00	09100 EMERGENCY	0	355	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION	0	2,549	0	92.01
200.00	Total (Lines 50-199)	5,671	25,018	16	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
								1.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.168490	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.123225	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297249	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.161576	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223239	2,721	0	0	607	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139948	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.143915	0	0	0	0	56.00
57.00	05700	CT SCAN	0.040687	4,537	0	0	185	57.00
58.00	05800	MRI	0.086540	2,923	0	0	253	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097465	0	0	0	0	59.00
60.00	06000	LABORATORY	0.165911	735	0	0	122	60.00
60.01	06001	VASCULAR LAB	0.107583	7,538	0	0	811	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259592	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.466193	250	0	0	117	64.00
65.00	06500	RESPIRATORY THERAPY	0.204700	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.407277	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.324789	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.329921	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072556	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272858	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	297	0	0	81	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.414610	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405432	3,103	0	0	1,258	73.00
74.00	07400	RENAL DIALYSIS	0.468530	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.738260	0	0	0	0	75.00
76.00	03950	BLANK	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.620721	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.638611	10	0	0	6	90.00
91.00	09100	EMERGENCY	0.142907	355	0	0	51	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	0	0	0	0	92.00
92.01	09201	OBSERVATION	0.440481	2,549	0	0	1,123	92.01
200.00		Subtotal (see instructions)		25,018	0	0	4,614	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		25,018	0	0	4,614	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140010	Period: From 10/01/2013	Worksheet D Part V Date/Time Prepared: 2/23/2015 8:50 am
	Component CCN: 14T010	To 09/30/2014	
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 VASCULAR LAB	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
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
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03950 BLANK	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION	0	0	92.01
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet D

Component CCN: 145855

To 09/30/2014

Part IV
Date/Time Prepared:
2/23/2015 8:50 am

Title XVIII

Skilled Nursing Facility

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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	38,045	38,045	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	162,514	162,514	60.00
60.01	06001	VASCULAR LAB	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	2,129,838	2,129,838	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	BLANK	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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
92.01	09201	OBSERVATION	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	2,330,397	2,330,397	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
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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	326,213,856	0.000000	0.000000	0 50.00
51.00	05100 RECOVERY ROOM	0	67,794,408	0.000000	0.000000	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	45,049,594	0.000000	0.000000	0 52.00
53.00	05300 ANESTHESIOLOGY	38,045	50,089,759	0.000760	0.000760	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	245,388,081	0.000000	0.000000	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	87,705,922	0.000000	0.000000	0 55.00
56.00	05600 RADIOISOTOPE	0	74,038,048	0.000000	0.000000	0 56.00
57.00	05700 CT SCAN	0	248,943,504	0.000000	0.000000	0 57.00
58.00	05800 MRI	0	167,757,977	0.000000	0.000000	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	82,832,858	0.000000	0.000000	0 59.00
60.00	06000 LABORATORY	162,514	380,766,279	0.000427	0.000427	0 60.00
60.01	06001 VASCULAR LAB	0	30,069,624	0.000000	0.000000	0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	11,026,200	0.000000	0.000000	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0	7,728,661	0.000000	0.000000	0 64.00
65.00	06500 RESPIRATORY THERAPY	0	54,218,909	0.000000	0.000000	0 65.00
66.00	06600 PHYSICAL THERAPY	0	81,829,304	0.000000	0.000000	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0	13,420,034	0.000000	0.000000	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	4,920,078	0.000000	0.000000	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	138,022,733	0.000000	0.000000	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,938,580	0.000000	0.000000	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	133,069,189	0.000000	0.000000	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	212,870,875	0.000000	0.000000	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,129,838	423,476,516	0.005029	0.005029	0 73.00
74.00	07400 RENAL DIALYSIS	0	18,947,202	0.000000	0.000000	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	19,154,528	0.000000	0.000000	0 75.00
76.00	03950 BLANK	0	0	0.000000	0.000000	0 76.00
76.97	07697 CARDIAC REHABILITATION	0	2,051,226	0.000000	0.000000	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	248,912,906	0.000000	0.000000	0 90.00
91.00	09100 EMERGENCY	0	246,725,467	0.000000	0.000000	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	47,510,178	0.000000	0.000000	0 92.00
92.01	09201 OBSERVATION	0	14,270,233	0.000000	0.000000	0 92.01
200.00	Total (Lines 50-199)	2,330,397	3,495,742,729			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/23/2015 8:50 am
	Component CCN: 145855	Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 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 VASCULAR LAB	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950 BLANK	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION	0	0	0	92.01
200.00	Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		143,549	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		143,549	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		125,138	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)		65,544	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		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)		134,984,650	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)		134,984,650	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		134,984,650	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		61,633,645	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)		61,633,645	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	31,283,234	17,290	1,809.33	9,587	17,346,047	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	14,379,681	12,717	1,130.74	0	0	43.01
44.00	CORONARY CARE UNIT	1,728,488	1,354	1,276.58	88	112,339	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					138,669,942	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					217,761,973	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					7,620,942	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,954,271	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					18,575,213	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					199,186,760	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					18,411	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					940.34	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					17,312,600	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am	
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	13,315,420	134,984,650	0.098644	17,312,600	1,707,784	90.00
91.00	Nursing School cost	0	134,984,650	0.000000	17,312,600	0	91.00
92.00	Allied health cost	0	134,984,650	0.000000	17,312,600	0	92.00
93.00	All other Medical Education	0	134,984,650	0.000000	17,312,600	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,950	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,950	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,950	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)		2,193	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		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)		9,449,352	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)		9,449,352	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,449,352	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		949.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,082,648	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)		2,082,648	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14S010				Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Subprovider - IPF		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					499,650	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,582,298	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					184,738	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,588	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					220,326	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,361,972	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14S010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Subprovider - IPF		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	838,189	9,449,352	0.088703	0	0	90.00
91.00	Nursing School cost	0	9,449,352	0.000000	0	0	91.00
92.00	Allied health cost	0	9,449,352	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,449,352	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,805 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,805 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,805 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)			3,346 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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)			4,524,726 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)			4,524,726 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,524,726 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			779.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,608,040 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)			2,608,040 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14T010				Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Subprovider - IRF		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	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,215,128	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,823,168	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					251,050	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					155,977	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					407,027	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,416,141	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 14T010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Subprovider - IRF		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	435,531	4,524,726	0.096256	0	0	90.00
91.00	Nursing School cost	0	4,524,726	0.000000	0	0	91.00
92.00	Allied health cost	0	4,524,726	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,524,726	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Skilled Nursing Facility	
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			0 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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)			0 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)			0 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			0 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 145855				Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Skilled Nursing Facility			
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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
43.01	INFANT SPECIAL CARE UNIT (ISCU)						43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						0
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0.00
72.00	Program routine service cost (line 9 x line 71)						0
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0
76.00	Per diem capital -related costs (line 75 ÷ line 2)						0.00
77.00	Program capital -related costs (line 9 x line 76)						0
78.00	Inpatient routine service cost (line 74 minus line 77)						0
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0
81.00	Inpatient routine service cost per diem limitation						0.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0
83.00	Reasonable inpatient routine service costs (see instructions)						0
84.00	Program inpatient ancillary services (see instructions)						0
85.00	Utilization review - physician compensation (see instructions)						0
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)						0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140010 Component CCN: 145855		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII		Skilled Nursing Facility			
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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/23/2015 8:50 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		132,980,399	30.00
31.00	03100	INTENSIVE CARE UNIT		38,264,773	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		299,178	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER (SPECIFY)		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168490	70,402,096	50.00
51.00	05100	RECOVERY ROOM	0.123225	14,055,699	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297249	46,906	52.00
53.00	05300	ANESTHESIOLOGY	0.161576	8,826,692	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225177	26,965,484	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141909	1,401,696	55.00
56.00	05600	RADIOISOTOPE	0.146128	3,831,903	56.00
57.00	05700	CT SCAN	0.040687	34,291,047	57.00
58.00	05800	MRI	0.086540	9,435,672	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097465	22,716,526	59.00
60.00	06000	LABORATORY	0.171731	84,388,109	60.00
60.01	06001	VASCULAR LAB	0.108068	6,097,241	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259592	3,010,964	63.00
64.00	06400	INTRAVENOUS THERAPY	0.466193	3,969,161	64.00
65.00	06500	RESPIRATORY THERAPY	0.204700	24,960,462	65.00
66.00	06600	PHYSICAL THERAPY	0.408284	10,572,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.324789	5,003,952	67.00
68.00	06800	SPEECH PATHOLOGY	0.329921	1,868,574	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072693	24,959,500	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272858	2,851,448	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	34,863,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.414610	76,059,559	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405432	59,890,289	73.00
74.00	07400	RENAL DIALYSIS	0.468530	3,456,308	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.738260	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.620721	340	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.638777	5,183,923	90.00
91.00	09100	EMERGENCY	0.142907	44,777,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	7,962,084	92.00
92.01	09201	OBSERVATION	0.440481	1,795,040	92.01
200.00		Total (sum of lines 50-94 and 96-98)		593,644,327	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)		593,644,327	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		4,441,597	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER (SPECIFY)		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.168490	0	50.00
51.00	05100	RECOVERY ROOM	0.123225	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.297249	0	52.00
53.00	05300	ANESTHESIOLOGY	0.161576	88,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.225177	25,713	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141909	0	55.00
56.00	05600	RADIOISOTOPE	0.146128	0	56.00
57.00	05700	CT SCAN	0.040687	64,665	57.00
58.00	05800	MRI	0.086540	38,805	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097465	0	59.00
60.00	06000	LABORATORY	0.171731	544,384	60.00
60.01	06001	VASCULAR LAB	0.108068	3,473	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.259592	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.466193	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.204700	10,881	65.00
66.00	06600	PHYSICAL THERAPY	0.408284	20,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.324789	1,029	67.00
68.00	06800	SPEECH PATHOLOGY	0.329921	1,779	68.00
69.00	06900	ELECTROCARDIOLOGY	0.072693	49,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.272858	4,334	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	9,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.414610	1,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.405432	496,680	73.00
74.00	07400	RENAL DIALYSIS	0.468530	3,825	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.738260	0	75.00
76.00	03950	BLANK	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.620721	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.638777	94,553	90.00
91.00	09100	EMERGENCY	0.142907	644,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	0	92.00
92.01	09201	OBSERVATION	0.440481	10,525	92.01
200.00		Total (sum of lines 50-94 and 96-98)		2,114,534	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)		2,114,534	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 INFANT SPECIAL CARE UNIT (ISCU)		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		5,197,409	41.00
42.00	04200 SUBPROVIDER (SPECIFY)		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.168490	32,233	5,431 50.00
51.00	05100 RECOVERY ROOM	0.123225	6,147	757 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.297249	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.161576	2,425	392 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.225177	197,678	44,513 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141909	121,460	17,236 55.00
56.00	05600 RADIOISOTOPE	0.146128	17,792	2,600 56.00
57.00	05700 CT SCAN	0.040687	166,349	6,768 57.00
58.00	05800 MRI	0.086540	78,388	6,784 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.097465	0	0 59.00
60.00	06000 LABORATORY	0.171731	727,040	124,855 60.00
60.01	06001 VASCULAR LAB	0.108068	216,746	23,423 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.259592	11,022	2,861 63.00
64.00	06400 INTRAVENOUS THERAPY	0.466193	27,948	13,029 64.00
65.00	06500 RESPIRATORY THERAPY	0.204700	156,254	31,985 65.00
66.00	06600 PHYSICAL THERAPY	0.408284	1,512,638	617,586 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.324789	1,544,229	501,549 67.00
68.00	06800 SPEECH PATHOLOGY	0.329921	909,392	300,028 68.00
69.00	06900 ELECTROCARDIOLOGY	0.072693	39,093	2,842 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.272858	6,636	1,811 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.272415	116,527	31,744 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.414610	16,074	6,664 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.405432	1,065,556	432,011 73.00
74.00	07400 RENAL DIALYSIS	0.468530	41,311	19,355 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.738260	0	0 75.00
76.00	03950 BLANK	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.620721	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.638777	13,590	8,681 90.00
91.00	09100 EMERGENCY	0.142907	5,026	718 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.364398	0	0 92.00
92.01	09201 OBSERVATION	0.440481	26,120	11,505 92.01
200.00	Total (sum of lines 50-94 and 96-98)		7,057,674	2,215,128 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		7,057,674	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		147,222,598		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0		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)		6,521,287		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		10,746,639		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		724.48		4.00
Indirect Medical Education Adjustment					
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)		170.74		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)		170.74		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		191.82		10.00
11.00	FTE count for residents in dental and podiatric programs.		3.84		11.00
12.00	Current year allowable FTE (see instructions)		174.58		12.00
13.00	Total allowable FTE count for the prior year.		173.61		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.		173.41		14.00
15.00	Sum of lines 12 through 14 divided by 3.		173.87		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		173.87		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.239993		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.241092		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.239993		21.00
22.00	IME payment adjustment (see instructions)		19,411,892		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
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)		21.08		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)		19,411,892		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.59		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.04		31.00
32.00	Sum of lines 30 and 31		17.63		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		4.21	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,549,518		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0		9,046,380,143 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000599181 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		5,420,419 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		5,420,419 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,420,419		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		16,667		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		1	2	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		1	2	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.02		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		14		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.666667		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		754.92	754.92	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		180,125,714		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)		180,125,714		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		14,340,801		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).		4,845,759		52.00
53.00	Nursing and Allied Health Managed Care payment		17,910		53.00
54.00	Special add-on payments for new technologies		61,073		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)		343,930		58.00
59.00	Total (sum of amounts on lines 49 through 58)		199,735,187		59.00
60.00	Primary payer payments		17,925		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		199,717,262		61.00
62.00	Deductibles billed to program beneficiaries		14,686,656		62.00
63.00	Coinurance billed to program beneficiaries		244,040		63.00
64.00	Allowable bad debts (see instructions)		1,650,639		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,072,915		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,129,076		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		185,859,481		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)		355,491		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-35,557		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)		186,179,415		71.00
71.01	Sequestration adjustment (see instructions)		3,723,588		71.01
72.00	Interim payments		178,049,965		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		4,405,862		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,692,932		75.00
TO BE COMPLETED BY CONTRACTOR					
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/23/2015 8:50 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	147,222,598	0	0	147,222,598	147,222,598	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	6,521,287	0	0	6,521,287	6,521,287	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	10,746,639	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.239993	0.239993	0.239993	0.239993		5.00
6.00	IME payment adjustment (see instructions)	22.00	19,411,892	0	0	19,411,892	19,411,892	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	19,411,892	0	0	19,411,892	19,411,892	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0421	0.0421	0.0421	0.0421		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,549,518	0	0	1,549,518	1,549,518	11.00
11.01	Uncompensated care payments	36.00	5,420,419	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	180,125,714	0	0	180,125,714	180,125,714	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	180,125,714	0	0	180,125,714	180,125,714	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	14,340,801	0	0	14,340,801	14,340,801	16.00
17.00	Special add-on payments for new technologies	54.00	61,073	0	0	61,073	61,073	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	194,527,588	194,527,588	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/23/2015 8:50 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	11,763,764	0	0	11,763,764	11,763,764	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	724,244	0	0	724,244	724,244	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.1212	0.1212	0.1212	0.1212		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	1,425,768	0	0	1,425,768	1,425,768	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0363	0.0363	0.0363	0.0363		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	427,025	0	0	427,025	427,025	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	14,340,801	0	0	14,340,801	14,340,801	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/23/2015 8:50 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		446,372	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		220,339,034	2.00
3.00	PPS payments		173,490,137	3.00
4.00	Outlier payment (see instructions)		3,068,143	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		696,452	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		446,372	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,134,019	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)		1,134,019	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,134,019	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		687,647	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)		446,372	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)		177,254,732	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		37,713,932	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)		139,987,172	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		4,766,381	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)		144,753,553	30.00
31.00	Primary payer payments		15,433	31.00
32.00	Subtotal (line 30 minus line 31)		144,738,120	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		2,993,164	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,945,557	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,289,409	36.00
37.00	Subtotal (see instructions)		146,683,677	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-443	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)		146,684,120	40.00
40.01	Sequestration adjustment (see instructions)		2,933,682	40.01
41.00	Interim payments		143,718,901	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		31,537	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,597,454	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/23/2015 8:50 am
		Component CCN: 14S010	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		793	2.00
3.00	PPS payments		444	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		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)		445	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		113	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)		332	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		332	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		332	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		332	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)		332	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		325	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/23/2015 8:50 am
		Component CCN: 14T010	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,598	2.00
3.00	PPS payments		2,712	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		16	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		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)		2,728	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		771	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)		1,957	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,957	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,957	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,957	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)		1,957	40.00
40.01	Sequestration adjustment (see instructions)		39	40.01
41.00	Interim payments		1,902	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		16	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/23/2015 8:50 am

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		171,114,864		136,373,463	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		7,039,797		6,724,175	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	09/19/2014	411,820	06/03/2014	300,005	3.01
3.02			0	09/19/2014	321,258	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	06/03/2014	516,516		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-104,696		621,263	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)		178,049,965		143,718,901	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		4,405,862		31,537	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		182,455,827		143,750,438	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14S010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/23/2015 8:50 am
PPS

Title XVIII

Subprovider -
IPF

		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					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		1,792,307		325	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	06/03/2014	3,972		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		3,972		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,796,279		325	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		81,457		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,877,736		325	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140010
Component CCN: 14T010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part I
Date/Time Prepared:
2/23/2015 8:50 am
PPS

Title XVIII

Subprovider -
IRF

		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					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		4,288,167		1,902	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	06/03/2014	103,826		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		103,826		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,391,993		1,902	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		138,887		16	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,530,880		1,918	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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet E-1
Part II
Date/Time Prepared:
2/23/2015 8:50 am

		Title XVII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			35,870 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			75,219 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,513 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			156,499 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			3,929,762,625 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			64,291,286 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)			835,133 8.00
9.00	Sequestration adjustment amount (see instructions)			16,703 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			818,430 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			781,130 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)			37,300 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14S010	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part II Date/Time Prepared: 2/23/2015 8:50 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,900,690 1.00
2.00	Net IPF PPS Outlier Payments			192 2.00
3.00	Net IPF PPS ECT Payments			47,656 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			9.86 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			3.54 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			3.54 8.00
9.00	Average Daily Census (see instructions)			27.260274 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.			0.064897 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			123,349 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,071,887 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,071,887 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,071,887 18.00
19.00	Deductibles			241,664 19.00
20.00	Subtotal (line 18 minus line 19)			1,830,223 20.00
21.00	Coinsurance			9,904 21.00
22.00	Subtotal (line 20 minus line 21)			1,820,319 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			142,986 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			92,941 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			108,395 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,913,260 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,797 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,916,057 31.00
31.01	Sequestration adjustment (see instructions)			38,321 31.01
32.00	Interim payments			1,796,279 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			81,457 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			10,569 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			192 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 14T010	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part III Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,957,917 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0368 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			168,211 3.00
4.00	Outlier Payments			284,143 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			2.81 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			1.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			15.904110 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.063934 11.00
12.00	Teaching Adjustment (see instructions)			253,045 12.00
13.00	Total PPS Payment (see instructions)			4,663,316 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,663,316 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,663,316 19.00
20.00	Deductibles			27,712 20.00
21.00	Subtotal (line 19 minus line 20)			4,635,604 21.00
22.00	Coinsurance			20,824 22.00
23.00	Subtotal (line 21 minus line 22)			4,614,780 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,456 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,896 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,312 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,617,676 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			5,671 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,623,347 32.00
32.01	Sequestration adjustment (see instructions)			92,467 32.01
33.00	Interim payments			4,391,993 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			138,887 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			323 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			284,143 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 Component CCN: 145855	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Skilled Nursing Facility	
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/23/2015 8:50 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			179.89	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)			0.36	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)			179.53	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			197.99	6.00
7.00	Enter the lesser of line 5 or line 6			179.53	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.	92.15	92.49	184.64	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.	83.56	83.87	167.43	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.59		10.00
11.00	Total weighted FTE count	83.56	87.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	77.79	93.59		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	76.40	96.86		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	79.25	92.64		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	79.25	92.64		17.00
18.00	Per resident amount	113,889.53	111,414.98		18.00
19.00	Approved amount for resident costs	9,025,745	10,321,484	19,347,229	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)			18.46	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)			19,347,229	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	80,759	5,898		26.00
27.00	Total Inpatient Days (see instructions)	172,745	172,745		27.00
28.00	Ratio of inpatient days to total inpatient days	0.467504	0.034143		28.00
29.00	Program direct GME amount	9,044,907	660,572		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		93,339		30.00
31.00	Net Program direct GME amount			9,612,140	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
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)		18,947,202	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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		225,167,439	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)		24,155	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		225,143,284	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		221,487,266	42.00
43.00	Primary payer payments (see instructions)		31,673	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		221,455,593	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		446,598,877	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.504129	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.495871	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		9,612,140	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,845,759	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,766,381	50.00

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

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet G

Date/Time Prepared:
2/23/2015 8:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	36,417,815	0	0	0	1.00
2.00	Temporary investments	49,787,098	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	298,476,151	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-69,188,899	0	0	0	6.00
7.00	Inventory	21,216,654	0	0	0	7.00
8.00	Prepaid expenses	23,167,665	0	0	0	8.00
9.00	Other current assets	706,099	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)	360,582,583	0	0	0	11.00
FIXED ASSETS						
12.00	Land	69,947,668	0	0	0	12.00
13.00	Land improvements	34,388,016	0	0	0	13.00
14.00	Accumulated depreciation	-17,277,878	0	0	0	14.00
15.00	Buildings	1,366,437,138	0	0	0	15.00
16.00	Accumulated depreciation	-624,201,563	0	0	0	16.00
17.00	Leasehold improvements	56,304,060	0	0	0	17.00
18.00	Accumulated depreciation	-31,550,042	0	0	0	18.00
19.00	Fixed equipment	380,657,626	0	0	0	19.00
20.00	Accumulated depreciation	-283,019,844	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	44,788,811	0	0	0	27.00
28.00	Accumulated depreciation	-36,577,767	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)	959,896,225	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,698,471,884	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	200,719,069	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,899,190,953	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	3,219,669,761	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	54,910,257	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	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	567,340,136	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	622,250,393	0	0	0	45.00
LONG TERM LIABILITIES						
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	734,141,464	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	734,141,464	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	1,356,391,857	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,863,277,904				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)	1,863,277,904	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	3,219,669,761	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-1

Date/Time Prepared:
2/23/2015 8:50 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		1,725,101,547		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		148,053,123			2.00
3.00	Total (sum of line 1 and line 2)		1,873,154,670		0	3.00
4.00	CONTR TEMP RESTRICTED FOR USE	13,516,593		0		4.00
5.00	NET REALIZED GAINS ON INV	9,274,237		0		5.00
6.00	UNREALIZED INCOME	7,260,577		0		6.00
7.00	PENSION & SERP EQUITY ADJ	-23,880,571		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		6,170,836		0	10.00
11.00	Subtotal (line 3 plus line 10)		1,879,325,506		0	11.00
12.00	TRANSFER TO ENDOWMENT	13,880,971		0		12.00
13.00	OTHERS	2,166,631		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		16,047,602		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,863,277,904		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	CONTR TEMP RESTRICTED FOR USE		0			4.00
5.00	NET REALIZED GAINS ON INV		0			5.00
6.00	UNREALIZED INCOME		0			6.00
7.00	PENSION & SERP EQUITY ADJ		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	TRANSFER TO ENDOWMENT		0			12.00
13.00	OTHERS		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: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	250,817,716		250,817,716	1.00
2.00	SUBPROVIDER - IPF	19,726,057		19,726,057	2.00
3.00	SUBPROVIDER - IRF	8,990,721		8,990,721	3.00
4.00	SUBPROVIDER (SPECIFY)	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	0		0	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)	279,534,494		279,534,494	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	71,652,863		71,652,863	11.00
11.01	INFANT SPECIAL CARE UNIT (ISCU)	49,269,541		49,269,541	11.01
12.00	CORONARY CARE UNIT	3,051,423		3,051,423	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)	123,973,827		123,973,827	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	403,508,321		403,508,321	17.00
18.00	Ancillary services	1,076,097,151	1,921,509,975	2,997,607,126	18.00
19.00	Outpatient services	73,146,819	658,298,392	731,445,211	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		19,092,125	19,092,125	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	11,419,451	11,419,451	26.00
27.00	OTHER PHYSICIAN REVENUE	0	61,920,587	61,920,587	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,552,752,291	2,672,240,530	4,224,992,821	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,334,150,754		29.00
30.00	RESEARCH DIRECT OPERATING EXPENSES	20,984,773			30.00
31.00	FOUNDATION DIRECT OPERATING EXPENS	8,061,038			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)		29,045,811		36.00
37.00	INDIRECT OPERATING EXPENSES (HOSP, R	5,732,899			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)		5,732,899		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,357,463,666		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140010

Period:
From 10/01/2013
To 09/30/2014

Worksheet G-3

Date/Time Prepared:
2/23/2015 8:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,224,992,821	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,827,087,281	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,397,905,540	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,357,463,666	4.00
5.00	Net income from service to patients (line 3 minus line 4)	40,441,874	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	5,978,354	6.00
7.00	Income from investments	34,308,667	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	1,581,099	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	5,417,086	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	1,128,184	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,066,351	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	814,386	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	29,080,114	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB REF TEST, GRANT INC, EPIC INDE R	22,687,835	24.00
24.01	RESEARCH/FOUNDATION PGRM REVENUE	26,154,032	24.01
25.00	Total other income (sum of lines 6-24)	128,216,108	25.00
26.00	Total (line 5 plus line 25)	168,657,982	26.00
27.00	INTERCOMPANY TRANSFER	71,562,894	27.00
27.01	NON OPERATING INCOME	-50,958,035	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	20,604,859	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	148,053,123	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet H

HHA CCN: 147001

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	262,624	0	0	262,624	4.00
5.00	Administrative and General	2,468,560	624,748	0	347,314	3,440,622	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,801,247	710,858	0	0	3,512,105	6.00
7.00	Physical Therapy	2,283,861	579,563	0	0	2,863,424	7.00
8.00	Occupational Therapy	228,218	57,914	0	0	286,132	8.00
9.00	Speech Pathology	34,004	8,629	0	0	42,633	9.00
10.00	Medical Social Services	66,835	16,960	0	0	83,795	10.00
11.00	Home Health Aide	53,591	13,600	0	0	67,191	11.00
12.00	Supplies (see instructions)	0	0	0	417,778	417,778	12.00
13.00	Drugs	0	0	0	260,712	260,712	13.00
14.00	DME	38,707	9,822	0	1,590,911	1,639,440	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	319,370	319,370	23.00
24.00	Total (sum of lines 1-23)	7,975,023	2,022,094	262,624	2,936,085	13,195,826	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	262,624	0	262,624		4.00
5.00	Administrative and General	0	3,440,622	-3,258	3,437,364		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	3,512,105	0	3,512,105		6.00
7.00	Physical Therapy	0	2,863,424	0	2,863,424		7.00
8.00	Occupational Therapy	0	286,132	0	286,132		8.00
9.00	Speech Pathology	0	42,633	0	42,633		9.00
10.00	Medical Social Services	0	83,795	0	83,795		10.00
11.00	Home Health Aide	0	67,191	0	67,191		11.00
12.00	Supplies (see instructions)	0	417,778	0	417,778		12.00
13.00	Drugs	0	260,712	0	260,712		13.00
14.00	DME	0	1,639,440	0	1,639,440		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	319,370	0	319,370		23.00
24.00	Total (sum of lines 1-23)	0	13,195,826	-3,258	13,192,568		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part I Date/Time Prepared: 2/23/2015 8:50 am
		HHA CCN: 147001	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	262,624	0	0	262,624		4.00
5.00	Administrative and General	3,437,364	0	0	0	3,437,364	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,512,105	0	0	130,611	3,642,716	6.00
7.00	Physical Therapy	2,863,424	0	0	110,170	2,973,594	7.00
8.00	Occupational Therapy	286,132	0	0	10,962	297,094	8.00
9.00	Speech Pathology	42,633	0	0	1,534	44,167	9.00
10.00	Medical Social Services	83,795	0	0	2,362	86,157	10.00
11.00	Home Health Aide	67,191	0	0	6,985	74,176	11.00
12.00	Supplies (see instructions)	417,778	0	0	0	417,778	12.00
13.00	Drugs	260,712	0	0	0	260,712	13.00
14.00	DME	1,639,440	0	0	0	1,639,440	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	319,370	0	0	0	319,370	23.00
24.00	Total (sum of lines 1-23)	13,192,568	0	0	262,624	13,192,568	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	3,437,364					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,283,555	4,926,271				6.00
7.00	Physical Therapy	1,047,782	4,021,376				7.00
8.00	Occupational Therapy	104,685	401,779				8.00
9.00	Speech Pathology	15,563	59,730				9.00
10.00	Medical Social Services	30,358	116,515				10.00
11.00	Home Health Aide	26,137	100,313				11.00
12.00	Supplies (see instructions)	147,209	564,987				12.00
13.00	Drugs	91,865	352,577				13.00
14.00	DME	577,676	2,217,116				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	112,534	431,904				23.00
24.00	Total (sum of lines 1-23)		13,192,568				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part II Date/Time Prepared: 2/23/2015 8:50 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	9,492,581	0		3.00
4.00	Transportation (see instructions)	0	0	0	58,048		4.00
5.00	Administrative and General	0	0	0	0	-3,437,364	9,755,204
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	3,512,104	28,869	0	3,642,716
7.00	Physical Therapy	0	0	2,863,425	24,351	0	2,973,594
8.00	Occupational Therapy	0	0	286,132	2,423	0	297,094
9.00	Speech Pathology	0	0	42,633	339	0	44,167
10.00	Medical Social Services	0	0	83,795	522	0	86,157
11.00	Home Health Aide	0	0	67,191	1,544	0	74,176
12.00	Supplies (see instructions)	0	0	417,778	0	0	417,778
13.00	Drugs	0	0	260,712	0	0	260,712
14.00	DME	0	0	1,639,441	0	0	1,639,440
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	319,370	0	0	319,370
24.00	Total (sum of lines 1-23)	0	0	9,492,581	58,048	-3,437,364	9,755,204
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	262,624		3,437,364
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	4.524256		0.352362

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147001

To 09/30/2014

Part I
Date/Time Prepared: 2/23/2015 8:50 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	52,429	3,826	130,271	186,526	41,962	1.00
2.00 Skilled Nursing Care	4,926,271	62,217	4,541	147,827	5,140,856	1,156,514	2.00
3.00 Physical Therapy	4,021,376	34,982	2,552	120,524	4,179,434	940,226	3.00
4.00 Occupational Therapy	401,779	3,444	252	12,044	417,519	93,927	4.00
5.00 Speech Pathology	59,730	629	44	1,794	62,197	13,992	5.00
6.00 Medical Social Services	116,515	1,399	102	3,527	121,543	27,343	6.00
7.00 Home Health Aide	100,313	2,675	196	2,828	106,012	23,849	7.00
8.00 Supplies (see instructions)	564,987	0	0	0	564,987	127,102	8.00
9.00 Drugs	352,577	0	0	0	352,577	79,317	9.00
10.00 DME	2,217,116	1,399	102	2,043	2,220,660	499,571	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	431,904	0	0	0	431,904	97,163	19.00
20.00 Total (sum of lines 1-19) (2)	13,192,568	159,174	11,615	420,858	13,784,215	3,100,966	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	132,131	0	30,121	0	20,149	1.00
2.00 Skilled Nursing Care	0	156,803	0	35,746	0	23,909	2.00
3.00 Physical Therapy	0	88,160	0	20,097	0	13,440	3.00
4.00 Occupational Therapy	0	8,679	0	1,979	0	1,326	4.00
5.00 Speech Pathology	0	1,586	0	362	0	236	5.00
6.00 Medical Social Services	0	3,525	0	803	0	537	6.00
7.00 Home Health Aide	0	6,741	0	1,537	0	1,031	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	3,525	0	803	0	537	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	401,150	0	91,448	0	61,165	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147001

To 09/30/2014

Part I Date/Time Prepared: 2/23/2015 8:50 am

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	98,960	1.00
2.00	Skilled Nursing Care	0	325,014	0	0	17,424	117,452	2.00
3.00	Physical Therapy	0	0	0	0	15,280	66,021	3.00
4.00	Occupational Therapy	0	0	0	0	1,362	6,501	4.00
5.00	Speech Pathology	0	0	0	0	200	1,156	5.00
6.00	Medical Social Services	0	0	0	0	345	2,600	6.00
7.00	Home Health Aide	0	0	0	0	482	5,056	7.00
8.00	Supplies (see instructions)	0	0	18,934	0	0	0	8.00
9.00	Drugs	0	0	0	810,883	4,395	0	9.00
10.00	DME	0	0	0	0	4,214	2,745	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	325,014	18,934	810,883	43,702	300,491	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL TECH	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	20.00	21.00	22.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Home Health
Agency I

PPS

Cost Center Description	PARAMED ED PRGM-SCHOOL OF ANESTHESI	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.02	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	509,849	0	509,849			1.00
2.00 Skilled Nursing Care	0	6,973,718	0	6,973,718	192,939	7,166,657	2.00
3.00 Physical Therapy	0	5,322,658	0	5,322,658	147,262	5,469,920	3.00
4.00 Occupational Therapy	0	531,293	0	531,293	14,699	545,992	4.00
5.00 Speech Pathology	0	79,729	0	79,729	2,206	81,935	5.00
6.00 Medical Social Services	0	156,696	0	156,696	4,335	161,031	6.00
7.00 Home Health Aide	0	144,708	0	144,708	4,004	148,712	7.00
8.00 Supplies (see instructions)	0	711,023	0	711,023	19,672	730,695	8.00
9.00 Drugs	0	1,247,172	0	1,247,172	34,506	1,281,678	9.00
10.00 DME	0	2,732,055	0	2,732,055	75,588	2,807,643	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	529,067	0	529,067	14,638	543,705	19.00
20.00 Total (sum of lines 1-19) (2)	0	18,937,968	0	18,937,968	509,849	18,937,968	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.027667		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet H-2

HHA CCN: 147001

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
2/23/2015 8:50 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	2,999	3,870	2,468,560	0	186,526	0	1.00
2.00 Skilled Nursing Care	3,559	4,593	2,801,247	0	5,140,856	0	2.00
3.00 Physical Therapy	2,001	2,581	2,283,861	0	4,179,434	0	3.00
4.00 Occupational Therapy	197	255	228,218	0	417,519	0	4.00
5.00 Speech Pathology	36	45	34,004	0	62,197	0	5.00
6.00 Medical Social Services	80	103	66,835	0	121,543	0	6.00
7.00 Home Health Aide	153	198	53,591	0	106,012	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	564,987	0	8.00
9.00 Drugs	0	0	0	0	352,577	0	9.00
10.00 DME	80	103	38,707	0	2,220,660	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	431,904	0	19.00
20.00 Total (sum of lines 1-19)	9,105	11,748	7,975,023		13,784,215	0	20.00
21.00 Total cost to be allocated	159,174	11,615	420,858		3,100,966	0	21.00
22.00 Unit cost multiplier	17.482043	0.988679	0.052772		0.224965	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	2,999	0	2,999	0	70,907	0	1.00
2.00 Skilled Nursing Care	3,559	0	3,559	0	84,148	0	2.00
3.00 Physical Therapy	2,001	0	2,001	0	47,297	0	3.00
4.00 Occupational Therapy	197	0	197	0	4,665	0	4.00
5.00 Speech Pathology	36	0	36	0	831	0	5.00
6.00 Medical Social Services	80	0	80	0	1,889	0	6.00
7.00 Home Health Aide	153	0	153	0	3,627	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	80	0	80	0	1,889	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,105	0	9,105	0	215,253	0	20.00
21.00 Total cost to be allocated	401,150	0	91,448	0	61,165	0	21.00
22.00 Unit cost multiplier	44.058210	0.000000	10.043712	0.000000	0.284154	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147001

To 09/30/2014

Part II
Date/Time Prepared: 2/23/2015 8:50 am

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	685	0	1.00
2.00 Skilled Nursing Care	46	0	0	7,611,990	813	0	2.00
3.00 Physical Therapy	0	0	0	6,675,274	457	0	3.00
4.00 Occupational Therapy	0	0	0	595,235	45	0	4.00
5.00 Speech Pathology	0	0	0	87,568	8	0	5.00
6.00 Medical Social Services	0	0	0	150,671	18	0	6.00
7.00 Home Health Aide	0	0	0	210,663	35	0	7.00
8.00 Supplies (see instructions)	0	166,857	0	0	0	0	8.00
9.00 Drugs	0	0	580,083	1,919,919	0	0	9.00
10.00 DME	0	0	0	1,840,805	19	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	46	166,857	580,083	19,092,125	2,080	0	20.00
21.00 Total cost to be allocated	325,014	18,934	810,883	43,702	300,491	0	21.00
22.00 Unit cost multiplier	7,065.521739	0.113474	1.397874	0.002289	144.466827	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS						
	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED PRGM-MEDICAL TECH (ASSIGNED TIME)	PARAMED PRGM-SCHOOL OF ANESTHESIA (ASSIGNED TIME)	
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
	20.00	21.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/23/2015 8:50 am
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		Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	7,166,657		7,166,657	35,766	200.38	1.00
2.00	Physical Therapy	3.00	5,469,920	0	5,469,920	31,367	174.38	2.00
3.00	Occupational Therapy	4.00	545,992	0	545,992	2,797	195.21	3.00
4.00	Speech Pathology	5.00	81,935	0	81,935	391	209.55	4.00
5.00	Medical Social Services	6.00	161,031		161,031	590	272.93	5.00
6.00	Home Health Aide	7.00	148,712		148,712	1,579	94.18	6.00
7.00	Total (sum of lines 1-6)		13,574,247	0	13,574,247	72,490		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	

Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	1,316	21,285			8.00
8.01	Skilled Nursing Care		29404	368	6,192			8.01
9.00	Physical Therapy		16974	999	18,158			9.00
9.01	Physical Therapy		29404	259	5,186			9.01
10.00	Occupational Therapy		16974	116	1,903			10.00
10.01	Occupational Therapy		29404	15	420			10.01
11.00	Speech Pathology		16974	29	271			11.00
11.01	Speech Pathology		29404	2	40			11.01
12.00	Medical Social Services		16974	24	417			12.00
12.01	Medical Social Services		29404	2	82			12.01
13.00	Home Health Aide		16974	112	1,116			13.00
13.01	Home Health Aide		29404	23	302			13.01
14.00	Total (sum of lines 8-13)			3,265	55,372			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	730,695	0	730,695	0	0.000000	15.00
16.00	Cost of Drugs	9.00	1,281,678	0	1,281,678	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,684	27,477		337,440	5,505,841		1.00
2.00	Physical Therapy	1,258	23,344		219,370	4,070,727		2.00
3.00	Occupational Therapy	131	2,323		25,573	453,473		3.00
4.00	Speech Pathology	31	311		6,496	65,170		4.00
5.00	Medical Social Services	26	499		7,096	136,192		5.00
6.00	Home Health Aide	135	1,418		12,714	133,547		6.00
7.00	Total (sum of lines 1-6)	3,265	55,372		608,689	10,364,950		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/23/2015 8:50 am
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	5,843,281					1.00
2.00	Physical Therapy	4,290,097					2.00
3.00	Occupational Therapy	479,046					3.00
4.00	Speech Pathology	71,666					4.00
5.00	Medical Social Services	143,288					5.00
6.00	Home Health Aide	146,261					6.00
7.00	Total (sum of lines 1-6)	10,973,639					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part II Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.407277	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.324789	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.329921	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.272415	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.405432	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140010 HHA CCN: 147001	Period: From 10/01/2013 To 09/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 2/23/2015 8:50 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	12,539,460	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	12,539,460	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	12,539,460	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	6,230	16,240	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		-6,230	-16,240
11.00	Total PPS Reimbursement - Full Episodes without Outliers		530,541	10,158,423
12.00	Total PPS Reimbursement - Full Episodes with Outliers		2,245	6,487
13.00	Total PPS Reimbursement - LUPA Episodes		477	220,557
14.00	Total PPS Reimbursement - PEP Episodes		9,770	109,564
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		81	691
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	178
17.00	Total Other Payments		0	21
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		536,884	10,479,681
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		536,884	10,479,681
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		536,884	10,479,681
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		536,884	10,479,681
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		536,884	10,479,681
31.01	Sequestration adjustment (see instructions)		10,738	209,595
32.00	Interim payments (see instructions)		526,146	10,270,086
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet H-5
	HHA CCN: 147001	Home Health Agency I	Date/Time Prepared: 2/23/2015 8:50 am 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		526,146		10,270,086	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		526,146		10,270,086	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		526,146		10,270,086	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140010

Period:

Worksheet I-1

Component CCN: 142300

From 10/01/2013
To 09/30/2014

Date/Time Prepared:
2/23/2015 8:50 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	970,312	HOURS OF SERVICE	21,983.00	10.57	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS	679,386	HOURS OF SERVICE	28,077.00	13.50	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	80,000	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	82,721	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,812,419				9.00
10.00	EMPLOYEE BENEFITS	441,370	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	534,708	REQUISITIONS			14.00
15.00	DRUGS	902,461	REQUISITIONS			15.00
16.00	OTHER	1,978,448	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	5,669,406				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	182,618	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	9,273	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	95,645	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,340,103	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	565,149	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	2,146	REQUISITIONS			24.00
25.00	PHARMACY	395,380	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	617,615	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	8,877,335				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	BLANK		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
31.00	TOTAL COSTS (SUM OF LINES 27-30)	8,877,335				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140010

Period: From 10/01/2013

Worksheet 1-2

Component CCN: 142300

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	747,767	9,273	970,312	679,386	537,015	1,297,841	1.00
MAINTENANCE								
2.00	Hemodialysis	529,937	6,584	687,689	481,501	380,603	1,297,841	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	217,830	2,689	282,623	197,885	156,412	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	747,767	9,273	970,312	679,386	537,015	1,297,841	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	536,854	0	4,778,448	4,098,887	8,877,335		1.00
MAINTENANCE								
2.00	Hemodialysis	380,487	0	3,764,642	3,229,258	6,993,900		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	156,367	0	1,013,806	869,629	1,883,435		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	0	0	0		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						0	15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	536,854	0	4,778,448	4,098,887	8,877,335		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					8,877,335		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet 1-3

Component CCN: 142300

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	747,767	9,273	970,312	679,386	537,015	1.00
MAINTENANCE							
2.00	Hemodialysis	7,403	71.00	15,580.00	19,899.00	1,284,531	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	3,043	29.00	6,403.00	8,178.00	527,889	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0.00	0.00	0.00	0	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	10,446	100.00	21,983.00	28,077.00	1,812,420	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	71.584051	92.730000	44.139198	24.197243	0.296297	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	1,297,841	536,854	0	4,778,448	4,098,887	1.00
MAINTENANCE							
2.00	Hemodialysis	0	13,405	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	5,509	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	283,813					14.00
15.00	ARANESP	555,894					15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	839,707	18,914	0		4,778,448	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.545588	28.383948	0.000000		0.857786	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet 1-4

Component CCN: 142300

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	14,175	6,993,900	493.40	2,699	8,097	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	291	1,883,435	6,472.29	72	216	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	14,175	8,877,335		2,699	8,097	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	15,048					12.00
20.00 ADDITIONAL RENAL FACILITY NUMBERS		142336					20.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	5,326,746	679,165	2,037,495	251.64	251.64	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	1,864,020	53,896	161,689	748.56	748.56	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	7,190,766	733,061	2,199,184			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
20.00 ADDITIONAL RENAL FACILITY NUMBERS							20.00
20.00 HPH RENAL DIALYSIS							20.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet 1-5 Date/Time Prepared: 2/23/2015 8:50 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	7,190,766		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	733,061	685,550	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	2,199,184	2,009,139	2.02
2.03	Total payment due (see instructions)	2,932,245	2,694,689	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	586,451	535,772	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	586,451	535,772	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	535,772	8.00
9.00	Program payment (see instructions)	0	2,155,751	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	9,717,042		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	8,877,335		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.913584		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	107,705	0	0	4.00
5.00	Volunteer Service Coordination	57,427	13,812	0	0	0	5.00
6.00	Administrative and General	403,606	86,193	0	0	255,963	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	527,466	118,165	0	0	0	9.00
10.00	Nursing Care	1,474,453	354,618	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	245,291	58,995	0	0	0	15.00
16.00	Spiritual Counseling	122,913	29,562	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	7,637	980	0	2,110,299	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	562,236	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	371,128	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	91,546	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	60,570	14,568	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,899,363	676,893	107,705	2,201,845	1,189,327	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	107,705	0	107,705	0	107,705	4.00
5.00	Volunteer Service Coordination	71,239	0	71,239	0	71,239	5.00
6.00	Administrative and General	745,762	0	745,762	-325	745,437	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	645,631	0	645,631	0	645,631	9.00
10.00	Nursing Care	1,829,071	0	1,829,071	0	1,829,071	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	304,286	0	304,286	0	304,286	15.00
16.00	Spiritual Counseling	152,475	0	152,475	0	152,475	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,118,916	0	2,118,916	0	2,118,916	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	562,236	0	562,236	0	562,236	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	371,128	0	371,128	0	371,128	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	91,546	0	91,546	0	91,546	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	75,138	0	75,138	0	75,138	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,075,133	0	7,075,133	-325	7,074,808	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	105,094	0	0	61,471	237,041	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,368,884	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	245,291	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	60,570	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	105,094	0	245,291	122,041	1,605,925	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	57,427	57,427	5.00
6.00	Administrative and General		0	0	403,606	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	527,466	527,466	9.00
10.00	Nursing Care		105,569	0	1,474,453	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	245,291	15.00
16.00	Spiritual Counseling		0	122,913	122,913	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	7,637	7,637	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	60,570	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	105,569	715,443	2,899,363	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-2

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	14,398	0	0	14,784	57,011	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	329,228	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	58,995	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	14,568	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	14,398	0	58,995	29,352	386,239	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-2

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	13,812	13,812	5.00
6.00	Administrative and General		0	0	86,193	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	118,165	118,165	9.00
10.00	Nursing Care		25,390	0	354,618	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	58,995	15.00
16.00	Spiritual Counseling		0	29,562	29,562	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	980	980	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	14,568	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	25,390	162,519	676,893	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 141522		Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140010	Period: From 10/01/2013	Worksheet K-3
		Hospice CCN: 141522	To 09/30/2014	Date/Time Prepared: 2/23/2015 8:50 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	2,110,299	2,110,299	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	91,546	91,546	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,201,845	2,201,845	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141522

To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	107,705	0	0	0	107,705	4.00
5.00	Volunteer Service Coordination	71,239	0	0	0	0	5.00
6.00	Administrative and General	745,437	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	645,631	0	0	0	11,306	9.00
10.00	Nursing Care	1,829,071	0	0	0	32,030	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	304,286	0	0	0	5,329	15.00
16.00	Spiritual Counseling	152,475	0	0	0	2,670	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	2,118,916	0	0	0	37,106	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	562,236	0	0	0	9,846	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	371,128	0	0	0	6,499	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	91,546	0	0	0	1,603	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	75,138	0	0	0	1,316	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,074,808	0	0	0	107,705	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141522

To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	71,239			5.00
6.00	Administrative and General	0	745,437	745,437	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	7,478	664,415	78,251	742,666
10.00	Nursing Care	21,186	1,882,287	221,684	2,103,971
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	3,524	313,139	36,880	350,019
16.00	Spiritual Counseling	1,766	156,911	18,480	175,391
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	24,544	2,180,566	256,816	2,437,382
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	6,512	578,594	68,143	646,737
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	4,299	381,926	44,981	426,907
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	1,060	94,209	11,095	105,304
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	870	77,324	9,107	86,431
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	71,239	7,074,808		7,074,808

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141522

To 09/30/2014

Part II
Date/Time Prepared:
2/23/2015 8:50 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	31,084				2.00
3.00	Plant Operation and Maintenance	0	0	1,819			3.00
4.00	Transportation - Staff	0	0	1,819	107,705		4.00
5.00	Volunteer Service Coordination	0	0	0	0	71,238	5.00
6.00	Administrative and General	0	31,084	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	11,306	7,478	9.00
10.00	Nursing Care	0	0	0	32,030	21,186	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	5,329	3,524	15.00
16.00	Spiritual Counseling	0	0	0	2,670	1,766	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	37,106	24,543	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	9,846	6,512	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	6,499	4,299	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	1,603	1,060	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	1,316	870	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	107,705	71,239	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	1.000000	1.000014	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141522

To 09/30/2014

Part II
Date/Time Prepared:
2/23/2015 8:50 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-745,437	6,329,371	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	664,415	9.00
10.00	Nursing Care	0	1,882,287	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	313,139	15.00
16.00	Spiritual Counseling	0	156,911	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	2,180,566	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	578,594	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	381,926	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	94,209	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	77,324	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		745,437	39.00
40.00	Unit Cost Multiplier		0.117774	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141522

To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		9,108	375	21,299	30,782	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	742,666	4,196	173	27,835	774,870	4.00
5.00	Nursing Care	2,103,971	43,442	1,788	77,811	2,227,012	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	350,019	6,993	289	12,944	370,245	10.00
11.00	Spiritual Counseling	175,391	3,531	145	6,486	185,553	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,437,382	105	4	403	2,437,894	16.00
17.00	Drugs, Biological and Infusion Therapy	646,737	0	0	0	646,737	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	426,907	0	0	0	426,907	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	105,304	0	0	0	105,304	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	86,431	1,766	73	3,196	91,466	30.00
31.00	Volunteer Program Costs	0	1,766	73	3,031	4,870	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,074,808	70,907	2,920	153,005	7,301,640	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	6,925	0	22,954	0	5,233	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	174,319	0	10,574	0	2,411	4.00
5.00	Nursing Care	501,000	0	109,485	0	24,959	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	83,292	0	17,623	0	4,018	10.00
11.00	Spiritual Counseling	41,743	0	8,900	0	2,029	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	548,439	0	264	0	60	16.00
17.00	Drugs, Biological and Infusion Therapy	145,493	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	96,039	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	23,690	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	20,577	0	4,450	0	1,014	30.00
31.00	Volunteer Program Costs	1,096	0	4,450	0	1,014	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,642,613	0	178,700	0	40,738	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	2,733	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	1,258	0	0	0	4.00
5.00 Nursing Care	0	13,040	0	120,114	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	2,102	0	0	0	10.00
11.00 Spiritual Counseling	0	1,062	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	32	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	6,843	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	531	0	0	0	30.00
31.00 Volunteer Program Costs	0	531	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	21,289	0	120,114	6,843	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141522

To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	150,679	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	813	69,344	0	0	4.00
5.00	Nursing Care	0	25,021	718,867	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	115,863	0	0	10.00
11.00	Spiritual Counseling	0	0	58,509	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	1,734	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	785,935	305	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	29,327	0	0	30.00
31.00	Volunteer Program Costs	0	0	29,327	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	785,935	26,139	1,173,650	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2013
To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-MEDICAL TECH	PARAMED ED PRGM-SCHOOL OF ANESTHESI	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141522

To 09/30/2014

Part I
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	219,306					1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	1,033,589	0	1,033,589	20,461	1,054,050	4.00
5.00	Nursing Care	3,739,498	0	3,739,498	74,027	3,813,525	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	593,143	0	593,143	11,742	604,885	10.00
11.00	Spiritual Counseling	297,796	0	297,796	5,895	303,691	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	2,988,423	0	2,988,423	59,159	3,047,582	16.00
17.00	Drugs, Biological and Infusion Therapy	1,578,470	0	1,578,470	31,247	1,609,717	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	522,946	0	522,946	10,352	533,298	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	135,837	0	135,837	2,689	138,526	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	147,365	0	147,365	2,917	150,282	30.00
31.00	Volunteer Program Costs	41,288	0	41,288	817	42,105	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	11,297,661	0	11,297,661		11,297,661	34.00
35.00	Unit Cost Multiplier (see instructions)				0.019796		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2013
To 09/30/2014

Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPR. EXPENSE)					
		1.00	2.00	4.00				
1.00	Administrative and General	521	379	403,606	0	30,782	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	240	175	527,466	0	774,870	4.00	
5.00	Nursing Care	2,485	1,810	1,474,453	0	2,227,012	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	400	292	245,291	0	370,245	10.00	
11.00	Spiritual Counseling	202	147	122,913	0	185,553	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	6	4	7,637	0	2,437,894	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	646,737	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	426,907	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	105,304	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	101	74	60,570	0	91,466	30.00	
31.00	Volunteer Program Costs	101	74	57,427	0	4,870	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	4,056	2,955	2,899,363		7,301,640	34.00	
35.00	Total cost to be allocated	70,907	2,920	153,005		1,642,613	35.00	
36.00	Unit Cost Multiplier (see instructions)	17.482002	0.988156	0.052772		0.224965	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2013
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	521	0	521	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	240	0	240	0	4.00
5.00	Nursing Care	0	2,485	0	2,485	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	400	0	400	0	10.00
11.00	Spiritual Counseling	0	202	0	202	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	6	0	6	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	101	0	101	0	30.00
31.00	Volunteer Program Costs	0	101	0	101	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,056	0	4,056	0	34.00
35.00	Total cost to be allocated	0	178,700	0	40,738	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	44.058185	0.000000	10.043886	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2013
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I					
		CAFETERIA (PAID HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT FTE S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	9,619	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	4,427	0	0	0	0	4.00
5.00	Nursing Care	45,893	0	17	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	7,397	0	0	0	0	10.00
11.00	Spiritual Counseling	3,736	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	112	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	562,236	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	60,306	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	1,868	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,868	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	74,920	0	17	60,306	562,236	34.00
35.00	Total cost to be allocated	21,289	0	120,114	6,843	785,935	35.00
36.00	Unit Cost Multiplier (see instructions)	0.284156	0.000000	7,065.529412	0.113471	1.397874	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:

From 10/01/2013
To 09/30/2014

Worksheet K-5

Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	Hospice I	
						INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
		16.00	17.00	19.00	20.00	21.00	
1.00	Administrative and General	0	1,043	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	355,052	480	0	0	0	4.00
5.00	Nursing Care	10,931,213	4,976	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	802	0	0	0	10.00
11.00	Spiritual Counseling	0	405	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	12	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	133,185	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	203	0	0	0	30.00
31.00	Volunteer Program Costs	0	203	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	11,419,450	8,124	0	0	0	34.00
35.00	Total cost to be allocated	26,139	1,173,650	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.002289	144.467011	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140010

Hospice CCN: 141522

Period:
From 10/01/2013
To 09/30/2014

Worksheet K-5
Part II
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description	Hospice I					
	INTERNS & RESIDENTS	PARAMED PRGM-PHARMACY	PARAMED PRGM-MEDICAL	PARAMED PRGM-SCHOOL OF ANESTHESIA		
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	(ASSIGNED TIME)	TECH (ASSIGNED TIME)	(ASSIGNED TIME)		
1.00 Administrative and General	22.00	23.00	23.01	23.02		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140010

Period:

Worksheet K-5

Hospice CCN: 141522

From 10/01/2013
To 09/30/2014

Part III
Date/Time Prepared:
2/23/2015 8:50 am

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.408284	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.324789	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.329921	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.405432	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.171731	0	0 6.00
6.01	VASCULAR LAB	60.01	0.108068	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.272415	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.141909	0	0 9.00
10.00	BLANK	76.00	0.000000	0	0 10.00
10.97	CARDIAC REHABILITATION	76.97	0.620721	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140010

Period: From 10/01/2013

Worksheet K-6

Hospice CCN: 141522

To 09/30/2014

Date/Time Prepared: 2/23/2015 8:50 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				11,297,661	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				35,301	2.00
3.00	Average cost per diem (line 1 divided by line 2)				320.04	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	29,986				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	9,596,719				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,895			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		606,476			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,420		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			1,094,537		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140010	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/23/2015 8:50 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		11,763,764	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		724,244	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)		428.76	3.00
4.00	Number of interns & residents (see instructions)		173.87	4.00
5.00	Indirect medical education percentage (see instructions)		12.12	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		1,425,768	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.04	8.00
9.00	Sum of lines 7 and 8		17.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.63	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		427,025	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		14,340,801	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
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
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
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