

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: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/24/2014 9:09 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/24/2014 Time: 9:09 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COPLEY MEMORIAL HOSPITAL ( 140029 ) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 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 XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	65,344	9,653	-112,628	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	7,935	-5		0	3.00
4.00 SUBPROVIDER I	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
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	73,279	9,648	-112,628	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: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 5:58 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2000 OGDEN AVENUE		PO Box:	1.00
2.00	City: AURORA		State: IL Zip Code: 60504 County: KANE	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	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	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.	9,901	1,808	0	0	126	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.	3	196	0	0	16		25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	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/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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
1.00 2.00 3.00						
70.00	<b>Inpatient Psychiatric Facility PPS</b> Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0
75.00	<b>Inpatient Rehabilitation Facility PPS</b> 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
1.00						
80.00	<b>Long Term Care Hospital PPS</b> Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N
85.00	<b>TEFRA Providers</b> Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N
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.					
V XIX 1.00 2.00						
90.00	<b>Title V and XIX Services</b> Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				Y	Y
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
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
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
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00

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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.	0.00	0.00		97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	10,914,486	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

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		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.	Y		145.00			
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A 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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				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.	N		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					0.00	166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00		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)	01/01/2013		03/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/24/2014 5:58 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
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	10/28/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/21/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-2  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 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.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	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.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHEFKE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH-COPLEY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909		RI CHARD. SCHEFKE@RUSHCOPLEY.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/21/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCT. & REIMBURSEMENT	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: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	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					0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 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)	12,019	7,440	34,671			1.00
2.00 HMO and other (see instructions)	2,358	126				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	16				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)	12,019	7,440	34,671			7.00
8.00 INTENSIVE CARE UNIT	1,564	1,069	4,898			8.00
8.01 NICU	0	456	2,088			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		1,822	8,351			13.00
14.00 Total (see instructions)	13,583	10,787	50,008	12.92	1,447.84	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,693	199	4,303	1.00	25.13	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				13.92	1,472.97	27.00
28.00 Observation Bed Days		1,828	10,351			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	922	2,175			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,494	3,675	11,953	1.00
2.00 HMO and other (see instructions)				599	0		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 NICU							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	3,494	3,675		11,953	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	211	105		342	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 11/24/2014 5:58 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	103,992,453	0	103,992,453	3,063,782.00	33.94	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		521,775	0	521,775	5,640.00	92.51	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	657,227	0	657,227	27,128.00	24.23	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,223,043	67,577	2,290,620	70,181.00	32.64	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		18,250	0	18,250	447.00	40.83	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		408,863	0	408,863	2,726.00	149.99	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		30,407,500	0	30,407,500			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		704,358	0	704,358			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		237,939	0	237,939			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	947,407	29,831	977,238	25,239.00	38.72	26.00
27.00	Administrative & General	5.00	18,629,975	-97,408	18,532,567	452,738.00	40.93	27.00
28.00	Administrative & General under contract (see inst.)		100,424	0	100,424	475.00	211.42	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,408,445	0	2,408,445	77,934.00	30.90	30.00
31.00	Laundry & Linen Service	8.00	93,028	0	93,028	6,137.00	15.16	31.00
32.00	Housekeeping	9.00	1,332,262	0	1,332,262	90,120.00	14.78	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,298,836	-833,593	465,243	28,435.00	16.36	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	833,593	833,593	50,948.00	16.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,746,848	0	2,746,848	51,589.00	53.24	38.00
39.00	Central Services and Supply	14.00	461,808	0	461,808	22,724.00	20.32	39.00
40.00	Pharmacy	15.00	2,206,448	0	2,206,448	55,336.00	39.87	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	160,641	0	4,160.00	38.62	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/24/2014 5:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	102,913,875	0	102,913,875	3,031,489.00	33.95	1.00
2.00	Excluded area salaries (see instructions)	2,223,043	67,577	2,290,620	70,181.00	32.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,690,832	-67,577	100,623,255	2,961,308.00	33.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	427,113	0	427,113	3,173.00	134.61	4.00
5.00	Subtotal wage-related costs (see inst.)	30,407,500	0	30,407,500	0.00	30.22	5.00
6.00	Total (sum of lines 3 thru 5)	131,525,445	-67,577	131,457,868	2,964,481.00	44.34	6.00
7.00	Total overhead cost (see instructions)	30,386,122	-67,577	30,318,545	865,835.00	35.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2014 5:58 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			4,984,765 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			161,841 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			15,507,892 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			439,874 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			140,275 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)			314,370 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,157,051 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			8,462,233 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			89,422 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			324,149 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>31,581,872 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/24/2014 5:58 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	18,250	0	1.00
2.00	Hospital	18,250	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/24/2014 5:58 am
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			1.00			
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.160076	1.00		
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		32,810,955	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?		N	4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		8,437,605	5.00		
6.00	Medicaid charges		274,873,183	6.00		
7.00	Medicaid cost (line 1 times line 6)		44,000,600	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,752,040	8.00		
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0	9.00		
10.00	Stand-alone SCHIP charges		0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00		
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00		
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations		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)		2,752,040	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		35,623,280	4,849,308	40,472,588	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,702,432	776,258	6,478,690	21.00
22.00	Partial payment by patients approved for charity care		62,467	107,539	170,006	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,639,965	668,719	6,308,684	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				39,687,648	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				857,758	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				38,829,890	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				6,215,733	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				12,524,417	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				15,276,457	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet A	
Date/Time Prepared: 11/24/2014 5:58 am								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		7,002,011	7,002,011	5,557,223	12,559,234	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	11,273,508	11,273,508	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	947,407	2,168,167	3,115,574	29,959,834	33,075,408	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,327,218	42,000,009	44,327,227	-634,763	43,692,464	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	16,302,757	50,043,903	66,346,660	-9,042,591	57,304,069	5.06
7.00	00700	OPERATION OF PLANT	2,408,445	4,646,660	7,055,105	-937,502	6,117,603	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93,028	825,683	918,711	-24,934	893,777	8.00
9.00	00900	HOUSEKEEPING	1,332,262	1,612,145	2,944,407	-363,543	2,580,864	9.00
10.00	01000	DIETARY	1,298,836	2,138,055	3,436,891	-2,357,190	1,079,701	10.00
11.00	01100	CAFETERIA	0	0	0	1,934,539	1,934,539	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,746,848	1,069,002	3,815,850	-954,724	2,861,126	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	461,808	823,815	1,285,623	-176,839	1,108,784	14.00
15.00	01500	PHARMACY	2,206,448	13,816,923	16,023,371	-1,722,086	14,301,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,956,797	2,956,797	-11,728	2,945,069	16.00
17.00	01700	SOCIAL SERVICE	160,641	113,066	273,707	-41,767	231,940	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	657,227	170,879	828,106	-170,879	657,227	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	737,935	488,025	1,225,960	-195,229	1,030,731	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,122,454	6,107,487	25,229,941	-5,425,232	19,804,709	30.00
31.00	03100	INTENSIVE CARE UNIT	3,004,187	1,672,143	4,676,330	-953,765	3,722,565	31.00
31.01	03101	NICU	3,070,825	1,146,392	4,217,217	-858,236	3,358,981	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,630,118	579,870	2,209,988	-431,303	1,778,685	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,468,233	17,705,188	21,173,421	-9,373,111	11,800,310	50.00
50.01	05001	SAME DAY SURGERY	1,322,199	582,540	1,904,739	-384,238	1,520,501	50.01
50.02	05002	G. I. LAB	1,220,933	1,551,007	2,771,940	-449,311	2,322,629	50.02
51.00	05100	RECOVERY ROOM	732,218	224,923	957,141	-190,867	766,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,956,217	2,921,360	7,877,577	-1,371,150	6,506,427	52.00
53.00	05300	ANESTHESIOLOGY	149,829	815,345	965,174	-108,265	856,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,405,083	5,559,690	10,964,773	-2,384,112	8,580,661	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,527,622	1,280,703	2,808,325	-737,865	2,070,460	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,985,315	6,141,338	9,126,653	-872,488	8,254,165	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,755,811	1,254,647	3,010,458	-547,522	2,462,936	65.00
69.00	06900	ELECTROCARDIOLOGY	1,634,958	1,055,246	2,690,204	-710,677	1,979,527	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	687,791	687,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,828,156	10,828,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	803,253	803,253	0	803,253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	220,440	220,634	441,074	1,564,689	2,005,763	75.01
75.02	07502	HEART SURGERY	977,414	962,967	1,940,381	-1,937,929	2,452	75.02
75.03	07503	REHAB SERVICES	2,617,928	1,018,112	3,636,040	-865,778	2,770,262	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,823,931	9,218,060	11,041,991	-4,077,390	6,964,601	75.05
75.06	07506	YORKVILLE	3,750,258	4,108,386	7,858,644	-1,600,406	6,258,238	75.06
75.07	07507	MCAI	2,153,303	3,720,761	5,874,064	-1,108,205	4,765,859	75.07
76.00	03020	DIABETIC CENTER	253,414	131,361	384,775	-65,888	318,887	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,805,396	1,379,143	3,184,539	-575,661	2,608,878	90.00
90.01	09001	WOUND CARE CENTER	0	825,662	825,662	-14,513	811,149	90.01
91.00	09100	EMERGENCY	6,130,582	3,293,123	9,423,705	-1,676,878	7,746,827	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE		6,915,573	6,915,573	-6,915,573	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,399,528	211,070,054	314,469,582	1,535,602	316,005,184
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127,607	127,607	-482	127,125
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	248	248	0	248
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	443,584	2,037,947	2,481,531	-118,878	2,362,653
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NON REIMBURSABLE	149,341	1,287,954	1,437,295	-1,416,242	21,053
200.00		TOTAL (SUM OF LINES 118-199)	103,992,453	214,523,810	318,516,263	0	318,516,263

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-7,007,045	5,552,189	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-29,032	11,244,476	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-109,828	32,965,580	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-40,163,112	3,529,352	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-15,495,306	41,808,763	5.06
7.00	00700	OPERATION OF PLANT	-392,902	5,724,701	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	893,777	8.00
9.00	00900	HOUSEKEEPING	0	2,580,864	9.00
10.00	01000	DIETARY	0	1,079,701	10.00
11.00	01100	CAFETERIA	-244,209	1,690,330	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-7,349	2,853,777	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,108,784	14.00
15.00	01500	PHARMACY	-19,513	14,281,772	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20	2,945,049	16.00
17.00	01700	SOCIAL SERVICE	0	231,940	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	657,227	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-160,212	870,519	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-276,475	19,528,234	30.00
31.00	03100	INTENSIVE CARE UNIT	-602,705	3,119,860	31.00
31.01	03101	NICU	-183,775	3,175,206	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-109,026	1,669,659	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-218,580	11,581,730	50.00
50.01	05001	SAME DAY SURGERY	0	1,520,501	50.01
50.02	05002	G. I. LAB	-9,893	2,312,736	50.02
51.00	05100	RECOVERY ROOM	0	766,274	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,061,915	5,444,512	52.00
53.00	05300	ANESTHESIOLOGY	-18,518	838,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,196	8,575,465	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-160,654	1,909,806	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-68,685	8,185,480	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-420	2,462,516	65.00
69.00	06900	ELECTROCARDIOLOGY	-2,130	1,977,397	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	687,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,828,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	803,253	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-73,154	1,932,609	75.01
75.02	07502	HEART SURGERY	-2,452	0	75.02
75.03	07503	REHAB SERVICES	-111,155	2,659,107	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	6,964,601	75.05
75.06	07506	YORKVILLE	-672,709	5,585,529	75.06
75.07	07507	MCAI	-46,359	4,719,500	75.07
76.00	03020	DIABETIC CENTER	-4,685	314,202	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-4,272	2,604,606	90.00
90.01	09001	WOUND CARE CENTER	-7,777	803,372	90.01
91.00	09100	EMERGENCY	-659,830	7,086,997	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-67,928,893	248,076,291	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	127,125	190.00
192.00	19200	0	248	192.00
194.00	07954	-90,000	2,272,653	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	21,053	194.04
200.00		-68,018,893	250,497,370	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - INTEREST</b>						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,557,223		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	1,358,350		2.00
	<b>TOTALS</b>		0	6,915,573		
<b>B - MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	687,791		1.00
	<b>TOTALS</b>		0	687,791		
<b>C - WORKMENS COMP INSURANCE</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	29,831	1,164,807		1.00
	<b>TOTALS</b>		29,831	1,164,807		
<b>D - CAFETERIA</b>						
1.00	CAFETERIA	11.00	833,593	1,100,946		1.00
	<b>TOTALS</b>		833,593	1,100,946		
<b>E - EMPLOYEE BENEFITS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28,767,719		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
	<b>TOTALS</b>		0	28,767,719		
<b>F - DEPRECIATION EXPENSE</b>						
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	9,915,158		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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
39.00		0.00	0	0		39.00
	TOTALS		0	9,915,158		
	G - ADVERTISING					
1.00	OTHER NON REIMBURSABLE	194.04	67,577	298,349		1.00
	TOTALS		67,577	298,349		
	H - HEART SURGERY					
1.00	CARDIAC REHAB	75.01	977,414	655,241		1.00
	TOTALS		977,414	655,241		
	I - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,828,156		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
	TOTALS		0	10,828,156		
500.00	Grand Total: Increases		1,908,415	60,333,740		500.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-6  
Date/Time Prepared:  
11/24/2014 5:58 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	6,915,573	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	6,915,573			
<b>B - MEDICAL SUPPLIES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	687,791	0		1.00
	TOTALS		0	687,791			
<b>C - WORKMENS COMP INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	29,831	1,164,807	0		1.00
	TOTALS		29,831	1,164,807			
<b>D - CAFETERIA</b>							
1.00	DIETARY	10.00	833,593	1,100,946	0		1.00
	TOTALS		833,593	1,100,946			
<b>E - EMPLOYEE BENEFITS</b>							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	632,483	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,845,552	0		2.00
3.00	OPERATION OF PLANT	7.00	0	626,196	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	24,187	0		4.00
5.00	HOUSEKEEPING	9.00	0	346,388	0		5.00
6.00	DIETARY	10.00	0	337,697	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	714,181	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	120,070	0		8.00
9.00	PHARMACY	15.00	0	573,676	0		9.00
10.00	SOCIAL SERVICE	17.00	0	41,767	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	170,879	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	191,863	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,970,855	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	781,670	0		14.00
15.00	NICU	31.01	0	798,415	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	423,699	0		16.00
17.00	OPERATING ROOM	50.00	0	901,285	0		17.00
18.00	SAME DAY SURGERY	50.01	0	343,772	0		18.00
19.00	G. I. LAB	50.02	0	317,443	0		19.00
20.00	RECOVERY ROOM	51.00	0	190,377	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,288,616	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	38,955	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,405,321	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	591,691	0		24.00
25.00	LABORATORY	60.00	0	776,182	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	456,511	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	641,226	0		27.00
28.00	CARDIAC REHAB	75.01	0	57,315	0		28.00
29.00	HEART SURGERY	75.02	0	301,386	0		29.00
30.00	REHAB SERVICES	75.03	0	824,030	0		30.00
31.00	VASCULAR SERVICES	75.05	0	474,222	0		31.00
32.00	YORKVILLE	75.06	0	975,067	0		32.00
33.00	MCAI	75.07	0	559,859	0		33.00
34.00	OTHER NON REIMBURSABLE	194.04	0	1,780,698	0		34.00
35.00	DIABETIC CENTER	76.00	0	65,888	0		35.00
36.00	CLINIC	90.00	0	469,014	0		36.00
37.00	EMERGENCY	91.00	0	1,593,951	0		37.00
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	115,332	0		38.00
	TOTALS		0	28,767,719			
<b>F - DEPRECIATION EXPENSE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,523	9		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,280	9		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,948,684	0		3.00
4.00	OPERATION OF PLANT	7.00	0	311,306	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	747	0		5.00
6.00	HOUSEKEEPING	9.00	0	17,155	0		6.00
7.00	DIETARY	10.00	0	84,954	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	240,543	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	56,769	0		9.00
10.00	PHARMACY	15.00	0	975,370	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	11,728	0		11.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
12.00	I&R SERVICES-OTHER PRGM	22.00	0	3,366	0	12.00	
	COSTS APPRVD						
13.00	ADULTS & PEDIATRICS	30.00	0	454,377	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	172,095	0	14.00	
15.00	NICU	31.01	0	59,821	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	7,604	0	16.00	
17.00	OPERATING ROOM	50.00	0	778,505	0	17.00	
18.00	SAME DAY SURGERY	50.01	0	40,466	0	18.00	
19.00	G. I. LAB	50.02	0	123,606	0	19.00	
20.00	RECOVERY ROOM	51.00	0	490	0	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	82,534	0	21.00	
22.00	ANESTHESIOLOGY	53.00	0	69,310	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	978,791	0	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	146,174	0	24.00	
25.00	LABORATORY	60.00	0	96,306	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	91,011	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	69,451	0	27.00	
28.00	CARDIAC REHAB	75.01	0	10,651	0	28.00	
29.00	HEART SURGERY	75.02	0	3,888	0	29.00	
30.00	REHAB SERVICES	75.03	0	41,748	0	30.00	
31.00	VASCULAR SERVICES	75.05	0	649,635	0	31.00	
32.00	YORKVILLE	75.06	0	625,339	0	32.00	
33.00	MCAI	75.07	0	548,346	0	33.00	
34.00	CLINIC	90.00	0	106,647	0	34.00	
35.00	WOUND CARE CENTER	90.01	0	14,513	0	35.00	
36.00	EMERGENCY	91.00	0	82,927	0	36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	482	0	37.00	
38.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	3,546	0	38.00	
39.00	OTHER NON REIMBURSABLE	194.04	0	1,470	0	39.00	
	TOTALS		0	9,915,158			
G - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	67,577	298,349	0	1.00	
	TOTALS		67,577	298,349			
H - HEART SURGERY							
1.00	HEART SURGERY	75.02	977,414	655,241	0	1.00	
	TOTALS		977,414	655,241			
I - IMPLANTABLE DEVICES							
1.00	PHARMACY	15.00	0	173,040	0	1.00	
2.00	OPERATING ROOM	50.00	0	7,693,321	0	2.00	
3.00	G. I. LAB	50.02	0	8,262	0	3.00	
4.00	VASCULAR SERVICES	75.05	0	2,953,533	0	4.00	
	TOTALS		0	10,828,156			
500.00	Grand Total: Decreases		1,908,415	60,333,740		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,441,298	0	0	0	1.00
2.00	Land Improvements	14,465,550	17,089	0	17,089	2.00
3.00	Buildings and Fixtures	106,146,522	69,100	0	69,100	3.00
4.00	Building Improvements	3,693,432	248,664	0	248,664	4.00
5.00	Fixed Equipment	72,221,196	2,078,458	0	2,078,458	5.00
6.00	Movable Equipment	104,320,344	8,673,989	0	8,673,989	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	303,288,342	11,087,300	0	11,087,300	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	303,288,342	11,087,300	0	11,087,300	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,441,298	0			1.00
2.00	Land Improvements	14,482,639	0			2.00
3.00	Buildings and Fixtures	106,215,622	0			3.00
4.00	Building Improvements	3,942,096	0			4.00
5.00	Fixed Equipment	74,299,654	0			5.00
6.00	Movable Equipment	112,994,333	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	314,375,642	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	314,375,642	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	7,002,011	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,002,011	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	7,002,011				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,002,011				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	197,439,213	0	197,439,213	0.636011	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	112,994,333	0	112,994,333	0.363989	0	2.00
3.00	Total (sum of lines 1-2)	310,433,546	0	310,433,546	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,928,872	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	9,886,126	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,814,998	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. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,376,683	0	0	0	5,552,189	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,358,350	0	0	0	11,244,476	2.00
3.00	Total (sum of lines 1-2)	-18,333	0	0	0	16,796,665	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8

Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
1.01 Investment income - POB NEW CRC (chapter 2)			0POB NEW CRC	1.01		0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-6,915,573	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	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	-179,239	OPERATION OF PLANT	7.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-87,081	OPERATION OF PLANT	7.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,866,997				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	B	-233,594	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-20	MEDICAL RECORDS & LIBRARY	16.00		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	B	-10,615	CAFETERIA	11.00		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	*** Cost Center Deleted ***	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
26.01 Depreciation - POB NEW CRC			0POB NEW CRC	1.01		0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00			30.99

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00	31.00			
				1.00	2.00			3.00	4.00	5.00
					*** Cost Center Deleted ***					
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00			
33.00	IDPA PROVIDER TAX	A	-15,077,933		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00			
33.01	PATIENT TELEPHONE	A	-1,542		NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.01			
33.02	MISC REV	B	-63,410		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02			
33.03	MISC REV	B	-7,349		NURSING ADMINISTRATION	13.00	0 33.03			
33.04	PHYSICIAN COMPENSATION	A	-90,000		OTHER NONREIMBURSABLE COST CENTERS	194.00	0 33.04			
33.05	BAD DEBTS	A	-39,687,648		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.05			
33.06	MISC REV	B	-220,873		ADULTS & PEDIATRICS	30.00	0 33.06			
33.07	MISC REV	B	-5,196		RADIOLOGY-DIAGNOSTIC	54.00	0 33.07			
33.08	MISC REV	B	-156,069		RADIOLOGY-THERAPEUTIC	55.00	0 33.08			
33.09	MISC REV	B	-2,130		ELECTROCARDIOLOGY	69.00	0 33.09			
33.10	MISC REV	B	-74,204		EMERGENCY	91.00	0 33.10			
33.11	MISC REV	B	-19,513		PHARMACY	15.00	0 33.11			
33.12	MISC REV	B	-126,582		OPERATION OF PLANT	7.00	0 33.12			
34.00	MISC REV	B	1,315		LABORATORY	60.00	0 34.00			
35.00	MISC REV	B	-4,272		CLINIC	90.00	0 35.00			
36.00	MISC REV	B	-1,380		OPERATING ROOM	50.00	0 36.00			
37.00	MISC REV	B	-19,828		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.00			
38.02	MISC REV	B	-2,452		HEART SURGERY	75.02	0 38.02			
38.07	MISC REV	B	-259		MCAI	75.07	0 38.07			
38.15	MISC REV	B	-111,155		REHAB SERVICES	75.03	0 38.15			
39.00	MISC REV	B	-96,581		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.00			
41.00	MISC REV	B	-30,493		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 41.00			
43.00	MISC REV	B	-475,464		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 43.00			
45.00	MISC REV	B	-30		YORKVILLE	75.06	0 45.00			
45.01	MISC REV	B	-9,893		G. I. LAB	50.02	0 45.01			
45.02	MISC REV	B	-4,685		DIABETIC CENTER	76.00	0 45.02			
45.03	MISC REV	B	-2,297		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.03			
45.04	AHA/IHA LOBBYING FEES	A	-47,769		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.04			
45.05	MEMBERSHIP DUES	A	-43,681		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.05			
45.06			0			0.00	0 45.06			
45.07	PHYSICIAN REFERRAL	A	-74,394		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.07			
45.09	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333		NEW CAP REL COSTS-BLDG & FIXT	1.00	11 45.09			
45.10	UNFUNDED DEFERRED COMP	A	-90,000		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.10			
45.11	OTHER N/A COSTS	A	-61,045		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.11			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-68,018,893				50.00			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:  
11/24/2014 5:58 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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	200,852	125,252	75,600	177,200	504	1.00
2.00	30.00	ADULTS & PEDIATRICS	69,914	44,714	25,200	177,200	168	2.00
3.00	31.00	INTENSIVE CARE UNIT	602,705	602,705	0	177,200	0	3.00
4.00	31.01	NICU	212,400	162,000	50,400	177,200	336	4.00
5.00	41.00	SUBPROVIDER - IRF	109,026	109,026	0	0	0	5.00
6.00	50.00	OPERATING ROOM	236,500	207,625	28,875	208,000	193	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,097,696	1,034,771	62,925	177,200	420	7.00
8.00	53.00	ANESTHESIOLOGY	45,000	3,750	41,250	200,300	275	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	16,500	0	16,500	225,300	110	9.00
10.00	60.00	LABORATORY	70,000	70,000	0	215,700	0	10.00
11.00	65.00	RESPIRATORY THERAPY	420	420	0	0	0	11.00
12.00	75.01	CARDIAC REHAB	118,050	39,000	79,050	177,200	527	12.00
13.00	75.06	YORKVILLE	672,679	672,679	0	177,200	0	13.00
14.00	75.07	MCAI	46,100	46,100	0	0	0	14.00
15.00	90.01	WOUND CARE CENTER	18,000	0	18,000	177,200	120	15.00
16.00	91.00	EMERGENCY	634,867	548,204	86,663	177,200	578	16.00
200.00			4,150,709	3,666,246	484,463		3,231	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,937	2,147	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	14,312	716	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NICU	28,625	1,431	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	19,300	965	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	35,781	1,789	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	26,482	1,324	0	0	0	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	11,915	596	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	75.01	CARDIAC REHAB	44,896	2,245	0	0	0	12.00
13.00	75.06	YORKVILLE	0	0	0	0	0	13.00
14.00	75.07	MCAI	0	0	0	0	0	14.00
15.00	90.01	WOUND CARE CENTER	10,223	511	0	0	0	15.00
16.00	91.00	EMERGENCY	49,241	2,462	0	0	0	16.00
200.00			283,712	14,186	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	42,937	32,663	157,915		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	14,312	10,888	55,602		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	602,705		3.00
4.00	31.01	NICU	0	28,625	21,775	183,775		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	109,026		5.00
6.00	50.00	OPERATING ROOM	0	19,300	9,575	217,200		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	35,781	27,144	1,061,915		7.00
8.00	53.00	ANESTHESIOLOGY	0	26,482	14,768	18,518		8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	0	11,915	4,585	4,585		9.00
10.00	60.00	LABORATORY	0	0	0	70,000		10.00
11.00	65.00	RESPIRATORY THERAPY	0	0	0	420		11.00
12.00	75.01	CARDIAC REHAB	0	44,896	34,154	73,154		12.00
13.00	75.06	YORKVILLE	0	0	0	672,679		13.00
14.00	75.07	MCAI	0	0	0	46,100		14.00
15.00	90.01	WOUND CARE CENTER	0	10,223	7,777	7,777		15.00
16.00	91.00	EMERGENCY	0	49,241	37,422	585,626		16.00
200.00			0	283,712	200,751	3,866,997		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,552,189	5,552,189				1.00
1.01 00101 POB NEW CRC	0	0	0			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,244,476			11,244,476		2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	32,965,580	57,669	0	2,858	33,026,107	4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	3,529,352	0	0	2,586	746,092	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	41,808,763	1,232,753	0	3,344,010	5,195,338	5.06
7.00 00700 OPERATION OF PLANT	5,724,701	543,287	0	353,043	772,133	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	893,777	0	0	847	29,824	8.00
9.00 00900 HOUSEKEEPING	2,580,864	53,038	0	19,455	427,115	9.00
10.00 01000 DIETARY	1,079,701	97,838	0	96,344	149,154	10.00
11.00 01100 CAFETERIA	1,690,330	94,751	0	0	267,245	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,853,777	0	0	272,793	880,623	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,108,784	94,919	0	64,380	148,053	14.00
15.00 01500 PHARMACY	14,281,772	28,961	0	1,106,138	707,374	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,945,049	51,444	0	13,300	0	16.00
17.00 01700 SOCIAL SERVICE	231,940	0	0	0	51,501	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	657,227	0	0	0	210,703	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	870,519	0	0	3,817	236,578	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	19,528,234	1,315,460	0	515,295	6,130,592	30.00
31.00 03100 INTENSIVE CARE UNIT	3,119,860	129,366	0	195,168	963,124	31.00
31.01 03101 NICU	3,175,206	26,712	0	67,841	984,488	31.01
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	1,669,659	66,277	0	8,623	522,606	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	11,581,730	130,020	0	882,879	1,111,895	50.00
50.01 05001 SAME DAY SURGERY	1,520,501	116,664	0	45,891	423,889	50.01
50.02 05002 G. I. LAB	2,312,736	117,889	0	140,178	391,424	50.02
51.00 05100 RECOVERY ROOM	766,274	30,102	0	556	234,745	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,444,512	122,554	0	93,599	1,588,933	52.00
53.00 05300 ANESTHESIOLOGY	838,391	8,708	0	78,602	48,034	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,575,465	371,621	0	1,110,018	1,732,837	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,909,806	257,407	0	165,772	489,746	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	8,185,480	112,252	0	109,218	957,074	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	2,462,516	22,450	0	103,213	562,902	65.00
69.00 06900 ELECTROCARDIOLOGY	1,977,397	64,096	0	78,762	524,158	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	687,791	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	10,828,156	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	803,253	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	1,932,609	41,494	0	16,488	384,025	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	2,659,107	42,417	0	47,345	839,292	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	6,964,601	0	0	736,732	584,741	75.05
75.06 07506 YORKVILLE	5,585,529	0	0	709,178	1,202,310	75.06
75.07 07507 MCAI	4,719,500	0	0	621,863	690,336	75.07
76.00 03020 DIABETIC CENTER	314,202	0	0	0	81,243	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,604,606	0	0	120,945	578,799	90.00
90.01 09001 WOUND CARE CENTER	803,372	48,894	0	16,459	0	90.01
91.00 09100 EMERGENCY	7,086,997	255,007	0	94,045	1,965,428	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	248,076,291	5,534,050	0	11,238,241	32,814,354	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,125	3,675	0	547	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	248	14,464	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	2,272,653	0	0	4,021	142,210	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	21,053	0	0	1,667	69,543	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	250,497,370	5,552,189	0	11,244,476	33,026,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period: From 07/01/2013 To 06/30/2014

Worksheet B Part I Date/Time Prepared: 11/24/2014 5:58 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,278,030				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	51,580,864	51,580,864		5.06
7.00	00700	OPERATION OF PLANT	0	7,393,164	1,917,114	9,310,278	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	924,448	239,718	0	8.00
9.00	00900	HOUSEKEEPING	0	3,080,472	798,794	132,797	9.00
10.00	01000	DIETARY	0	1,423,037	369,006	244,966	10.00
11.00	01100	CAFETERIA	0	2,052,326	532,187	237,236	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	4,007,193	1,039,101	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,416,136	367,217	237,656	14.00
15.00	01500	PHARMACY	0	16,124,245	4,181,162	72,511	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,009,793	780,466	128,806	16.00
17.00	01700	SOCIAL SERVICE	0	283,441	73,499	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	867,930	225,062	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,110,914	288,070	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	186,563	27,676,144	7,176,698	3,293,623	514,154
31.00	03100	INTENSIVE CARE UNIT	29,839	4,437,357	1,150,647	323,905	32,307
31.01	03101	NICU	64,848	4,319,095	1,119,980	66,882	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	12,879	2,280,044	591,236	165,944	74,438
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	539,450	14,245,974	3,694,109	325,544	140,131
50.01	05001	SAME DAY SURGERY	50,173	2,157,118	559,360	292,103	55,430
50.02	05002	G. I. LAB	64,011	3,026,238	784,731	295,170	0
51.00	05100	RECOVERY ROOM	48,481	1,080,158	280,095	75,368	40,278
52.00	05200	DELIVERY ROOM & LABOR ROOM	125,535	7,375,133	1,912,438	306,849	0
53.00	05300	ANESTHESIOLOGY	55,086	1,028,821	266,783	21,804	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	623,213	12,413,154	3,218,843	930,461	41,614
55.00	05500	RADIOLOGY-THERAPEUTIC	99,735	2,922,466	757,822	644,491	44,357
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	456,655	9,820,679	2,546,590	281,054	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	96,524	3,247,605	842,133	56,211	0
69.00	06900	ELECTROCARDIOLOGY	127,630	2,772,043	718,816	160,482	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117,258	805,049	208,756	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,795	10,898,951	2,826,196	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	492,965	492,965	127,830	0	0
74.00	07400	RENAL DIALYSIS	14,155	817,408	211,961	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	7,671	2,382,287	617,748	103,893	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	108,923	3,697,084	958,687	106,204	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	211,226	8,497,300	2,203,426	0	0
75.06	07506	YORKVILLE	167,290	7,664,307	1,987,424	0	0
75.07	07507	MCAI	0	6,031,699	1,564,074	0	0
76.00	03020	DIABETIC CENTER	1,787	397,232	103,006	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	41,644	3,345,994	867,646	0	0
90.01	09001	WOUND CARE CENTER	0	868,725	225,268	122,420	0
91.00	09100	EMERGENCY	463,694	9,865,171	2,558,128	638,484	221,457
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,278,030	247,840,164	50,891,827	9,264,864	1,164,166
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	131,347	34,059	9,200	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,712	3,815	36,214	0
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	2,418,884	627,238	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NON REIMBURSABLE	0	92,263	23,925	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,278,030	250,497,370	51,580,864	9,310,278	1,164,166

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part I Date/Time Prepared: 11/24/2014 5:58 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	4,012,063					9.00
10.00	01000	DIETARY	107,090	2,144,099				10.00
11.00	01100	CAFETERIA	103,711	0	2,925,460			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	64,754	0	5,111,048	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	103,895	0	28,539	0	50,965	14.00
15.00	01500	PHARMACY	31,699	0	69,454	0	124,106	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,309	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,222	0	9,330	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	34,048	0	60,842	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	13,943	0	24,895	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,439,854	1,794,608	751,197	0	1,342,120	30.00
31.00	03100	INTENSIVE CARE UNIT	141,600	126,763	104,102	0	185,991	31.00
31.01	03101	NICU	29,238	0	100,760	0	180,009	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	72,545	222,728	65,615	0	117,241	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	142,316	0	120,708	0	215,672	50.00
50.01	05001	SAME DAY SURGERY	127,697	0	46,320	0	82,758	50.01
50.02	05002	G. I. LAB	129,037	0	42,690	0	76,263	50.02
51.00	05100	RECOVERY ROOM	32,948	0	20,601	0	36,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	134,143	0	171,989	0	307,260	52.00
53.00	05300	ANESTHESIOLOGY	9,532	0	8,669	0	15,486	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	406,764	0	182,825	0	326,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	281,748	0	46,450	0	82,991	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	122,867	0	132,197	0	236,209	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	24,573	0	67,965	0	121,415	65.00
69.00	06900	ELECTROCARDIOLOGY	70,157	0	137,941	0	246,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
75.01	07501	CARDIAC REHAB	45,418	0	29,087	0	51,978	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	46,429	0	82,927	0	148,146	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	57,521	0	102,755	75.05
75.06	07506	YORKVILLE	0	0	151,962	0	271,505	75.06
75.07	07507	MCAI	0	0	95,956	0	171,424	75.07
76.00	03020	DIABETIC CENTER	0	0	7,311	0	13,084	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	50,262	0	89,814	90.00
90.01	09001	WOUND CARE CENTER	53,518	0	0	0	0	90.01
91.00	09100	EMERGENCY	279,122	0	214,157	0	382,635	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,992,210	2,144,099	2,905,172	0	5,074,798	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,022	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,831	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	20,288	0	36,250	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	4,012,063	2,144,099	2,925,460	0	5,111,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	2,204,408				14.00
15.00	01500	PHARMACY	22,818				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,625,995	3,975,374		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	371,492	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,494	0	173,358	371,492	0
31.00	03100	INTENSIVE CARE UNIT	11,667	0	27,727	0	0
31.01	03101	NI CU	265	0	60,258	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	108	0	11,967	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	847,325	0	501,265	0	0
50.01	05001	SAME DAY SURGERY	12,555	0	46,622	0	0
50.02	05002	G. I. LAB	65,885	0	59,480	0	0
51.00	05100	RECOVERY ROOM	3,156	0	45,049	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,242	0	116,649	0	0
53.00	05300	ANESTHESIOLOGY	39,570	0	51,186	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	149,230	0	579,260	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,416	0	92,676	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	3,425	0	424,331	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,172	0	89,691	0	0
69.00	06900	ELECTROCARDIOLOGY	10,487	0	118,596	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	108,958	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	65,784	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,625,995	458,071	0	0
74.00	07400	RENAL DIALYSIS	0	0	13,153	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	5	0	7,128	0	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	521	0	101,213	0	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	847,243	0	196,275	0	0
75.06	07506	YORKVILLE	17,720	0	155,448	0	0
75.07	07507	MCAI	62,420	0	0	0	0
76.00	03020	DIABETIC CENTER	0	0	1,661	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	5,100	0	38,696	0	0
90.01	09001	WOUND CARE CENTER	2,319	0	0	0	0
91.00	09100	EMERGENCY	41,265	0	430,872	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

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Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,204,408	20,625,995	3,975,374	371,492	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,204,408	20,625,995	3,975,374	371,492	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
20.00	21.00	22.00	23.00	24.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 POB NEW CRC						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,187,882				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,437,822			22.00
23.00 02300 PARAMED PRGM-(SPECFY)	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	650,508	787,378	0	45,980,628	30.00
31.00 03100 INTENSIVE CARE UNIT	0	42,424	51,351	0	6,635,841	31.00
31.01 03101 NICU	0	0	0	0	5,876,487	31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	120,202	145,494	0	3,867,562	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	56,566	68,468	0	20,358,078	50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,379,963	50.01
50.02 05002 G. I. LAB	0	28,283	34,234	0	4,542,011	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,614,441	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	91,919	111,260	0	10,572,882	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,441,851	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	35,354	42,792	0	18,326,950	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	4,875,417	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	13,567,352	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,453,765	65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,234,985	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,122,763	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,790,931	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	21,704,861	73.00
74.00 07400 RENAL DIALYSIS	0	14,141	17,117	0	1,073,780	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	0	98,990	119,819	0	3,456,353	75.01
75.02 07502 HEART SURGERY	0	0	0	0	0	75.02
75.03 07503 REHAB SERVICES	0	0	0	0	5,141,211	75.03
75.04 07504 CV SURGERY	0	0	0	0	0	75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	11,904,520	75.05
75.06 07506 YORKVILLE	0	0	0	0	10,248,366	75.06
75.07 07507 MCAI	0	0	0	0	7,925,573	75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	522,294	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	4,397,512	90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	1,272,250	90.01
91.00 09100 EMERGENCY	0	49,495	59,909	0	14,740,695	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,187,882	1,437,822	0	247,029,322
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	178,628
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	70,572
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	3,102,660
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	116,188
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,187,882	1,437,822	0	250,497,370

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-1,437,886	30.00
31.00	03100	INTENSIVE CARE UNIT	-93,775	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-265,696	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	-125,034	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	-62,517	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-203,179	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-78,146	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-31,258	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-218,809	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-109,404	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,625,704	244,403,618	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	178,628	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	70,572	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	3,102,660	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	116,188	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,625,704	247,871,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/24/2014 5:58 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	57,669	0	2,858	60,527 4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,586	2,586 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,232,753	0	3,344,010	4,576,763 5.06
7.00 00700	OPERATION OF PLANT	0	543,287	0	353,043	896,330 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	847	847 8.00
9.00 00900	HOUSEKEEPING	0	53,038	0	19,455	72,493 9.00
10.00 01000	DIETARY	0	97,838	0	96,344	194,182 10.00
11.00 01100	CAFETERIA	0	94,751	0	0	94,751 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	272,793	272,793 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	94,919	0	64,380	159,299 14.00
15.00 01500	PHARMACY	0	28,961	0	1,106,138	1,135,099 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	51,444	0	13,300	64,744 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	3,817	3,817 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,315,460	0	515,295	1,830,755 30.00
31.00 03100	INTENSIVE CARE UNIT	0	129,366	0	195,168	324,534 31.00
31.01 03101	NICU	0	26,712	0	67,841	94,553 31.01
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	66,277	0	8,623	74,900 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	130,020	0	882,879	1,012,899 50.00
50.01 05001	SAME DAY SURGERY	0	116,664	0	45,891	162,555 50.01
50.02 05002	G. I. LAB	0	117,889	0	140,178	258,067 50.02
51.00 05100	RECOVERY ROOM	0	30,102	0	556	30,658 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	122,554	0	93,599	216,153 52.00
53.00 05300	ANESTHESIOLOGY	0	8,708	0	78,602	87,310 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	371,621	0	1,110,018	1,481,639 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	257,407	0	165,772	423,179 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	112,252	0	109,218	221,470 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0 62.30
65.00 06500	RESPIRATORY THERAPY	0	22,450	0	103,213	125,663 65.00
69.00 06900	ELECTROCARDIOLOGY	0	64,096	0	78,762	142,858 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
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
75.01 07501	CARDIAC REHAB	0	41,494	0	16,488	57,982 75.01
75.02 07502	HEART SURGERY	0	0	0	0	0 75.02
75.03 07503	REHAB SERVICES	0	42,417	0	47,345	89,762 75.03
75.04 07504	CV SURGERY	0	0	0	0	0 75.04
75.05 07505	VASCULAR SERVICES	0	0	0	736,732	736,732 75.05
75.06 07506	YORKVILLE	0	0	0	709,178	709,178 75.06
75.07 07507	MCAI	0	0	0	621,863	621,863 75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	120,945	120,945 90.00
90.01 09001	WOUND CARE CENTER	0	48,894	0	16,459	65,353 90.01
91.00 09100	EMERGENCY	0	255,007	0	94,045	349,052 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		4.00	5.05	5.06	7.00	8.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	POB NEW CRC					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	60,527				4.00	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,368	3,954			5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,529	0	4,586,292		5.06	
7.00	00700	OPERATION OF PLANT	1,416	0	170,457	1,068,203	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	55	0	21,314	0	8.00	
9.00	00900	HOUSEKEEPING	783	0	71,023	15,236	9.00	
10.00	01000	DIETARY	274	0	32,810	28,106	10.00	
11.00	01100	CAFETERIA	490	0	47,318	27,219	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATIVE	1,615	0	92,390	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	272	0	32,650	27,267	14.00	
15.00	01500	PHARMACY	1,297	0	371,761	8,319	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	69,394	14,778	16.00	
17.00	01700	SOCIAL SERVICE	94	0	6,535	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	386	0	20,011	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	434	0	25,613	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	11,201	194	638,175	377,890	9,811	30.00
31.00	03100	INTENSIVE CARE UNIT	1,766	31	102,308	37,163	617	31.00
31.01	03101	NICU	1,806	68	99,581	7,674	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	959	13	52,569	19,039	1,421	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,039	562	328,455	37,351	2,674	50.00
50.01	05001	SAME DAY SURGERY	777	52	49,735	33,514	1,058	50.01
50.02	05002	G. I. LAB	718	67	69,773	33,866	0	50.02
51.00	05100	RECOVERY ROOM	431	50	24,904	8,647	769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,914	131	170,041	35,206	0	52.00
53.00	05300	ANESTHESIOLOGY	88	57	23,720	2,502	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,178	150	286,198	106,755	794	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	898	104	67,380	73,945	846	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,755	475	226,426	32,246	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,032	100	74,877	6,449	0	65.00
69.00	06900	ELECTROCARDIOLOGY	961	133	63,912	18,413	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	122	18,561	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74	251,286	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	513	11,366	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15	18,846	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	704	8	54,926	11,920	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,539	113	85,240	12,185	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	1,072	220	195,914	0	0	75.05
75.06	07506	YORKVILLE	2,205	174	176,708	0	0	75.06
75.07	07507	MCAI	1,266	0	139,067	0	0	75.07
76.00	03020	DIABETIC CENTER	149	2	9,159	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,062	43	77,145	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	20,029	14,046	0	90.01
91.00	09100	EMERGENCY	3,605	483	227,451	73,256	4,226	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,138	3,954	4,525,028	1,062,992	22,216 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,028	1,056	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	339	4,155	0 192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	261	0	55,770	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NON REIMBURSABLE	128	0	2,127	0	0 194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	60,527	3,954	4,586,292	1,068,203	22,216 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/24/2014 5:58 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	159,535					9.00
10.00	01000	DIETARY	4,258	259,630				10.00
11.00	01100	CAFETERIA	4,124	0	173,902			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,849	0	370,647	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,131	0	1,696	0	3,696	14.00
15.00	01500	PHARMACY	1,260	0	4,129	0	9,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,239	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	310	0	677	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,024	0	4,412	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	829	0	1,805	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	57,254	217,310	44,656	0	97,330	30.00
31.00	03100	INTENSIVE CARE UNIT	5,631	15,350	6,188	0	13,488	31.00
31.01	03101	NICU	1,163	0	5,990	0	13,054	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,885	26,970	3,900	0	8,502	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,659	0	7,175	0	15,640	50.00
50.01	05001	SAME DAY SURGERY	5,078	0	2,753	0	6,002	50.01
50.02	05002	G. I. LAB	5,131	0	2,538	0	5,531	50.02
51.00	05100	RECOVERY ROOM	1,310	0	1,225	0	2,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,334	0	10,224	0	22,282	52.00
53.00	05300	ANESTHESIOLOGY	379	0	515	0	1,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,174	0	10,868	0	23,688	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,203	0	2,761	0	6,018	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,886	0	7,858	0	17,130	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	977	0	4,040	0	8,805	65.00
69.00	06900	ELECTROCARDIOLOGY	2,790	0	8,200	0	17,873	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
75.01	07501	CARDIAC REHAB	1,806	0	1,729	0	3,769	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,846	0	4,930	0	10,743	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	3,419	0	7,452	75.05
75.06	07506	YORKVILLE	0	0	9,033	0	19,689	75.06
75.07	07507	MCAI	0	0	5,704	0	12,431	75.07
76.00	03020	DIABETIC CENTER	0	0	435	0	949	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	2,988	0	6,513	90.00
90.01	09001	WOUND CARE CENTER	2,128	0	0	0	0	90.01
91.00	09100	EMERGENCY	11,099	0	12,730	0	27,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		158,745	259,630	172,696	0	368,018	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	160	0	0	0	0	190.00
192.00	19200	630	0	0	0	0	192.00
194.00	07954	0	0	1,206	0	2,629	194.00
194.01	07950	0	0	0	0	0	194.01
194.02	07951	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07953	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		159,535	259,630	173,902	0	370,647	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/24/2014 5:58 am		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	17.00	19.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	POB NEW CRC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	229,011			14.00
15.00	01500	PHARMACY	2,371	1,533,236		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	151,155	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	986	0	6,603	30.00
31.00	03100	INTENSIVE CARE UNIT	1,212	0	1,056	31.00
31.01	03101	NI CU	27	0	2,295	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	11	0	456	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	88,028	0	19,092	50.00
50.01	05001	SAME DAY SURGERY	1,304	0	1,776	50.01
50.02	05002	G. I. LAB	6,845	0	2,266	50.02
51.00	05100	RECOVERY ROOM	328	0	1,716	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,700	0	4,443	52.00
53.00	05300	ANESTHESIOLOGY	4,111	0	1,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,503	0	21,801	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	251	0	3,530	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	356	0	16,162	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	433	0	3,416	65.00
69.00	06900	ELECTROCARDIOLOGY	1,089	0	4,517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,506	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,533,236	17,447	73.00
74.00	07400	RENAL DIALYSIS	0	0	501	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	272	75.01
75.02	07502	HEART SURGERY	0	0	0	75.02
75.03	07503	REHAB SERVICES	54	0	3,855	75.03
75.04	07504	CV SURGERY	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	88,018	0	7,476	75.05
75.06	07506	YORKVILLE	1,841	0	5,921	75.06
75.07	07507	MCAI	6,485	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	63	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	530	0	1,474	90.00
90.01	09001	WOUND CARE CENTER	241	0	0	90.01
91.00	09100	EMERGENCY	4,287	0	16,411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
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11/24/2014 5:58 am

Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	229,011	1,533,236	151,155	7,616	0118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	229,011	1,533,236	151,155	7,616	0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/24/2014 5:58 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PRGM COSTS		
		Y & FRINGES				
	20.00	21.00	22.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		26,833			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			32,498		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				3,299,781	30.00
31.00 03100	INTENSIVE CARE UNIT				509,344	31.00
31.01 03101	NICU				226,211	31.01
40.00 04000	SUBPROVIDER - I PF				0	40.00
41.00 04100	SUBPROVIDER - I RF				191,625	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				1,519,574	50.00
50.01 05001	SAME DAY SURGERY				264,604	50.01
50.02 05002	G. I. LAB				384,802	50.02
51.00 05100	RECOVERY ROOM				72,706	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				471,428	52.00
53.00 05300	ANESTHESIOLOGY				121,755	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,966,748	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				590,115	55.00
57.00 05700	CT SCAN				0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				528,764	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	62.30
65.00 06500	RESPIRATORY THERAPY				225,792	65.00
69.00 06900	ELECTROCARDIOLOGY				260,746	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				22,833	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				253,866	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				1,562,562	73.00
74.00 07400	RENAL DIALYSIS				19,362	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
75.01 07501	CARDIAC REHAB				133,116	75.01
75.02 07502	HEART SURGERY				0	75.02
75.03 07503	REHAB SERVICES				210,267	75.03
75.04 07504	CV SURGERY				0	75.04
75.05 07505	VASCULAR SERVICES				1,040,303	75.05
75.06 07506	YORKVILLE				924,749	75.06
75.07 07507	MCAI				786,816	75.07
76.00 03020	DIABETIC CENTER				10,757	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				210,700	90.00
90.01 09001	WOUND CARE CENTER				101,797	90.01
91.00 09100	EMERGENCY				730,348	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF				0	99.10
101.00 10100	HOME HEALTH AGENCY				0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION				0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	110.00
111.00	11100	ISLET ACQUISITION				0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	16,641,471
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				8,466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				19,588	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS				63,887	194.00
194.01	07950	ADVERTISING				0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE				0	194.02
194.03	07952	HHA HME				0	194.03
194.04	07953	OTHER NON REIMBURSABLE				3,922	194.04
200.00		Cross Foot Adjustments	0	26,833	32,498	0	59,331
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	26,833	32,498	0	16,796,665

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/24/2014 5:58 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	3,299,781
31.00	03100	INTENSIVE CARE UNIT	0	509,344
31.01	03101	NICU	0	226,211
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	191,625
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	1,519,574
50.01	05001	SAME DAY SURGERY	0	264,604
50.02	05002	G. I. LAB	0	384,802
51.00	05100	RECOVERY ROOM	0	72,706
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	471,428
53.00	05300	ANESTHESIOLOGY	0	121,755
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,966,748
55.00	05500	RADIOLOGY-THERAPEUTIC	0	590,115
57.00	05700	CT SCAN	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	528,764
60.01	06001	BLOOD LABORATORY	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0
65.00	06500	RESPIRATORY THERAPY	0	225,792
69.00	06900	ELECTROCARDIOLOGY	0	260,746
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,833
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	253,866
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,562,562
74.00	07400	RENAL DIALYSIS	0	19,362
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC REHAB	0	133,116
75.02	07502	HEART SURGERY	0	0
75.03	07503	REHAB SERVICES	0	210,267
75.04	07504	CV SURGERY	0	0
75.05	07505	VASCULAR SERVICES	0	1,040,303
75.06	07506	YORKVILLE	0	924,749
75.07	07507	MCAI	0	786,816
76.00	03020	DIABETIC CENTER	0	10,757
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	210,700
90.01	09001	WOUND CARE CENTER	0	101,797
91.00	09100	EMERGENCY	0	730,348
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,641,471	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,466	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,588	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	63,887	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	3,922	194.04
200.00		Cross Foot Adjustments	0	59,331	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	16,796,665	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	330,901				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			9,915,155		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,437	0	2,520	103,015,215	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,280	2,327,218	1,484,604,560
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	73,470	0	2,948,684	16,205,349	0
7.00	00700	OPERATION OF PLANT	32,379	0	311,306	2,408,445	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	747	93,028	0
9.00	00900	HOUSEKEEPING	3,161	0	17,155	1,332,262	0
10.00	01000	DIETARY	5,831	0	84,954	465,243	0
11.00	01100	CAFETERIA	5,647	0	0	833,593	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	240,543	2,746,848	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	56,769	461,808	0
15.00	01500	PHARMACY	1,726	0	975,370	2,206,448	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,066	0	11,728	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	160,641	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	657,227	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,366	737,935	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	78,399	0	454,377	19,122,454	64,733,955
31.00	03100	INTENSIVE CARE UNIT	7,710	0	172,095	3,004,187	10,353,707
31.01	03101	NICU	1,592	0	59,821	3,070,825	22,501,162
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,950	0	7,604	1,630,118	4,468,786
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,749	0	778,505	3,468,233	187,179,040
50.01	05001	SAME DAY SURGERY	6,953	0	40,466	1,322,199	17,409,207
50.02	05002	G. I. LAB	7,026	0	123,606	1,220,933	22,210,790
51.00	05100	RECOVERY ROOM	1,794	0	490	732,218	16,821,834
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	82,534	4,956,217	43,558,234
53.00	05300	ANESTHESIOLOGY	519	0	69,310	149,829	19,113,647
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,148	0	978,791	5,405,083	216,450,875
55.00	05500	RADIOLOGY-THERAPEUTIC	15,341	0	146,174	1,527,622	34,606,300
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,690	0	96,306	2,985,315	158,450,655
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,338	0	91,011	1,755,811	33,491,876
69.00	06900	ELECTROCARDIOLOGY	3,820	0	69,451	1,634,958	44,285,318
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	40,686,486
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	24,564,466
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	171,049,712
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,911,430
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	2,473	0	14,539	1,197,854	2,661,862
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	2,528	0	41,748	2,617,928	37,794,338
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	649,635	1,823,931	73,291,466
75.06	07506	YORKVILLE	0	0	625,339	3,750,258	58,046,339
75.07	07507	MCAI	0	0	548,346	2,153,303	0
76.00	03020	DIABETIC CENTER	0	0	0	253,414	620,160
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	106,647	1,805,396	14,449,686
90.01	09001	WOUND CARE CENTER	2,914	0	14,513	0	0
91.00	09100	EMERGENCY	15,198	0	82,927	6,130,582	160,893,229
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	329,820	0	9,909,657	102,354,713	1,484,604,560	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	482	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	862	0	0	0	0	192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	3,546	443,584	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	1,470	216,918	0	194.04
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)	5,552,189	0	11,244,476	33,026,107	4,278,030	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.779003	0.000000	1.134070	0.320594	0.002882	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				60,527	3,954	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000588	0.000003	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-51,580,864	198,916,506			5.06
7.00	00700	OPERATION OF PLANT	0	7,393,164	221,615		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	924,448	0	1,311,457	8.00
9.00	00900	HOUSEKEEPING	0	3,080,472	3,161	0	218,454
10.00	01000	DIETARY	0	1,423,037	5,831	0	5,831
11.00	01100	CAFETERIA	0	2,052,326	5,647	0	5,647
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,007,193	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,416,136	5,657	0	5,657
15.00	01500	PHARMACY	0	16,124,245	1,726	0	1,726
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,009,793	3,066	0	3,066
17.00	01700	SOCIAL SERVICE	0	283,441	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	867,930	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,110,914	0	0	0
23.00	02300	PARAMED ED PRGM -(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	27,676,144	78,399	579,205	78,399
31.00	03100	INTENSIVE CARE UNIT	0	4,437,357	7,710	36,394	7,710
31.01	03101	NI CU	0	4,319,095	1,592	0	1,592
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	2,280,044	3,950	83,856	3,950
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	14,245,974	7,749	157,861	7,749
50.01	05001	SAME DAY SURGERY	0	2,157,118	6,953	62,443	6,953
50.02	05002	G. I. LAB	0	3,026,238	7,026	0	7,026
51.00	05100	RECOVERY ROOM	0	1,080,158	1,794	45,374	1,794
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,375,133	7,304	0	7,304
53.00	05300	ANESTHESIOLOGY	0	1,028,821	519	0	519
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,413,154	22,148	46,879	22,148
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,922,466	15,341	49,969	15,341
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,820,679	6,690	0	6,690
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	3,247,605	1,338	0	1,338
69.00	06900	ELECTROCARDIOLOGY	0	2,772,043	3,820	0	3,820
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	805,049	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,898,951	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	492,965	0	0	0
74.00	07400	RENAL DIALYSIS	0	817,408	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	2,382,287	2,473	0	2,473
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	0	3,697,084	2,528	0	2,528
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	8,497,300	0	0	0
75.06	07506	YORKVILLE	0	7,664,307	0	0	0
75.07	07507	MCAI	0	6,031,699	0	0	0
76.00	03020	DIABETIC CENTER	0	397,232	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	3,345,994	0	0	0
90.01	09001	WOUND CARE CENTER	0	868,725	2,914	0	2,914
91.00	09100	EMERGENCY	0	9,865,171	15,198	249,476	15,198
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-51,580,864	196,259,300	220,534	1,311,457	217,373	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	131,347	219	0	219	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,712	862	0	862	192.00
194.00	07954 OTHER NONREIMBURSABLE COST CENTERS	0	2,418,884	0	0	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NON REIMBURSABLE	0	92,263	0	0	0	194.04
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)		51,580,864	9,310,278	1,164,166	4,012,063	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.259309	42.011046	0.887689	18.365711	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		4,586,292	1,068,203	22,216	159,535	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.023056	4.820084	0.016940	0.730291	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:  
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To 06/30/2014

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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	124,269					10.00
11.00	01100	0	112,042				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,480	0	2,278,899		13.00
14.00	01400	0	1,093	0	22,724	10,773,404	14.00
15.00	01500	0	2,660	0	55,336	111,517	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	200	0	4,160	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	1,304	0	27,128	0	21.00
22.00	02200	0	534	0	11,100	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	104,013	28,770	0	598,421	46,400	30.00
31.00	03100	7,347	3,987	0	82,929	57,021	31.00
31.01	03101	0	3,859	0	80,262	1,293	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	12,909	2,513	0	52,275	529	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	4,623	0	96,163	4,141,066	50.00
50.01	05001	0	1,774	0	36,900	61,360	50.01
50.02	05002	0	1,635	0	34,004	321,991	50.02
51.00	05100	0	789	0	16,403	15,422	51.00
52.00	05200	0	6,587	0	137,000	221,109	52.00
53.00	05300	0	332	0	6,905	193,389	53.00
54.00	05400	0	7,002	0	145,647	729,316	54.00
55.00	05500	0	1,779	0	37,004	11,806	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	5,063	0	105,320	16,741	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,603	0	54,136	20,388	65.00
69.00	06900	0	5,283	0	109,892	51,251	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,114	0	23,176	23	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,176	0	66,055	2,546	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,203	0	45,816	4,140,648	75.05
75.06	07506	0	5,820	0	121,058	86,603	75.06
75.07	07507	0	3,675	0	76,434	305,060	75.07
76.00	03020	0	280	0	5,834	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,925	0	40,046	24,925	90.00
90.01	09001	0	0	0	0	11,331	90.01
91.00	09100	0	8,202	0	170,608	201,669	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

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From 07/01/2013  
To 06/30/2014

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Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,269	111,265	0	2,262,736	10,773,404	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 OTHER NONREIMBURSABLE COST CENTERS	0	777	0	16,163	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	2,144,099	2,925,460	0	5,111,048	2,204,408	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.253692	26.110387	0.000000	2.242771	0.204616	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	259,630	173,902	0	370,647	229,011	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.089258	1.552114	0.000000	0.162643	0.021257	205.00

COST ALLOCATION - STATISTICAL BASIS

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To 06/30/2014

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Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
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	10,000					15.00
16.00	01600	0	1,484,604,560				16.00
17.00	01700	0	0	100			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		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	64,733,955	100		0	30.00
31.00	03100	0	10,353,707	0		0	31.00
31.01	03101	0	22,501,162	0		0	31.01
40.00	04000	0	0	0		0	40.00
41.00	04100	0	4,468,786	0		0	41.00
42.00	04200	0	0	0		0	42.00
43.00	04300	0	0	0		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	187,179,040	0	0	0	50.00
50.01	05001	0	17,409,207	0	0	0	50.01
50.02	05002	0	22,210,790	0	0	0	50.02
51.00	05100	0	16,821,834	0	0	0	51.00
52.00	05200	0	43,558,234	0	0	0	52.00
53.00	05300	0	19,113,647	0	0	0	53.00
54.00	05400	0	216,450,875	0	0	0	54.00
55.00	05500	0	34,606,300	0	0	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	158,450,655	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	33,491,876	0	0	0	65.00
69.00	06900	0	44,285,318	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	40,686,486	0	0	0	71.00
72.00	07200	0	24,564,466	0	0	0	72.00
73.00	07300	10,000	171,049,712	0	0	0	73.00
74.00	07400	0	4,911,430	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	2,661,862	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	37,794,338	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	73,291,466	0	0	0	75.05
75.06	07506	0	58,046,339	0	0	0	75.06
75.07	07507	0	0	0	0	0	75.07
76.00	03020	0	620,160	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	14,449,686	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	160,893,229	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,484,604,560	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NON REIMBURSABLE	0	0	0	0	0	194.04
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)	20,625,995	3,975,374	371,492	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,062.599500	0.002678	3,714.920000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,533,236	151,155	7,616	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	153.323600	0.000102	76.160000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,800				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		16,800			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	9,200	9,200	0		30.00
31.00 03100 INTENSIVE CARE UNIT	600	600	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	1,700	1,700	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	800	800	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	400	400	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,300	1,300	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	500	500	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
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 PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	200	200	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	1,400	1,400	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
75.07 07507 MCAI	0	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0	0		90.01
91.00 09100 EMERGENCY	700	700	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,800	16,800	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NON REIMBURSABLE	0	0	0		194.04
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,187,882	1,437,822	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	70.707262	85.584643	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,833	32,498	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.597202	1.934405	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		44,542,742	10,888	44,553,630	30.00
31.00	03100	INTENSIVE CARE UNIT		6,542,066	0	6,542,066	31.00
31.01	03101	NICU		5,876,487	21,775	5,898,262	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,601,866	0	3,601,866	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		20,233,044	9,575	20,242,619	50.00
50.01	05001	SAME DAY SURGERY		3,379,963	0	3,379,963	50.01
50.02	05002	G. I. LAB		4,479,494	0	4,479,494	50.02
51.00	05100	RECOVERY ROOM		1,614,441	0	1,614,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		10,369,703	27,144	10,396,847	52.00
53.00	05300	ANESTHESIOLOGY		1,441,851	14,768	1,456,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,248,804	0	18,248,804	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		4,875,417	4,585	4,880,002	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		13,567,352	0	13,567,352	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,453,765	0	4,453,765	65.00
69.00	06900	ELECTROCARDIOLOGY		4,234,985	0	4,234,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,122,763	0	1,122,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		13,790,931	0	13,790,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		21,704,861	0	21,704,861	73.00
74.00	07400	RENAL DIALYSIS		1,042,522	0	1,042,522	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,237,544	34,154	3,271,698	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		5,141,211	0	5,141,211	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		11,904,520	0	11,904,520	75.05
75.06	07506	YORKVILLE		10,248,366	0	10,248,366	75.06
75.07	07507	MCAI		7,925,573	0	7,925,573	75.07
76.00	03020	DIABETIC CENTER		522,294	0	522,294	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,397,512	0	4,397,512	90.00
90.01	09001	WOUND CARE CENTER		1,272,250	7,777	1,280,027	90.01
91.00	09100	EMERGENCY		14,631,291	37,422	14,668,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		10,243,350	0	10,243,350	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		254,646,968	168,088	254,815,056	200.00
201.00		Less Observation Beds		10,243,350		10,243,350	201.00
202.00		Total (see instructions)		244,403,618	168,088	244,571,706	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/24/2014 5:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	64,733,955		64,733,955			30.00
31.00 03100 INTENSIVE CARE UNIT	10,353,707		10,353,707			31.00
31.01 03101 NICU	22,501,162		22,501,162			31.01
40.00 04000 SUBPROVIDER - I/PF	0		0			40.00
41.00 04100 SUBPROVIDER - I/RF	4,468,786		4,468,786			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	0		0			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	99,352,414	87,826,626	187,179,040	0.108095	0.000000	50.00
50.01 05001 SAME DAY SURGERY	2,458,803	14,950,404	17,409,207	0.194148	0.000000	50.01
50.02 05002 G. I. LAB	4,133,324	18,077,466	22,210,790	0.201681	0.000000	50.02
51.00 05100 RECOVERY ROOM	7,000,683	9,821,151	16,821,834	0.095973	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	33,878,358	9,679,876	43,558,234	0.238065	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	10,394,596	8,719,051	19,113,647	0.075436	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	47,759,333	168,691,542	216,450,875	0.084309	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	933,302	33,672,998	34,606,300	0.140882	0.000000	55.00
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 06000 LABORATORY	67,892,048	90,558,607	158,450,655	0.085625	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	28,404,911	5,086,965	33,491,876	0.132980	0.000000	65.00
69.00 06900 ELECTROCARDIOLOGY	10,061,573	34,223,745	44,285,318	0.095630	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,177,385	7,509,101	40,686,486	0.027595	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,255,910	8,308,556	24,564,466	0.561418	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	79,664,107	91,385,605	171,049,712	0.126892	0.000000	73.00
74.00 07400 RENAL DIALYSIS	4,911,430	0	4,911,430	0.212264	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01 07501 CARDIAC REHAB	1,920	2,659,942	2,661,862	1.216270	0.000000	75.01
75.02 07502 HEART SURGERY	0	0	0	0.000000	0.000000	75.02
75.03 07503 REHAB SERVICES	25,615,695	12,178,643	37,794,338	0.136031	0.000000	75.03
75.04 07504 CV SURGERY	0	0	0	0.000000	0.000000	75.04
75.05 07505 VASCULAR SERVICES	26,956,091	46,335,376	73,291,467	0.162427	0.000000	75.05
75.06 07506 YORKVILLE	2,518,942	55,527,397	58,046,339	0.176555	0.000000	75.06
75.07 07507 MCAI	13,529	30,234,664	30,248,193	0.262018	0.000000	75.07
76.00 03020 DIABETIC CENTER	546	619,614	620,160	0.842192	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	594,529	13,855,157	14,449,686	0.304333	0.000000	90.00
90.01 09001 WOUND CARE CENTER	11,800	2,340,358	2,352,158	0.540886	0.000000	90.01
91.00 09100 EMERGENCY	26,260,276	134,632,953	160,893,229	0.090938	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,679,489	7,917,560	9,597,049	1.067344	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0			99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	631,988,604	894,813,357	1,526,801,961		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	631,988,604	894,813,357	1,526,801,961		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/24/2014 5:58 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NICU			31.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.108146		50.00
50.01	05001 SAME DAY SURGERY	0.194148		50.01
50.02	05002 G. I. LAB	0.201681		50.02
51.00	05100 RECOVERY ROOM	0.095973		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.238688		52.00
53.00	05300 ANESTHESIOLOGY	0.076208		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084309		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.141015		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.085625		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.132980		65.00
69.00	06900 ELECTROCARDIOLOGY	0.095630		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.027595		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.561418		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126892		73.00
74.00	07400 RENAL DIALYSIS	0.212264		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC REHAB	1.229101		75.01
75.02	07502 HEART SURGERY	0.000000		75.02
75.03	07503 REHAB SERVICES	0.136031		75.03
75.04	07504 CV SURGERY	0.000000		75.04
75.05	07505 VASCULAR SERVICES	0.162427		75.05
75.06	07506 YORKVILLE	0.176555		75.06
75.07	07507 MCAI	0.262018		75.07
76.00	03020 DIABETIC CENTER	0.842192		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.304333		90.00
90.01	09001 WOUND CARE CENTER	0.544193		90.01
91.00	09100 EMERGENCY	0.091170		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.067344		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		44,542,742	10,888	44,553,630	30.00
31.00	03100	INTENSIVE CARE UNIT		6,542,066	0	6,542,066	31.00
31.01	03101	NICU		5,876,487	21,775	5,898,262	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,601,866	0	3,601,866	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		20,233,044	9,575	20,242,619	50.00
50.01	05001	SAME DAY SURGERY		3,379,963	0	3,379,963	50.01
50.02	05002	G. I. LAB		4,479,494	0	4,479,494	50.02
51.00	05100	RECOVERY ROOM		1,614,441	0	1,614,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		10,369,703	27,144	10,396,847	52.00
53.00	05300	ANESTHESIOLOGY		1,441,851	14,768	1,456,619	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,248,804	0	18,248,804	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		4,875,417	4,585	4,880,002	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		13,567,352	0	13,567,352	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,453,765	0	4,453,765	65.00
69.00	06900	ELECTROCARDIOLOGY		4,234,985	0	4,234,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,122,763	0	1,122,763	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		13,790,931	0	13,790,931	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		21,704,861	0	21,704,861	73.00
74.00	07400	RENAL DIALYSIS		1,042,522	0	1,042,522	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,237,544	34,154	3,271,698	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		5,141,211	0	5,141,211	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		11,904,520	0	11,904,520	75.05
75.06	07506	YORKVILLE		10,248,366	0	10,248,366	75.06
75.07	07507	MCAI		7,925,573	0	7,925,573	75.07
76.00	03020	DIABETIC CENTER		522,294	0	522,294	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,397,512	0	4,397,512	90.00
90.01	09001	WOUND CARE CENTER		1,272,250	7,777	1,280,027	90.01
91.00	09100	EMERGENCY		14,631,291	37,422	14,668,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		10,243,350	0	10,243,350	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		254,646,968	168,088	254,815,056	200.00
201.00		Less Observation Beds		10,243,350		10,243,350	201.00
202.00		Total (see instructions)		244,403,618	168,088	244,571,706	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet C  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	64,733,955		64,733,955		30.00
31.00	03100	INTENSIVE CARE UNIT	10,353,707		10,353,707		31.00
31.01	03101	NICU	22,501,162		22,501,162		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	4,468,786		4,468,786		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	99,352,414	87,826,626	187,179,040	0.108095	50.00
50.01	05001	SAME DAY SURGERY	2,458,803	14,950,404	17,409,207	0.194148	50.01
50.02	05002	G. I. LAB	4,133,324	18,077,466	22,210,790	0.201681	50.02
51.00	05100	RECOVERY ROOM	7,000,683	9,821,151	16,821,834	0.095973	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,878,358	9,679,876	43,558,234	0.238065	52.00
53.00	05300	ANESTHESIOLOGY	10,394,596	8,719,051	19,113,647	0.075436	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,759,333	168,691,542	216,450,875	0.084309	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	933,302	33,672,998	34,606,300	0.140882	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	67,892,048	90,558,607	158,450,655	0.085625	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	28,404,911	5,086,965	33,491,876	0.132980	65.00
69.00	06900	ELECTROCARDIOLOGY	10,061,573	34,223,745	44,285,318	0.095630	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,177,385	7,509,101	40,686,486	0.027595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,255,910	8,308,556	24,564,466	0.561418	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,664,107	91,385,605	171,049,712	0.126892	73.00
74.00	07400	RENAL DIALYSIS	4,911,430	0	4,911,430	0.212264	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	1,920	2,659,942	2,661,862	1.216270	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	25,615,695	12,178,643	37,794,338	0.136031	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	26,956,091	46,335,376	73,291,467	0.162427	75.05
75.06	07506	YORKVILLE	2,518,942	55,527,397	58,046,339	0.176555	75.06
75.07	07507	MCAI	13,529	30,234,664	30,248,193	0.262018	75.07
76.00	03020	DIABETIC CENTER	546	619,614	620,160	0.842192	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	594,529	13,855,157	14,449,686	0.304333	90.00
90.01	09001	WOUND CARE CENTER	11,800	2,340,358	2,352,158	0.540886	90.01
91.00	09100	EMERGENCY	26,260,276	134,632,953	160,893,229	0.090938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,679,489	7,917,560	9,597,049	1.067344	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	631,988,604	894,813,357	1,526,801,961		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	631,988,604	894,813,357	1,526,801,961		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/24/2014 5:58 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NICU			31.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 SAME DAY SURGERY	0.000000		50.01
50.02	05002 G. I. LAB	0.000000		50.02
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
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC REHAB	0.000000		75.01
75.02	07502 HEART SURGERY	0.000000		75.02
75.03	07503 REHAB SERVICES	0.000000		75.03
75.04	07504 CV SURGERY	0.000000		75.04
75.05	07505 VASCULAR SERVICES	0.000000		75.05
75.06	07506 YORKVILLE	0.000000		75.06
75.07	07507 MCAI	0.000000		75.07
76.00	03020 DIABETIC CENTER	0.000000		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE CENTER	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet D  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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	3,299,781	0	3,299,781	45,022	73.29	30.00	
31.00	INTENSIVE CARE UNIT	509,344		509,344	4,898	103.99	31.00	
31.01	NICU	226,211		226,211	2,088	108.34	31.01	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	191,625	0	191,625	4,303	44.53	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	0		0	8,351	0.00	43.00	
200.00	Total (Lines 30-199)	4,226,961		4,226,961	64,662		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	12,019	880,873					30.00
31.00	INTENSIVE CARE UNIT	1,564	162,640					31.00
31.01	NICU	0	0					31.01
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	2,693	119,919					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	16,276	1,163,432					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/24/2014 5:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,519,574	187,179,040	0.008118	30,496,273	247,569	50.00
50.01	05001 SAME DAY SURGERY	264,604	17,409,207	0.015199	881,110	13,392	50.01
50.02	05002 G. I. LAB	384,802	22,210,790	0.017325	2,007,078	34,773	50.02
51.00	05100 RECOVERY ROOM	72,706	16,821,834	0.004322	2,461,668	10,639	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	471,428	43,558,234	0.010823	46,653	505	52.00
53.00	05300 ANESTHESIOLOGY	121,755	19,113,647	0.006370	3,033,174	19,321	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,966,748	216,450,875	0.009086	23,215,200	210,933	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	590,115	34,606,300	0.017052	385,494	6,573	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	528,764	158,450,655	0.003337	29,316,628	97,830	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	225,792	33,491,876	0.006742	11,956,992	80,614	65.00
69.00	06900 ELECTROCARDIOLOGY	260,746	44,285,318	0.005888	5,346,350	31,479	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,833	40,686,486	0.000561	10,676,987	5,990	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	253,866	24,564,466	0.010335	14,513,074	149,993	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,562,562	171,049,712	0.009135	30,937,739	282,616	73.00
74.00	07400 RENAL DIALYSIS	19,362	4,911,430	0.003942	2,704,630	10,662	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	133,116	2,661,862	0.050009	989	49	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	210,267	37,794,338	0.005563	6,568,259	36,539	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	1,040,303	73,291,467	0.014194	10,608,908	150,583	75.05
75.06	07506 YORKVILLE	924,749	58,046,339	0.015931	850,728	13,553	75.06
75.07	07507 MCAI	786,816	30,248,193	0.026012	577	15	75.07
76.00	03020 DIABETIC CENTER	10,757	620,160	0.017346	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	210,700	14,449,686	0.014582	216,766	3,161	90.00
90.01	09001 WOUND CARE CENTER	101,797	2,352,158	0.043278	7,801	338	90.01
91.00	09100 EMERGENCY	730,348	160,893,229	0.004539	13,061,514	59,286	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	758,653	9,597,049	0.079051	668,558	52,850	92.00
200.00	Total (lines 50-199)	13,173,163	1,424,744,351		199,963,150	1,519,263	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/24/2014 5:58 am
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			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	NI CU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	45,022	0.00	12,019	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,898	0.00	1,564	0		31.00
31.01	03101	NI CU	2,088	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	4,303	0.00	2,693	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	8,351	0.00	0	0		43.00
200.00		Total (lines 30-199)	64,662		16,276	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01	
50.02	05002	G. I. LAB	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
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 PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01	
75.02	07502	HEART SURGERY	0	0	0	0	75.02	
75.03	07503	REHAB SERVICES	0	0	0	0	75.03	
75.04	07504	CV SURGERY	0	0	0	0	75.04	
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05	
75.06	07506	YORKVILLE	0	0	0	0	75.06	
75.07	07507	MCAI	0	0	0	0	75.07	
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 5:58 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)	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	187,179,040	0.000000	0.000000	30,496,273	50.00
50.01	05001	SAME DAY SURGERY	0	17,409,207	0.000000	0.000000	881,110	50.01
50.02	05002	G. I. LAB	0	22,210,790	0.000000	0.000000	2,007,078	50.02
51.00	05100	RECOVERY ROOM	0	16,821,834	0.000000	0.000000	2,461,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,558,234	0.000000	0.000000	46,653	52.00
53.00	05300	ANESTHESIOLOGY	0	19,113,647	0.000000	0.000000	3,033,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	216,450,875	0.000000	0.000000	23,215,200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,606,300	0.000000	0.000000	385,494	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	158,450,655	0.000000	0.000000	29,316,628	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	33,491,876	0.000000	0.000000	11,956,992	65.00
69.00	06900	ELECTROCARDIOLOGY	0	44,285,318	0.000000	0.000000	5,346,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,686,486	0.000000	0.000000	10,676,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	24,564,466	0.000000	0.000000	14,513,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	171,049,712	0.000000	0.000000	30,937,739	73.00
74.00	07400	RENAL DIALYSIS	0	4,911,430	0.000000	0.000000	2,704,630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	0	2,661,862	0.000000	0.000000	989	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0	37,794,338	0.000000	0.000000	6,568,259	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0	73,291,467	0.000000	0.000000	10,608,908	75.05
75.06	07506	YORKVILLE	0	58,046,339	0.000000	0.000000	850,728	75.06
75.07	07507	MCAI	0	30,248,193	0.000000	0.000000	577	75.07
76.00	03020	DIABETIC CENTER	0	620,160	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	14,449,686	0.000000	0.000000	216,766	90.00
90.01	09001	WOUND CARE CENTER	0	2,352,158	0.000000	0.000000	7,801	90.01
91.00	09100	EMERGENCY	0	160,893,229	0.000000	0.000000	13,061,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,597,049	0.000000	0.000000	668,558	92.00
200.00		Total (lines 50-199)	0	1,424,744,351			199,963,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 5:58 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)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	12,613,214	0		50.00
50.01	05001 SAME DAY SURGERY	0	2,658,599	0		50.01
50.02	05002 G. I. LAB	0	4,115,464	0		50.02
51.00	05100 RECOVERY ROOM	0	1,490,513	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,987	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,382,083	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	29,216,417	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,687,551	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	9,107,034	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	893,012	0		65.00
69.00	06900 ELECTROCARDIOLOGY	0	15,175,911	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,598,047	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,674,261	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,189,457	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
75.01	07501 CARDIAC REHAB	0	1,035,179	0		75.01
75.02	07502 HEART SURGERY	0	0	0		75.02
75.03	07503 REHAB SERVICES	0	0	0		75.03
75.04	07504 CV SURGERY	0	0	0		75.04
75.05	07505 VASCULAR SERVICES	0	11,230,291	0		75.05
75.06	07506 YORKVILLE	0	7,124,140	0		75.06
75.07	07507 MCAI	0	3,114,070	0		75.07
76.00	03020 DIABETIC CENTER	0	13,203	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	1,332,316	0		90.00
90.01	09001 WOUND CARE CENTER	0	369,198	0		90.01
91.00	09100 EMERGENCY	0	16,106,070	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,194,498	0		92.00
200.00	Total (lines 50-199)	0	170,330,515	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 5:58 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			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.108095	12,613,214	0	0	1,363,425	50.00
50.01	05001	SAME DAY SURGERY	0.194148	2,658,599	0	0	516,162	50.01
50.02	05002	G. I. LAB	0.201681	4,115,464	0	0	830,011	50.02
51.00	05100	RECOVERY ROOM	0.095973	1,490,513	0	0	143,049	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238065	9,987	0	0	2,378	52.00
53.00	05300	ANESTHESIOLOGY	0.075436	1,382,083	0	0	104,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084309	29,216,417	0	0	2,463,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140882	11,687,551	0	0	1,646,566	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.085625	9,107,034	9,130	0	779,790	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.132980	893,012	0	0	118,753	65.00
69.00	06900	ELECTROCARDIOLOGY	0.095630	15,175,911	0	0	1,451,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.027595	3,598,047	5,130	0	99,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561418	7,674,261	0	0	4,308,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126892	28,189,457	0	211,064	3,577,017	73.00
74.00	07400	RENAL DIALYSIS	0.212264	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.216270	1,035,179	0	0	1,259,057	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.136031	0	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.162427	11,230,291	0	0	1,824,102	75.05
75.06	07506	YORKVILLE	0.176555	7,124,140	0	0	1,257,803	75.06
75.07	07507	MCAI	0.262018	3,114,070	0	0	815,942	75.07
76.00	03020	DIABETIC CENTER	0.842192	13,203	0	0	11,119	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.304333	1,332,316	0	0	405,468	90.00
90.01	09001	WOUND CARE CENTER	0.540886	369,198	0	0	199,694	90.01
91.00	09100	EMERGENCY	0.090938	16,106,070	0	0	1,464,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.067344	2,194,498	0	0	2,342,284	92.00
200.00		Subtotal (see instructions)		170,330,515	14,260	211,064	26,983,768	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		170,330,515	14,260	211,064	26,983,768	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 5:58 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
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
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	782	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	142	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,782	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
75.07	07507 MCAI	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	924	26,782	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	924	26,782	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/24/2014 5:58 am	
		Component CCN: 14T029		Title XVIII		Subprovider - IRF	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,519,574	187,179,040	0.008118	27,077	220	50.00
50.01	05001 SAME DAY SURGERY	264,604	17,409,207	0.015199	1,934	29	50.01
50.02	05002 G. I. LAB	384,802	22,210,790	0.017325	8,777	152	50.02
51.00	05100 RECOVERY ROOM	72,706	16,821,834	0.004322	2,070	9	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	471,428	43,558,234	0.010823	0	0	52.00
53.00	05300 ANESTHESIOLOGY	121,755	19,113,647	0.006370	2,828	18	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,966,748	216,450,875	0.009086	255,674	2,323	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	590,115	34,606,300	0.017052	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	528,764	158,450,655	0.003337	1,081,509	3,609	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	225,792	33,491,876	0.006742	183,754	1,239	65.00
69.00	06900 ELECTROCARDIOLOGY	260,746	44,285,318	0.005888	8,451	50	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,833	40,686,486	0.000561	1,539,960	864	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	253,866	24,564,466	0.010335	4,693	49	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,562,562	171,049,712	0.009135	1,800,772	16,450	73.00
74.00	07400 RENAL DIALYSIS	19,362	4,911,430	0.003942	175,272	691	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	133,116	2,661,862	0.050009	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	210,267	37,794,338	0.005563	8,531,370	47,460	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	1,040,303	73,291,467	0.014194	12,329	175	75.05
75.06	07506 YORKVILLE	924,749	58,046,339	0.015931	0	0	75.06
75.07	07507 MCAI	786,816	30,248,193	0.026012	0	0	75.07
76.00	03020 DIABETIC CENTER	10,757	620,160	0.017346	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	210,700	14,449,686	0.014582	1,538	22	90.00
90.01	09001 WOUND CARE CENTER	101,797	2,352,158	0.043278	0	0	90.01
91.00	09100 EMERGENCY	730,348	160,893,229	0.004539	18,055	82	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,597,049	0.000000	0	0	92.00
200.00	Total (lines 50-199)	12,414,510	1,424,744,351		13,656,063	73,442	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029  
Component CCN: 14T029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet D  
Part IV  
Date/Time Prepared:  
11/24/2014 5:58 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 5:58 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	187,179,040	0.000000	0.000000	27,077	50.00
50.01	05001 SAME DAY SURGERY	0	17,409,207	0.000000	0.000000	1,934	50.01
50.02	05002 G. I. LAB	0	22,210,790	0.000000	0.000000	8,777	50.02
51.00	05100 RECOVERY ROOM	0	16,821,834	0.000000	0.000000	2,070	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	43,558,234	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	19,113,647	0.000000	0.000000	2,828	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	216,450,875	0.000000	0.000000	255,674	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	34,606,300	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	158,450,655	0.000000	0.000000	1,081,509	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	33,491,876	0.000000	0.000000	183,754	65.00
69.00	06900 ELECTROCARDIOLOGY	0	44,285,318	0.000000	0.000000	8,451	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,686,486	0.000000	0.000000	1,539,960	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	24,564,466	0.000000	0.000000	4,693	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	171,049,712	0.000000	0.000000	1,800,772	73.00
74.00	07400 RENAL DIALYSIS	0	4,911,430	0.000000	0.000000	175,272	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	2,661,862	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	37,794,338	0.000000	0.000000	8,531,370	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	73,291,467	0.000000	0.000000	12,329	75.05
75.06	07506 YORKVILLE	0	58,046,339	0.000000	0.000000	0	75.06
75.07	07507 MCAI	0	30,248,193	0.000000	0.000000	0	75.07
76.00	03020 DIABETIC CENTER	0	620,160	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,449,686	0.000000	0.000000	1,538	90.00
90.01	09001 WOUND CARE CENTER	0	2,352,158	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	160,893,229	0.000000	0.000000	18,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,597,049	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	1,424,744,351			13,656,063	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/24/2014 5:58 am
Title XVIIII		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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	50.02
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
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 PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	373	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
75.01	07501 CARDIAC REHAB	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	75.06
75.07	07507 MCAI	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	373	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 5:58 am
		Component CCN: 14T029	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	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.)				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.108095	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.194148	0	0	0	0	50.01
50.02	05002	G. I. LAB	0.201681	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.095973	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238065	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.075436	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084309	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140882	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.085625	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.132980	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.095630	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.027595	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561418	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126892	373	0	412	47	73.00
74.00	07400	RENAL DIALYSIS	0.212264	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.216270	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.136031	0	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.162427	0	0	0	0	75.05
75.06	07506	YORKVILLE	0.176555	0	0	0	0	75.06
75.07	07507	MCAI	0.262018	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0.842192	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.304333	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0.540886	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.090938	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.067344	0	0	0	0	92.00
200.00		Subtotal (see instructions)		373	0	412	47	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		373	0	412	47	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/24/2014 5:58 am
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 G. I. LAB	0	0		50.02
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
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	52		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
75.02 07502 HEART SURGERY	0	0		75.02
75.03 07503 REHAB SERVICES	0	0		75.03
75.04 07504 CV SURGERY	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0		75.05
75.06 07506 YORKVILLE	0	0		75.06
75.07 07507 MCAI	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	52		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	52		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 5:58 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		45,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		45,022	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)		34,671	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)		12,019	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,553,630	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)		44,553,630	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		44,553,630	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		989.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,894,002	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)		11,894,002	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		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	6,542,066	4,898	1,335.66	1,564	2,088,972	43.00
43.01	NICU	5,898,262	2,088	2,824.84	0	0	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)					28,660,825	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,643,799	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)					1,043,513	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,519,263	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,562,776	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,081,023	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)					10,351	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					989.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,243,350	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 5:58 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	3,299,781	44,553,630	0.074063	10,243,350	758,653	90.00
91.00	Nursing School cost	0	44,553,630	0.000000	10,243,350	0	91.00
92.00	Allied health cost	0	44,553,630	0.000000	10,243,350	0	92.00
93.00	All other Medical Education	0	44,553,630	0.000000	10,243,350	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 5:58 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,303	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,303	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)		4,303	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)		2,693	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,601,866	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)		3,601,866	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		3,601,866	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		837.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,254,203	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)		2,254,203	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T029		Date/Time Prepared: 11/24/2014 5:58 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	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NICU	0	0	0.00	0	0	0	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
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,620,378		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,874,581		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					119,919		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,442		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					193,361		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,681,220		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140029 Component CCN: 14T029		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/24/2014 5:58 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	191,625	3,601,866	0.053202	0	0	90.00
91.00	Nursing School cost	0	3,601,866	0.000000	0	0	91.00
92.00	Allied health cost	0	3,601,866	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,601,866	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/24/2014 5:58 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		23,822,696	30.00
31.00	03100	INTENSIVE CARE UNIT		4,353,853	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.108146	30,496,273	50.00
50.01	05001	SAME DAY SURGERY	0.194148	881,110	50.01
50.02	05002	G. I. LAB	0.201681	2,007,078	50.02
51.00	05100	RECOVERY ROOM	0.095973	2,461,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238688	46,653	52.00
53.00	05300	ANESTHESIOLOGY	0.076208	3,033,174	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084309	23,215,200	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141015	385,494	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.085625	29,316,628	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.132980	11,956,992	65.00
69.00	06900	ELECTROCARDIOLOGY	0.095630	5,346,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.027595	10,676,987	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561418	14,513,074	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126892	30,937,739	73.00
74.00	07400	RENAL DIALYSIS	0.212264	2,704,630	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.229101	989	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.136031	6,568,259	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.162427	10,608,908	75.05
75.06	07506	YORKVILLE	0.176555	850,728	75.06
75.07	07507	MCAI	0.262018	577	75.07
76.00	03020	DIABETIC CENTER	0.842192	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.304333	216,766	90.00
90.01	09001	WOUND CARE CENTER	0.544193	7,801	90.01
91.00	09100	EMERGENCY	0.091170	13,061,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.067344	668,558	92.00
200.00		Total (sum of lines 50-94 and 96-98)		199,963,150	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)		199,963,150	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14T029		Date/Time Prepared: 11/24/2014 5:58 am	
		Title XVIII	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,744,167	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.108146	27,077	2,928 50.00
50.01	05001	SAME DAY SURGERY	0.194148	1,934	375 50.01
50.02	05002	G. I. LAB	0.201681	8,777	1,770 50.02
51.00	05100	RECOVERY ROOM	0.095973	2,070	199 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.238688	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.076208	2,828	216 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084309	255,674	21,556 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.141015	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.085625	1,081,509	92,604 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.132980	183,754	24,436 65.00
69.00	06900	ELECTROCARDIOLOGY	0.095630	8,451	808 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.027595	1,539,960	42,495 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561418	4,693	2,635 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126892	1,800,772	228,504 73.00
74.00	07400	RENAL DIALYSIS	0.212264	175,272	37,204 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	1.229101	0	0 75.01
75.02	07502	HEART SURGERY	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	0.136031	8,531,370	1,160,531 75.03
75.04	07504	CV SURGERY	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.162427	12,329	2,003 75.05
75.06	07506	YORKVILLE	0.176555	0	0 75.06
75.07	07507	MCAI	0.262018	0	0 75.07
76.00	03020	DIABETIC CENTER	0.842192	0	0 76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.304333	1,538	468 90.00
90.01	09001	WOUND CARE CENTER	0.544193	0	0 90.01
91.00	09100	EMERGENCY	0.091170	18,055	1,646 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.067344	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,656,063	1,620,378 200.00
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)		13,656,063	1,620,378 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 5:58 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		7,461,867		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		22,385,602		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)		887,881		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		5,290,923		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		163.64		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.00		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)		0.27		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.73		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.92		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		11.73		12.00
13.00	Total allowable FTE count for the prior year.		10.97		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.		11.73		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.48		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		11.48		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.070154		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.065579		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.065579		21.00
22.00	IME payment adjustment (see instructions)		1,236,169		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.19		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)		1,236,169		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.26		30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.68		31.00
32.00	Sum of lines 30 and 31		26.94		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 5:58 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		13.34	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,741,973		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000355369
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,214,803
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				2,404,496
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,404,496		
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		36,117,988		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		36,117,988		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,684,517		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		270,192		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		2,385		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		39,075,082		
60.00	Primary payer payments		20,612		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,054,470		
62.00	Deductibles billed to program beneficiaries		3,004,512		
63.00	Coinurance billed to program beneficiaries		39,248		
64.00	Allowable bad debts (see instructions)		536,073		
65.00	Adjusted reimbursable bad debts (see instructions)		348,447		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/24/2014 5:58 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)		530,536		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,359,157		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		6,343		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		20,388		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		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)		36,385,888		71.00
71.01	Sequestration adjustment (see instructions)		727,718		71.01
72.00	Interim payments		35,592,826		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		65,344		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,155,152		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/24/2014 5:58 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		27,706	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,983,768	2.00
3.00	PPS payments		20,600,224	3.00
4.00	Outlier payment (see instructions)		107,767	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,706	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		225,324	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)		225,324	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		225,324	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		197,618	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)		27,706	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)		20,707,991	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,026	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,206,056	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)		16,528,615	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		156,940	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)		16,685,555	30.00
31.00	Primary payer payments		3,416	31.00
32.00	Subtotal (line 30 minus line 31)		16,682,139	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		783,556	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		509,311	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		781,409	36.00
37.00	Subtotal (see instructions)		17,191,450	37.00
38.00	MSP-LCC reconciliation amount from PS&R		97	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)		17,191,353	40.00
40.01	Sequestration adjustment (see instructions)		343,827	40.01
41.00	Interim payments		16,837,873	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		9,653	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		406,759	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/24/2014 5:58 am
		Component CCN: 14T029	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		52	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		47	2.00
3.00	PPS payments		113	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		52	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		412	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)		412	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		360	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)		52	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)		113	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		165	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)		165	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		165	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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)		165	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)		165	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		167	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 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		34,980,979		16,178,134	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		596,626		620,224	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	06/27/2014	15,221	02/12/2014	33,810	3.01	
3.02			0	06/27/2014	5,705	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)		15,221		39,515	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)		35,592,826		16,837,873	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		65,344		9,653	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		35,658,170		16,847,526	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: 140029  
Component CCN: 14T029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/24/2014 5:58 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		4,042,580		167	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/12/2014	7,235		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)		-7,235		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)		4,035,345		167	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		7,935		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		5	6.02
7.00	Total Medicare program liability (see instructions)		4,043,280		162	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: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet E-1  
Part II  
Date/Time Prepared:  
11/24/2014 5:58 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			11,953 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,583 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,358 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			41,657 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,526,801,961 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			40,472,588 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)			1,635,610 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,635,610 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,748,238 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)			-112,628 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/24/2014 5:58 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)	925,479	2,776,436	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0615		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	46,274	94,676	3.00
4.00	Outlier Payments	11,698		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)	1.00		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)	11.789041		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.057580	0.086266	11.00
12.00	Teaching Adjustment (see instructions)	53,289	239,512	12.00
13.00	Total PPS Payment (see instructions)	4,147,364		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)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0		16.00
17.00	Subtotal (see instructions)	4,147,364		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	4,147,364		19.00
20.00	Deductibles	20,352		20.00
21.00	Subtotal (line 19 minus line 20)	4,127,012		21.00
22.00	Coinsurance	1,216		22.00
23.00	Subtotal (line 21 minus line 22)	4,125,796		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	4,125,796		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)	0		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)	4,125,796		32.00
32.01	Sequestration adjustment (see instructions)	82,516		32.01
33.00	Interim payments	4,035,345		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	7,935		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	11,698		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/24/2014 5:58 am	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	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			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.92	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	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.	12.92	1.00	13.92	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.	10.89	0.84	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	10.89	0.84		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.75	0.98		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	11.73	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.12	0.61		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	11.12	0.61		17.00
18.00	Per resident amount	91,448.06	91,448.06		18.00
19.00	Approved amount for resident costs	1,016,902	55,783	1,072,685	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)			2.19	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)			1,072,685	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	16,276	2,358		26.00
27.00	Total Inpatient Days (see instructions)	45,960	45,960		27.00
28.00	Ratio of inpatient days to total inpatient days	0.354134	0.051305		28.00
29.00	Program direct GME amount	379,874	55,034		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,776		30.00
31.00	Net Program direct GME amount			427,132	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/24/2014 5:58 am
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,911,430	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		46,518,380	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)		20,612	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		46,497,768	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		27,011,573	42.00
43.00	Primary payer payments (see instructions)		3,416	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,008,157	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,505,925	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.632572	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.367428	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		427,132	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		270,192	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		156,940	50.00

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

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G

Date/Time Prepared:  
11/24/2014 5:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	19,942,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	41,082,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	13,410,000	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)	74,434,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	133,838,013	0	0	0	15.00
16.00	Accumulated depreciation	-190,670,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	187,293,987	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	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	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	130,462,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	219,723,000	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	42,297,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	262,020,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	466,916,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	22,313,000	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	39,630,000	0	0	0	43.00
44.00	Other current liabilities	28,765,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	90,708,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	89,610,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	61,466,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	151,076,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	241,784,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	225,132,000				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)	225,132,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	466,916,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-1

Date/Time Prepared:  
11/24/2014 5:58 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		189,274,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		52,430,000			2.00
3.00	Total (sum of line 1 and line 2)		241,704,000		0	3.00
4.00	NEW ASSETS RELEASED FROM RESTRICTION	60,000		0		4.00
5.00	CHANGE IN INTEREST IN NET ASSETS	770,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		830,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		242,534,000		0	11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES	17,402,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		17,402,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		225,132,000		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	NEW ASSETS RELEASED FROM RESTRICTION		0			4.00
5.00	CHANGE IN INTEREST IN NET ASSETS		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER OF ASSETS TO AFFILIATES		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/24/2014 5:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	64,733,955		64,733,955	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,468,786		4,468,786	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,202,741		69,202,741	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,353,707		10,353,707	11.00
11.01	NICU	22,501,162		22,501,162	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	32,854,869		32,854,869	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	102,057,610		102,057,610	17.00
18.00	Ancillary services	529,991,813	762,264,527	1,292,256,340	18.00
19.00	Outpatient services	0	134,632,953	134,632,953	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	144,080	151,529	295,609	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	632,193,503	897,049,009	1,529,242,512	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		318,516,263		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	6,228,000			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,228,000		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		324,744,263		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-3

Date/Time Prepared:  
11/24/2014 5:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,529,242,512	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,182,949,250	2.00
3.00	Net patient revenues (line 1 minus line 2)	346,293,262	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	324,744,263	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,548,999	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	29,465,001	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	94,000	24.00
24.01	CHANGE IN FAIR MARKET VALUE OF INTER	-179,000	24.01
24.02	GAIN ON SALE POB 1	1,501,000	24.02
25.00	Total other income (sum of lines 6-24)	30,881,001	25.00
26.00	Total (line 5 plus line 25)	52,430,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	52,430,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/24/2014 5:58 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,382,487	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		99,756	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)		114.13	3.00
4.00	Number of interns & residents (see instructions)		11.48	4.00
5.00	Indirect medical education percentage (see instructions)		2.88	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		68,616	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.68	8.00
9.00	Sum of lines 7 and 8		26.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.61	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		133,658	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,684,517	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00