

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: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S Parts I-III Date/Time Prepared: 9/21/2014 4:03 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 9/21/2014 Time: 4:03 pm	
	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 WEST SUBURBAN HOSP MED CTR (140049) for the cost reporting period beginning 05/01/2013 and ending 04/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	641,178	-240,371	-8,562	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	1	0		0	7.00
200.00 Total	0	641,179	-240,371	-8,562	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049		Period: From 05/01/2013 To 04/30/2014		Worksheet S-2 Part I Date/Time Prepared: 9/21/2014 4:02 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3 ERIE COURT	PO Box:							1.00	
2.00	City: OAK PARK	State: IL		Zip Code: 60302		County: COOK			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		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	WEST SUBURBAN HOSP MED CTR	140049	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	WEST SUBURBAN SNF	145743	16974		12/28/1992	N	P	N	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
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2013	04/30/2014		20.00	
21.00	Type of Control (see instructions)					4				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.					3	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.	8,483	1,696	6	0	2,787	0			24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0			25.00
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part I Date/Time Prepared: 9/21/2014 4:02 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	Y	Y		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<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)			Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	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	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.01	26.00	0.000384	65.00
65.01		INTERNAL MEDICINE	1400	0.01	24.00	0.000416	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	6.46	0.000000	66.00	

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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)	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		FAMILY MEDICINE	1350	1.00	28.59	0.033795		67.00	
67.01		INTERNAL MEDICINE	1400	0.00	20.54	0.000000		67.01	
						1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0		71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0		76.00
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N			80.00
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.								86.00
						V		XIX	
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.							N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00		97.00
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?					N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)								106.00

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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.				109.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	444,278	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
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)	Y		HB0557	140.00

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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: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 04011		141.00		
142.00	Street: 1445 ROSS AVE., STE 1400	PO Box:				142.00		
143.00	City: DALLAS, TX	State: TX		Zip Code: 75202-2703		143.00		
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y 144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						Y 145.00	
1.00 2.00								
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N 146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N 147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N 148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N 149.00	
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N 165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00 166.00	
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)						0 168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00 169.00	
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						09/01/2012 10/31/2013 170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 9/21/2014 4:02 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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	C	12/31/2013	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.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/12/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S-2 Part II Date/Time Prepared: 9/21/2014 4:02 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2013
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
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO., INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4104808498		ZEBNELSON@AOL.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	08/12/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 140049

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

Worksheet S-3
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	131	47,815	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)		131	47,815	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	13	4,745	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	50	18,250		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		194				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: 140049

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

Worksheet S-3
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,759	6,771	25,084			1.00
2.00 HMO and other (see instructions)	2,500	2,684				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,759	6,771	25,084			7.00
8.00 INTENSIVE CARE UNIT	1,139	756	2,842			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,429	4,327			13.00
14.00 Total (see instructions)	9,898	9,956	32,253	55.59	867.03	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	7,668	0	10,704	0.00	41.24	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				55.59	908.27	27.00
28.00 Observation Bed Days		400	1,819			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	332	482			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: 140049

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

Worksheet S-3
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,128	3,194	8,259	1.00
2.00 HMO and other (see instructions)			537			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,128	3,194	8,259	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140049		Period: From 05/01/2013 To 04/30/2014		Worksheet S-3 Part II Date/Time Prepared: 9/21/2014 4:02 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	59,291,952	0	59,291,952	1,889,191.00	31.38	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		1,342,024	0	1,342,024	14,717.00	91.19	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	4,622,533	0	4,622,533	146,840.00	31.48	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	2,319,129	0	2,319,129	85,769.00	27.04	9.00
10.00	Excluded area salaries (see instructions)		414,747	248,973	663,720	17,106.00	38.80	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,669,737	0	2,669,737	72,005.00	37.08	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		174,380	0	174,380	1,042.00	167.35	13.00
14.00	Home office salaries & wage-related costs		2,150,350	0	2,150,350	33,931.00	63.37	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
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,176,808	0	10,176,808			17.00
18.00	Wage-related costs (other) (see instructions)		80,554	0	80,554			18.00
19.00	Excluded areas		591,956	0	591,956			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/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		917,356	0	917,356			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-182,133	346,969	164,836	1,114.00	147.97	26.00
27.00	Administrative & General	5.00	10,480,486	-1,575,174	8,905,312	263,239.00	33.83	27.00
28.00	Administrative & General under contract (see inst.)		238,985	0	238,985	3,598.00	66.42	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,481,392	0	1,481,392	60,540.00	24.47	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,195,321	0	1,195,321	89,529.00	13.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,018,375	0	1,018,375	71,062.00	14.33	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	961,001	53,474	1,014,475	20,067.00	50.55	38.00
39.00	Central Services and Supply	14.00	234,418	0	234,418	13,277.00	17.66	39.00
40.00	Pharmacy	15.00	1,223,116	109,569	1,332,685	35,692.00	37.34	40.00
41.00	Medical Records & Medical Records Library	16.00	361,552	816,189	1,177,741	47,002.00	25.06	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140049

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

Worksheet S-3
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140049

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

Worksheet S-3
Part III
Date/Time Prepared:
9/21/2014 4:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,566,380	0	53,566,380	1,731,232.00	30.94	1.00
2.00	Excluded area salaries (see instructions)	2,733,876	248,973	2,982,849	102,875.00	28.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,832,504	-248,973	50,583,531	1,628,357.00	31.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,994,467	0	4,994,467	106,978.00	46.69	4.00
5.00	Subtotal wage-related costs (see inst.)	10,257,362	0	10,257,362	0.00	20.28	5.00
6.00	Total (sum of lines 3 thru 5)	66,084,333	-248,973	65,835,360	1,735,335.00	37.94	6.00
7.00	Total overhead cost (see instructions)	17,012,513	-248,973	16,763,540	605,120.00	27.70	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 9/21/2014 4:02 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		270,972	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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		4,852,942	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		159,230	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-65,242	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		104,086	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		168,278	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		557,659	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,294,722	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		780,936	20.00
OTHER				
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		53,225	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,176,808	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (OTHER EMP)		80,554	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140049

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

Worksheet S-3
Part V
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,968,571	11,766,673	1.00
2.00	Hospital	2,932,166	11,306,435	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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	36,405	460,238	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

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

Worksheet S-7

Date/Time Prepared:
9/21/2014 4:02 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	59	0	59	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	60	0	60	6.00
7.00	RHX	18	0	18	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	39	0	39	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	1,205	0	1,205	12.00
13.00	RUB	1,352	0	1,352	13.00
14.00	RUA	2,750	0	2,750	14.00
15.00	RVC	344	0	344	15.00
16.00	RVB	466	0	466	16.00
17.00	RVA	819	0	819	17.00
18.00	RHC	42	0	42	18.00
19.00	RHB	60	0	60	19.00
20.00	RHA	80	0	80	20.00
21.00	RMC	9	0	9	21.00
22.00	RMB	40	0	40	22.00
23.00	RMA	67	0	67	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	11	0	11	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	1	0	1	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	14	0	14	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	14	0	14	34.00
35.00	HB2	18	0	18	35.00
36.00	HB1	3	0	3	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	2	0	2	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	5	0	5	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	3	0	3	42.00
43.00	LB2	2	0	2	43.00
44.00	LB1	4	0	4	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	4	0	4	48.00
49.00	CC2	3	0	3	49.00
50.00	CC1	3	0	3	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	32	0	32	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	56	0	56	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	7	0	7	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140049

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

Worksheet S-7

Date/Time Prepared:
9/21/2014 4:02 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	10	0	10	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	15	0	15	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	43	0	43	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	8	0	8	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		7,668	0	7,668	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	16974	16974	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	4,483,065			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet S-10 Date/Time Prepared: 9/21/2014 4:02 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.168135		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,147,297		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		14,155,267		5.00
6.00	Medicaid charges		206,644,264		6.00
7.00	Medicaid cost (line 1 times line 6)		34,744,133		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)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	41,442,483	263,723	41,706,206	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,967,932	44,341	7,012,273	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,967,932	44,341	7,012,273	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,211,511	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,133,401	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			6,078,110	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,021,943	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,034,216	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,034,216	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

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

Worksheet A
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100			0	3,393,072	3,393,072	1.00
1.01	00101			0	0	0	1.01
2.00	00200			0	3,796,250	3,796,250	2.00
2.01	00201			0	404,878	404,878	2.01
4.00	00400	-182,133	11,674,140	11,492,007	430,395	11,922,402	4.00
5.00	00500	10,480,486	27,846,349	38,326,835	-9,095,902	29,230,933	5.00
7.00	00700	1,481,392	3,757,877	5,239,269	-617,542	4,621,727	7.00
7.01	00701	0	0	0	615,096	615,096	7.01
8.00	00800	0	625,586	625,586	137,224	762,810	8.00
9.00	00900	1,195,321	658,681	1,854,002	-157,135	1,696,867	9.00
9.01	00901	0	0	0	149,350	149,350	9.01
10.00	01000	1,018,375	561,566	1,579,941	-14,492	1,565,449	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	961,001	40,075	1,001,076	51,740	1,052,816	13.00
14.00	01400	234,418	529,912	764,330	139,231	903,561	14.00
15.00	01500	1,223,116	3,349,155	4,572,271	-1,091,926	3,480,345	15.00
16.00	01600	361,552	225,898	587,450	868,987	1,456,437	16.00
21.00	02100	4,622,533	0	4,622,533	0	4,622,533	21.00
22.00	02200	0	960,137	960,137	-2,768	957,369	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,379,625	2,610,084	11,989,709	-356,595	11,633,114	30.00
31.00	03100	2,063,433	530,682	2,594,115	-164,274	2,429,841	31.00
43.00	04300	849,867	73,671	923,538	-49,489	874,049	43.00
44.00	04400	2,319,129	296,413	2,615,542	-82,563	2,532,979	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,633,024	6,258,130	9,891,154	-2,961,098	6,930,056	50.00
51.00	05100	684,670	71,685	756,355	-70,161	686,194	51.00
52.00	05200	2,305,431	321,878	2,627,309	-174,967	2,452,342	52.00
53.00	05300	119,296	776,680	895,976	-127,276	768,700	53.00
54.00	05400	2,699,147	1,405,792	4,104,939	-344,686	3,760,253	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	663,653	445,891	1,109,544	-126,345	983,199	55.01
55.02	03630	549,693	89,944	639,637	-14,199	625,438	55.02
56.00	05600	199,182	274,740	473,922	-165,124	308,798	56.00
57.00	05700	886,618	431,797	1,318,415	-18,751	1,299,664	57.00
58.00	05800	240,079	434,045	674,124	-14,882	659,242	58.00
59.00	05900	460,337	4,014,031	4,474,368	-3,226,034	1,248,334	59.00
60.00	06000	0	4,458,862	4,458,862	-5,522	4,453,340	60.00
63.00	06300	0	738,165	738,165	-2,914	735,251	63.00
65.00	06500	969,076	216,903	1,185,979	-69,635	1,116,344	65.00
66.00	06600	2,183,699	94,977	2,278,676	-26,630	2,252,046	66.00
67.00	06700	135,974	657	136,631	0	136,631	67.00
68.00	06800	164,658	5,107	169,765	-2,397	167,368	68.00
69.00	06900	500,794	230,868	731,662	-11,933	719,729	69.00
71.00	07100	0	0	0	1,976,680	1,976,680	71.00
72.00	07200	0	0	0	5,414,247	5,414,247	72.00
73.00	07300	0	0	0	4,964,175	4,964,175	73.00
74.00	07400	0	484,107	484,107	-4,652	479,455	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,998,753	2,469,562	4,468,315	-249,857	4,218,458	90.00
90.01	04950	122,088	3,578	125,666	-1,899	123,767	90.01
90.02	04951	341,941	3,314,201	3,656,142	-2,789,869	866,273	90.02
90.03	09001	36,479	431,955	468,434	-22,212	446,222	90.03
91.00	09100	3,974,498	2,332,625	6,307,123	-372,168	5,934,955	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		58,877,205	83,046,406	141,923,611	-94,572	141,829,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	7,441	1,473	8,914	0	8,914	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	17,165	243,932	261,097	271,796	532,893	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	224,447	242,162	466,609	-226,058	240,551	194.02
194.03	07953	45,566	31,733	77,299	-393	76,906	194.03
194.04	07954	120,128	4,253	124,381	-4,163	120,218	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	53,390	53,390	194.07
200.00		59,291,952	83,569,959	142,861,911	0	142,861,911	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140049

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

Worksheet A
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,276,145	7,669,217	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	510,741	510,741	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,198,959	5,995,209	2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	404,878	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-416,828	11,505,574	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-13,015,581	16,215,352	5.00
7.00	00700	OPERATION OF PLANT	-38,805	4,582,922	7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	615,096	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	762,810	8.00
9.00	00900	HOUSEKEEPING	-709	1,696,158	9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	149,350	9.01
10.00	01000	DIETARY	-395,519	1,169,930	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-317	1,052,499	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	903,561	14.00
15.00	01500	PHARMACY	0	3,480,345	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,331	1,445,106	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	4,622,533	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-67,668	889,701	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,503,393	10,129,721	30.00
31.00	03100	INTENSIVE CARE UNIT	-60,138	2,369,703	31.00
43.00	04300	NURSERY	-77	873,972	43.00
44.00	04400	SKILLED NURSING FACILITY	-19,248	2,513,731	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-495,676	6,434,380	50.00
51.00	05100	RECOVERY ROOM	0	686,194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-48	2,452,294	52.00
53.00	05300	ANESTHESIOLOGY	-606,128	162,572	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-30,228	3,730,025	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03340	GASTRO INTESTINAL SERVICES	-15,288	967,911	55.01
55.02	03630	ULTRA SOUND	0	625,438	55.02
56.00	05600	RADIOISOTOPE	0	308,798	56.00
57.00	05700	CT SCAN	-14,006	1,285,658	57.00
58.00	05800	MRI	0	659,242	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,248,334	59.00
60.00	06000	LABORATORY	0	4,453,340	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	735,251	63.00
65.00	06500	RESPIRATORY THERAPY	-7,481	1,108,863	65.00
66.00	06600	PHYSICAL THERAPY	0	2,252,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	136,631	67.00
68.00	06800	SPEECH PATHOLOGY	0	167,368	68.00
69.00	06900	ELECTROCARDIOLOGY	-112,669	607,060	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,976,680	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,414,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,964,175	73.00
74.00	07400	RENAL DIALYSIS	0	479,455	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,866,914	2,351,544	90.00
90.01	04950	DIABETOLOGY	0	123,767	90.01
90.02	04951	CANCER CENTER	-7,570	858,703	90.02
90.03	09001	WOUND CARE	-12,620	433,602	90.03
91.00	09100	EMERGENCY	-1,289,345	4,645,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,001,742	128,827,297	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,914	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	532,893	194.00
194.01	07951	HOSPITALIST	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	240,551	194.02
194.03	07953	COMMUNITY RELATIONS	0	76,906	194.03
194.04	07954	PHYSICIAN CLINICS	0	120,218	194.04
194.05	07955	GUEST MEALS	0	0	194.05
194.06	07956	CATERING MEALS	0	0	194.06
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	53,390	194.07
200.00		TOTAL (SUM OF LINES 118-199)	-13,001,742	129,860,169	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DEPRECIATION EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,065,191	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,881,964	2.00	
	TOTALS		0	4,947,155		
B - RENTS LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	299,212	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	319,164	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	
	TOTALS		0	618,376		
C - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,028,669	1.00	
	TOTALS		0	2,028,669		
D - PHARMACY COGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,964,175	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,318	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	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	4,965,493	
E - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	137,224	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
TOTALS			0	137,224	
F - MEDICAL SUPPLIES COGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,976,680	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	152,580	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
TOTALS			0	2,129,260	
G - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,414,247	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
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
TOTALS			0	5,414,247	

RECLASSIFICATIONS

Provider CCN: 140049

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

Worksheet A-6

Date/Time Prepared:
9/21/2014 4:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - TRANSCRIPTION FEES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,000	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	12,000	
I - CHICAGO MARKET (DEPT 5575)					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	346,969	95,989	1.00
2.00	NURSING ADMINISTRATION	13.00	53,474	759	2.00
3.00	PHARMACY	15.00	109,569	504	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	816,189	65,230	4.00
5.00	MARKETING	194.00	196,031	76,203	5.00
6.00	RESEARCH, RIVER FOREST	194.07	52,942	448	6.00
	NONREIMB				
	TOTALS		1,575,174	239,133	
J - RIVER FOREST COSTS					
1.00	OPERATION OF PLANT-RIVER FOREST	7.01	128,057	487,039	1.00
2.00	HOUSEKEEPING-RIVER FOREST	9.01	0	149,350	2.00
	TOTALS		128,057	636,389	
K - RIVER FOREST DEPRECIATION					
1.00	CAP REL CSTS-MVBLE EQUIP	2.01	0	404,878	1.00
	RIVER FORE				
	TOTALS		0	404,878	
500.00	Grand Total: Increases		1,703,231	21,532,824	500.00

RECLASSIFICATIONS

Provider CCN: 140049

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

Worksheet A-6
Date/Time Prepared:
9/21/2014 4:02 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,947,155	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	4,947,155			
B - RENTS LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,532	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	300,565	10		2.00
3.00	OPERATION OF PLANT	7.00	0	2,388	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,875	0		4.00
5.00	DIETARY	10.00	0	13,833	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,473	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,667	0		7.00
8.00	PHARMACY	15.00	0	1,132	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,535	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,129	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	4,207	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	1,723	0		12.00
13.00	NURSERY	43.00	0	438	0		13.00
14.00	SKILLED NURSING FACILITY	44.00	0	1,862	0		14.00
15.00	OPERATING ROOM	50.00	0	148,552	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,426	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,872	0		17.00
18.00	GASTROINTESTINAL SERVICES	55.01	0	1,767	0		18.00
19.00	CT SCAN	57.00	0	883	0		19.00
20.00	MRI	58.00	0	2,609	0		20.00
21.00	LABORATORY	60.00	0	2,667	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	27,057	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	1,155	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	361	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	3,271	0		25.00
26.00	CLINIC	90.00	0	25,855	0		26.00
27.00	DIABETOLOGY	90.01	0	1,899	0		27.00
28.00	CANCER CENTER	90.02	0	2,038	0		28.00
29.00	EMERGENCY	91.00	0	4,723	0		29.00
30.00	MARKETING	194.00	0	438	0		30.00
31.00	COMMUNITY RELATIONS	194.03	0	170	0		31.00
32.00	PHYSICIAN CLINICS	194.04	0	1,274	0		32.00
	TOTALS		0	618,376			
C - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,028,669	13		1.00
	TOTALS		0	2,028,669			
D - PHARMACY COGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,784	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,061	0		2.00
3.00	OPERATION OF PLANT	7.00	0	48	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	8	0		4.00
5.00	PHARMACY	15.00	0	1,188,773	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	75,007	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	29,698	0		7.00
8.00	NURSERY	43.00	0	3,022	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	3,877	0		9.00
10.00	OPERATING ROOM	50.00	0	62,344	0		10.00
11.00	RECOVERY ROOM	51.00	0	6,597	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	33,133	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	40,834	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,258	0		14.00
15.00	GASTROINTESTINAL SERVICES	55.01	0	15,273	0		15.00
16.00	ULTRASOUND	55.02	0	699	0		16.00
17.00	RADIOISOTOPE	56.00	0	159,710	0		17.00
18.00	CT SCAN	57.00	0	1,086	0		18.00
19.00	MRI	58.00	0	669	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,917	0		20.00
21.00	LABORATORY	60.00	0	138	0		21.00
22.00	BLOOD STORAGE, PROCESSING & TRANS.	63.00	0	1,748	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	3,398	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	2	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	519	0		25.00
26.00	RENAL DIALYSIS	74.00	0	2,696	0		26.00
27.00	CLINIC	90.00	0	190,911	0		27.00
28.00	CANCER CENTER	90.02	0	2,771,828	0		28.00
29.00	WOUND CARE	90.03	0	5,372	0		29.00
30.00	EMERGENCY	91.00	0	120,544	0		30.00

RECLASSIFICATIONS

Provider CCN: 140049

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

Worksheet A-6
Date/Time Prepared:
9/21/2014 4:02 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
31.00	RETAIL PHARMACY	194.02	0	225,650	0	31.00	
32.00	PHYSICIAN CLINICS	194.04	0	2,889	0	32.00	
	TOTALS		0	4,965,493			
E - LAUNDRY							
1.00	I&R SERVICES-OTHER PRGM	22.00	0	567	0	1.00	
	COSTS APPRV						
2.00	ADULTS & PEDIATRICS	30.00	0	8,844	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,515	0	3.00	
4.00	NURSERY	43.00	0	33	0	4.00	
5.00	SKILLED NURSING FACILITY	44.00	0	804	0	5.00	
6.00	OPERATING ROOM	50.00	0	79,021	0	6.00	
7.00	RECOVERY ROOM	51.00	0	61	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	877	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,054	0	9.00	
10.00	GASTRO INTESTINAL SERVICES	55.01	0	2	0	10.00	
11.00	ULTRA SOUND	55.02	0	633	0	11.00	
12.00	CT SCAN	57.00	0	5,524	0	12.00	
13.00	MRI	58.00	0	2,115	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	366	0	14.00	
15.00	LABORATORY	60.00	0	1,346	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	13,804	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	1,731	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	1	0	18.00	
19.00	CLINIC	90.00	0	22	0	19.00	
20.00	CANCER CENTER	90.02	0	4,082	0	20.00	
21.00	EMERGENCY	91.00	0	822	0	21.00	
	TOTALS		0	137,224			
F - MEDICAL SUPPLIES COGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	247	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	42	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	10	0	3.00	
4.00	HOUSEKEEPING	9.00	0	5,910	0	4.00	
5.00	DIETARY	10.00	0	659	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	12	0	6.00	
7.00	PHARMACY	15.00	0	12,094	0	7.00	
8.00	I&R SERVICES-OTHER PRGM	22.00	0	72	0	8.00	
	COSTS APPRV						
9.00	ADULTS & PEDIATRICS	30.00	0	268,537	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	129,498	0	10.00	
11.00	NURSERY	43.00	0	45,996	0	11.00	
12.00	SKILLED NURSING FACILITY	44.00	0	75,903	0	12.00	
13.00	OPERATING ROOM	50.00	0	592,762	0	13.00	
14.00	RECOVERY ROOM	51.00	0	63,503	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	137,531	0	15.00	
16.00	ANESTHESIOLOGY	53.00	0	86,442	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	186,774	0	17.00	
18.00	GASTRO INTESTINAL SERVICES	55.01	0	100,761	0	18.00	
19.00	ULTRA SOUND	55.02	0	12,867	0	19.00	
20.00	RADIOISOTOPE	56.00	0	5,414	0	20.00	
21.00	CT SCAN	57.00	0	11,258	0	21.00	
22.00	MRI	58.00	0	9,489	0	22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	24,858	0	23.00	
24.00	LABORATORY	60.00	0	1,371	0	24.00	
25.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,166	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	0	39,180	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	11,669	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	2,036	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	6,412	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	1,955	0	30.00	
31.00	CLINIC	90.00	0	19,361	0	31.00	
32.00	CANCER CENTER	90.02	0	11,921	0	32.00	
33.00	WOUND CARE	90.03	0	16,840	0	33.00	
34.00	EMERGENCY	91.00	0	246,079	0	34.00	
35.00	RETAIL PHARMACY	194.02	0	408	0	35.00	
36.00	COMMUNITY RELATIONS	194.03	0	223	0	36.00	
	TOTALS		0	2,129,260			
G - IMPLANTABLE DEVICES							
1.00	INTENSIVE CARE UNIT	31.00	0	840	0	1.00	
2.00	SKILLED NURSING FACILITY	44.00	0	117	0	2.00	
3.00	OPERATING ROOM	50.00	0	2,078,419	0	3.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,728	0	5.00	
6.00	GASTRO INTESTINAL SERVICES	55.01	0	8,542	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	3,197,893	0	7.00	

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	CLINIC	90.00	0	13,708	0	8.00
	TOTALS		0	5,414,247		
H - TRANSCRIPTION FEES						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,897	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	2,103	0	2.00
	TOTALS		0	12,000		
I - CHICAGO MARKET (DEPT 5575)						
1.00	ADMINISTRATIVE & GENERAL	5.00	1,575,174	239,133	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
	TOTALS		1,575,174	239,133		
J - RIVER FOREST COSTS						
1.00	OPERATION OF PLANT	7.00	128,057	487,039	0	1.00
2.00	HOUSEKEEPING	9.00	0	149,350	0	2.00
	TOTALS		128,057	636,389		
K - RIVER FOREST DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	404,878	9	1.00
	TOTALS		0	404,878		
500.00	Grand Total: Decreases		1,703,231	21,532,824		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

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

Worksheet A-7
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,352	0	0	0	1.00
2.00	Land Improvements	2,360,389	0	0	0	2.00
3.00	Buildings and Fixtures	153,046,110	704,628	0	704,628	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	20,640,059	0	0	0	5.00
6.00	Movable Equipment	97,248,540	2,524,813	0	2,524,813	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	275,225,450	3,229,441	0	3,229,441	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	275,225,450	3,229,441	0	3,229,441	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,930,352	0			1.00
2.00	Land Improvements	2,360,389	0			2.00
3.00	Buildings and Fixtures	153,750,738	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	20,640,059	0			5.00
6.00	Movable Equipment	99,773,353	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	278,454,891	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	278,454,891	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

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

Worksheet A-7
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	0				2.01
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140049

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

Worksheet A-7
Part III
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	156,111,127	0	156,111,127	0.564547	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	120,413,413	0	120,413,413	0.435453	0	2.00
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	0	0	0.000000	0	2.01
3.00	Total (sum of lines 1-2)	276,524,540	0	276,524,540	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,435,608	299,212	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	510,741	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,552,081	319,164	2.00
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	0	0	404,878	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	10,903,308	618,376	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	954,418	34,911	1,945,068	0	7,669,217	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	510,741	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	113,785	10,179	0	0	5,995,209	2.00
2.01	CAP REL CSTS-MVBLE EQUIP RIVER FORE	0	0	0	0	404,878	2.01
3.00	Total (sum of lines 1-2)	1,068,203	45,090	1,945,068	0	14,580,045	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140049

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

Worksheet A-8

Date/Time Prepared:
9/21/2014 4:02 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT RIVER FOR (chapter 2)			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0 1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
2.01	Investment income - CAP REL CSTS-MVBLE EQUIP RIVER FORE (chapter 2)			0CAP REL CSTS-MVBLE EQUIP RIVER FORE	2.01	0 2.01
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-5,987,123			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	-3,016,008			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-395,519	DIETARY	10.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts		0		0.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00	Vending machines		0		0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,730,114	0CAP REL COSTS-BLDG & FIXT	1.00	9 26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT RIVER FOR			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0 26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	2,011,294	0CAP REL COSTS-MVBLE EQUIP	2.00	9 27.00
27.01	Depreciation - CAP REL CSTS-MVBLE EQUIP RIVER FORE			0CAP REL CSTS-MVBLE EQUIP RIVER FORE	2.01	0 27.01
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant			0	0.00	0 29.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00		0 32.00
33.00 DIRECT PHONE COSTS	A	-88,648		ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 PBX SALARY	A	-108,510		ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 PBX BENEFITS	A	-38,093		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03 TELEPHONE DEPRECIATION	A	-8,387		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
33.04 TELEVISION DEPRECIATION	A	-9,415		CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05 TELEVISION CABLE & SATELITE	A	-3,080		OPERATION OF PLANT	7.00	0	33.05
33.06 TELEVISION CABLE & SATELITE	A	-7,570		CANCER CENTER	90.02	0	33.06
33.07 BADGE REPLACEMENT	B	-480		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.07
33.08 WSPH RECEIVABLE	B	-12,058		ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 INTEREST & PAYMENTS	B	-728,855		ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 MEDICAL STIPEND FEES	B	-7,500		ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 TRIAL SUBPEONA	B	-11,331		MEDICAL RECORDS & LIBRARY	16.00	0	33.11
33.12 RESIDENT STIPENDS	B	-66,064		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.12
33.13 MATERNAL CHILD CARE CLASSES	B	-8,548		ADULTS & PEDIATRICS	30.00	0	33.13
33.14 SURGICAL ASST	B	-713		OPERATING ROOM	50.00	0	33.14
33.15 COPY OF X-RAYS	B	-3,300		RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16 TRANSFER OF REVENUE FROM CLOSING OUT	B	-9,253		RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17 RENTAL INCOME	B	-15,288		GASTRO INTESTINAL SERVICES	55.01	0	33.17
33.18 INTEREST PAYMENTS	B	-88		ELECTROCARDIOLOGY	69.00	0	33.18
33.19 INTEREST PAYMENTS	B	-6,851		CLINIC	90.00	0	33.19
33.20 RENTAL INCOME	B	-100		CLINIC	90.00	0	33.20
33.21 ADVERTISING	A	-94,378		ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 ADVERTISING	A	-1,604		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.22
33.23 OTHER EXPENSE	A	-22		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24 OTHER EXPENSE	A	-46,046		ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 OTHER EXPENSE	A	-709		HOUSEKEEPING	9.00	0	33.25
33.26 OTHER EXPENSE	A	-317		NURSING ADMINISTRATION	13.00	0	33.26
33.27 OTHER EXPENSE	A	-115		ADULTS & PEDIATRICS	30.00	0	33.27
33.28 OTHER EXPENSE	A	-77		NURSERY	43.00	0	33.28
33.29 OTHER EXPENSE	A	-48		DELIVERY ROOM & LABOR ROOM	52.00	0	33.29
33.30 OTHER EXPENSE	A	-46		CT SCAN	57.00	0	33.30
33.31 OTHER EXPENSE	A	-709		EMERGENCY	91.00	0	33.31
33.32 PURCHASED SVCS	A	-22,851		ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33 PURCHASED SVCS	A	-35,725		OPERATION OF PLANT	7.00	0	33.33
33.34 PURCHASED SVCS	A	-17,675		RADIOLOGY-DIAGNOSTIC	54.00	0	33.34
33.35 PURCHASED SVCS	A	-13,960		CT SCAN	57.00	0	33.35
33.36 PURCHASED SVCS	A	-1,134		CLINIC	90.00	0	33.36
33.37 PURCHASED SVCS	A	-1,500		EMERGENCY	91.00	0	33.37
33.38 PURCHASED SVCS- CHICAGO MKT	A	-12,785		ADMINISTRATIVE & GENERAL	5.00	0	33.38
33.39 PHYSICIAN RECRUITMENT	A	-193		ADMINISTRATIVE & GENERAL	5.00	0	33.39
33.40 PHYSICIAN INCENTIVES	A	-644		ADMINISTRATIVE & GENERAL	5.00	0	33.40
33.41 PHYSICIAN RELOCATION	A	-645,649		ADMINISTRATIVE & GENERAL	5.00	0	33.41
33.42 TRAVEL	A	-13,885		ADMINISTRATIVE & GENERAL	5.00	0	33.42
33.43 TRAVEL	A	-135		ELECTROCARDIOLOGY	69.00	0	33.43
33.44 TRAVEL	A	-6,573		WOUND CARE	90.03	0	33.44
33.45 ALCOHOL	A	-1,618		ADMINISTRATIVE & GENERAL	5.00	0	33.45
33.46 MEALS	A	-27,602		ADMINISTRATIVE & GENERAL	5.00	0	33.46
33.47 MEALS	A	-46		OPERATING ROOM	50.00	0	33.47
33.48 PROPERTY TAXES	A	-83,601		CAP REL COSTS-BLDG & FIXT	1.00	13	33.48
33.49 DONATIONS/CONTRIBUTIONS	A	-45,219		ADMINISTRATIVE & GENERAL	5.00	0	33.49
33.50 DUES & SUBSCRIPTION	A	-946		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.50
33.51 DUES & SUBSCRIPTION	A	-4,273		ADMINISTRATIVE & GENERAL	5.00	0	33.51
33.52 DUES & SUBSCRIPTION	A	-1,320		CLINIC	90.00	0	33.52
33.53 LOBBYING	A	-27,454		ADMINISTRATIVE & GENERAL	5.00	0	33.53
33.54 LEGAL	A	-8,017		ADMINISTRATIVE & GENERAL	5.00	0	33.54
33.55 IDPA TAX ASSESSMENT	A	-6,679,004		ADMINISTRATIVE & GENERAL	5.00	0	33.55

ADJUSTMENTS TO EXPENSES

Provider CCN: 140049

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

Worksheet A-8

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
33.56 PENALTIES & FINES	A	-1,258	ADMINISTRATIVE & GENERAL	5.00	0	33.56
33.57 NON-PATIENT BAD DEBT EXPENSE	A	76,029	ADMINISTRATIVE & GENERAL	5.00	0	33.57
33.58 RIVER FOREST PROPERTY TAXES	A	482,543	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9	33.58
33.59 RIVER FOREST DEPRECIATION EXP	A	28,198	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	9	33.59
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,001,742				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140049

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

Worksheet A-8-1

Date/Time Prepared: 9/21/2014 4:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	0	10,116 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	OTHER INSURANCE	0	1,106 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	0	66,586 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	0	2,879,872 4.00
4.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKER COMP INSURANCE	0	639,715 4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	4,467,278 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CORPORATE ALLOCATION	0	1,671,875 4.03
4.04	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC. -INSURANCE	19,141	0 4.04
4.05	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC. -INSURANCE	2,628	0 4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC. -PROF. LIABILITY	116,138	0 4.06
4.07	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT ALLOC. -WORKERS COMP	112,583	0 4.07
4.08	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC. -INTEREST EXP.	344,373	0 4.08
4.09	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC. -INTEREST EXP.	113,785	0 4.09
4.10	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED ALLOC. -CAPITAL	81,503	0 4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOC. -MGMT FEES	1,076,426	0 4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT	TENET DIRECT ALLOC. -PROPERTY	15,770	0 4.12
4.13	2.00	CAP REL COSTS-MVBLE EQUIP	TENET DIRECT ALLOC. -AUTO INS	7,551	0 4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	TENET DIRECT ALLOC. -GENERAL	7,949	0 4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	TENET DIRECT ALLOC. -PROF. LI	328,139	0 4.15
4.16	4.00	EMPLOYEE BENEFITS DEPARTMENT	TENET DIRECT ALLOC. -WORKERS	149,845	0 4.16
4.17	1.00	CAP REL COSTS-BLDG & FIXT	TENET DIRECT ALLOC. -INTEREST	610,045	0 4.17
4.18	1.00	CAP REL COSTS-BLDG & FIXT	TENET POOL ALLOC. -CAPITAL	640,303	0 4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	TENET POOL ALLOC. -NON CAPITAL	3,094,361	0 4.19
4.20	6.00	LABORATORY	GENESIS LAB	2,839,966	2,839,966 4.20
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,560,506	12,576,514 5.00

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

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

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

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

6.00	B	0.00	TENET HEALTHCAR	100.00	6.00
7.00	G	0.00	GENESIS LAB	0.01	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140049

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

Worksheet A-8-1

Date/Time Prepared:
9/21/2014 4:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-10,116	0	1.00
2.00	-1,106	0	2.00
3.00	-66,586	0	3.00
4.00	-2,879,872	0	4.00
4.01	-639,715	0	4.01
4.02	-4,467,278	0	4.02
4.03	-1,671,875	0	4.03
4.04	19,141	12	4.04
4.05	2,628	12	4.05
4.06	116,138	0	4.06
4.07	112,583	0	4.07
4.08	344,373	11	4.08
4.09	113,785	11	4.09
4.10	81,503	9	4.10
4.11	1,076,426	0	4.11
4.12	15,770	12	4.12
4.13	7,551	12	4.13
4.14	7,949	0	4.14
4.15	328,139	0	4.15
4.16	149,845	0	4.16
4.17	610,045	11	4.17
4.18	640,303	9	4.18
4.19	3,094,361	0	4.19
4.20	0	0	4.20
5.00	-3,016,008		5.00

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

Related Organization(s) and/or Home Office	Type of Business
6.00	

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

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

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

6.00	HLTHCARE	6.00
7.00	LAB	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140049

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

Worksheet A-8-2

Date/Time Prepared:
9/21/2014 4:02 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	46,455	40,499	5,956	177,200	60	1.00
2.00	30.00 ADULTS & PEDIATRICS	1,511,768	1,485,495	26,273	177,200	200	2.00
3.00	31.00 INTENSIVE CARE UNIT	101,627	7,528	94,099	177,200	487	3.00
4.00	44.00 SKILLED NURSING FACILITY	37,650	5,250	32,400	177,200	216	4.00
5.00	50.00 OPERATING ROOM	494,917	494,917	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	606,128	606,128	0	0	0	6.00
7.00	65.00 RESPIRATORY THERAPY	12,678	838	11,840	177,200	61	7.00
8.00	69.00 ELECTROCARDIOLOGY	113,979	110,167	3,812	177,200	18	8.00
9.00	90.00 CLINIC	1,857,509	1,857,509	0	0	0	9.00
10.00	90.03 WOUND CARE	6,047	6,047	0	0	0	10.00
11.00	91.00 EMERGENCY	1,287,136	1,287,136	0	0	0	11.00
200.00		6,075,894	5,901,514	174,380		1,042	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00 ADMINISTRATIVE & GENERAL	5,112	256	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	17,038	852	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	41,489	2,074	0	0	0	3.00
4.00	44.00 SKILLED NURSING FACILITY	18,402	920	0	0	0	4.00
5.00	50.00 OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	65.00 RESPIRATORY THERAPY	5,197	260	0	0	0	7.00
8.00	69.00 ELECTROCARDIOLOGY	1,533	77	0	0	0	8.00
9.00	90.00 CLINIC	0	0	0	0	0	9.00
10.00	90.03 WOUND CARE	0	0	0	0	0	10.00
11.00	91.00 EMERGENCY	0	0	0	0	0	11.00
200.00		88,771	4,439	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00 ADMINISTRATIVE & GENERAL	0	5,112	844	41,343		1.00
2.00	30.00 ADULTS & PEDIATRICS	0	17,038	9,235	1,494,730		2.00
3.00	31.00 INTENSIVE CARE UNIT	0	41,489	52,610	60,138		3.00
4.00	44.00 SKILLED NURSING FACILITY	0	18,402	13,998	19,248		4.00
5.00	50.00 OPERATING ROOM	0	0	0	494,917		5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	606,128		6.00
7.00	65.00 RESPIRATORY THERAPY	0	5,197	6,643	7,481		7.00
8.00	69.00 ELECTROCARDIOLOGY	0	1,533	2,279	112,446		8.00
9.00	90.00 CLINIC	0	0	0	1,857,509		9.00
10.00	90.03 WOUND CARE	0	0	0	6,047		10.00
11.00	91.00 EMERGENCY	0	0	0	1,287,136		11.00
200.00		0	88,771	85,609	5,987,123		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP	CAP REL CSTS-MVBLE EQUIP RIVER FORE		
		0	1.00	1.01	2.00	2.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,669,217	7,669,217			1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	510,741	0	510,741		1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,995,209			5,995,209	2.00	
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE	404,878			0	2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,505,574	0	0	0	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	16,215,352	497,609	0	388,992	5.00	
7.00	00700	OPERATION OF PLANT	4,582,922	1,985,130	0	1,551,826	7.00	
7.01	00701	OPERATION OF PLANT-RIVER FOREST	615,096	0	140,392	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	762,810	25,706	0	20,095	8.00	
9.00	00900	HOUSEKEEPING	1,696,158	56,909	0	44,487	9.00	
9.01	00901	HOUSEKEEPING-RIVER FOREST	149,350	0	0	0	9.01	
10.00	01000	DIETARY	1,169,930	257,391	0	201,208	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	1,052,499	22,232	0	17,379	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	903,561	93,172	0	72,835	14.00	
15.00	01500	PHARMACY	3,480,345	55,716	0	43,555	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,445,106	10,905	0	8,524	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,622,533	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	889,701	122,865	0	96,047	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,129,721	971,686	0	759,590	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,369,703	237,847	0	185,931	31.00	
43.00	04300	NURSERY	873,972	12,355	0	9,658	43.00	
44.00	04400	SKILLED NURSING FACILITY	2,513,731	244,402	0	191,055	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,434,380	430,052	0	336,181	50.00	
51.00	05100	RECOVERY ROOM	686,194	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,452,294	265,743	0	207,737	52.00	
53.00	05300	ANESTHESIOLOGY	162,572	10,738	0	8,395	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,730,025	310,056	33,954	242,378	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
55.01	03340	GASTROINTESTINAL SERVICES	967,911	294,711	0	230,382	55.01	
55.02	03630	ULTRA SOUND	625,438	0	0	0	55.02	
56.00	05600	RADIOISOTOPE	308,798	43,467	0	33,979	56.00	
57.00	05700	CT SCAN	1,285,658	0	24,765	0	57.00	
58.00	05800	MRI	659,242	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,248,334	46,307	0	36,199	59.00	
60.00	06000	LABORATORY	4,453,340	221,883	0	173,451	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	735,251	10,225	0	7,993	63.00	
65.00	06500	RESPIRATORY THERAPY	1,108,863	52,726	0	41,217	65.00	
66.00	06600	PHYSICAL THERAPY	2,252,046	37,154	40,188	29,044	66.00	
67.00	06700	OCCUPATIONAL THERAPY	136,631	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	167,368	22,595	0	17,663	68.00	
69.00	06900	ELECTROCARDIOLOGY	607,060	42,637	27,738	33,330	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,976,680	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,414,247	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	4,964,175	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	479,455	8,080	0	6,317	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,351,544	94,456	0	73,839	90.00	
90.01	04950	DIABETOLOGY	123,767	0	0	0	90.01	
90.02	04951	CANCER CENTER	858,703	0	72,546	0	90.02	
90.03	09001	WOUND CARE	433,602	0	0	0	90.03	
91.00	09100	EMERGENCY	4,645,610	570,905	0	446,290	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	128,827,297	7,055,660	339,583	5,515,577	269,195	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,914	33,273	0	26,010	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	531,319	0	415,345	192.00	
194.00	07950	MARKETING	532,893	0	0	0	194.00	
194.01	07951	HOSPITALIST	0	0	0	0	194.01	
194.02	07952	RETAIL PHARMACY	240,551	0	1,444	0	194.02	
194.03	07953	COMMUNITY RELATIONS	76,906	0	0	0	194.03	
194.04	07954	PHYSICIAN CLINICS	120,218	48,965	0	38,277	194.04	
194.05	07955	GUEST MEALS	0	0	0	0	194.05	
194.06	07956	CATERING MEALS	0	0	0	0	194.06	
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	53,390	0	169,714	0	194.07	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP	CAP REL CSTS-MVBLE EQUIP RIVER FORE	
		0	1.00	1.01	2.00	2.01	
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)	129,860,169	7,669,217	510,741	5,995,209	404,878	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-RIVER FOREST	
		4.00	4A	5.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,505,574				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,732,885	18,834,838	18,834,838		5.00
7.00	00700	OPERATION OF PLANT	263,345	8,383,223	1,422,172	9,805,395	7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	24,919	891,699	151,272	0	1,042,971
8.00	00800	LAUNDRY & LINEN SERVICE	0	808,611	137,177	48,599	0
9.00	00900	HOUSEKEEPING	232,598	2,030,152	344,405	107,591	0
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	149,350	25,336	0	0
10.00	01000	DIETARY	198,166	1,826,695	309,890	486,615	0
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	197,407	1,289,517	218,760	42,031	0
14.00	01400	CENTRAL SERVICES & SUPPLY	45,615	1,115,183	189,185	176,149	0
15.00	01500	PHARMACY	259,327	3,838,943	651,257	105,335	0
16.00	01600	MEDICAL RECORDS & LIBRARY	229,177	1,693,712	287,330	20,616	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	899,499	5,522,032	936,785	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,108,613	188,071	232,286	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,825,208	13,686,205	2,321,741	1,837,039	0
31.00	03100	INTENSIVE CARE UNIT	401,523	3,195,004	542,016	449,666	0
43.00	04300	NURSERY	165,376	1,061,361	180,055	23,357	0
44.00	04400	SKILLED NURSING FACILITY	451,279	3,400,467	576,872	462,059	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	706,950	7,907,563	1,341,479	813,043	0
51.00	05100	RECOVERY ROOM	133,230	819,424	139,011	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	448,614	3,374,388	572,448	502,405	0
53.00	05300	ANESTHESIOLOGY	23,214	204,919	34,763	20,302	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	525,227	4,868,556	825,926	586,182	95,621
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	03340	GASTROINTESTINAL SERVICES	129,140	1,622,144	275,189	557,171	0
55.02	03630	ULTRA SOUND	106,965	732,403	124,249	0	0
56.00	05600	RADIOLOGY-SOTOPE	38,759	425,003	72,100	82,178	0
57.00	05700	CT SCAN	172,527	1,502,582	254,906	0	69,743
58.00	05800	MRI	46,717	705,959	119,762	0	0
59.00	05900	CARDIAC CATHETERIZATION	89,577	1,420,417	240,967	87,546	0
60.00	06000	LABORATORY	0	4,848,674	822,553	419,485	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	753,469	127,822	19,331	0
65.00	06500	RESPIRATORY THERAPY	188,572	1,391,378	236,040	99,682	0
66.00	06600	PHYSICAL THERAPY	424,926	2,815,216	477,587	70,242	113,177
67.00	06700	OCCUPATIONAL THERAPY	26,459	163,090	27,667	0	0
68.00	06800	SPEECH PATHOLOGY	32,041	239,667	40,658	42,717	0
69.00	06900	ELECTROCARDIOLOGY	97,450	830,203	140,840	80,608	78,114
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,976,680	335,334	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,414,247	918,500	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,964,175	842,147	0	0
74.00	07400	RENAL DIALYSIS	0	493,852	83,780	15,276	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	388,937	2,908,776	493,459	178,576	0
90.01	04950	DIABETOLOGY	23,757	147,524	25,027	0	0
90.02	04951	CANCER CENTER	66,538	1,055,296	179,026	0	204,302
90.03	09001	WOUND CARE	7,098	440,700	74,763	0	0
91.00	09100	EMERGENCY	773,398	6,436,203	1,091,870	1,079,336	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,376,420	127,298,113	18,400,197	8,645,423	560,957
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,448	69,645	11,815	62,904	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	946,664	160,597	1,004,496	0
194.00	07950	MARKETING	41,486	574,379	97,441	0	0
194.01	07951	HOSPITALIST	0	0	0	0	0
194.02	07952	RETAIL PHARMACY	43,675	286,815	48,657	0	4,066
194.03	07953	COMMUNITY RELATIONS	8,867	85,773	14,551	0	0
194.04	07954	PHYSICIAN CLINICS	23,376	230,836	39,160	92,572	0
194.05	07955	GUEST MEALS	0	0	0	0	0
194.06	07956	CATERING MEALS	0	0	0	0	0
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	10,302	367,944	62,420	0	477,948
200.00		Cross Foot Adjustments		0			0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,505,574	129,860,169	18,834,838	9,805,395	1,042,971

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-RIVER FOREST	DIETARY	CAFETERIA	
			8.00	9.00	9.01	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	994,387					8.00
9.00	00900	HOUSEKEEPING	0	2,482,148				9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	0	174,686			9.01
10.00	01000	DIETARY	0	139,721	0	2,762,921		10.00
11.00	01100	CAFETERIA	0	0	0	1,332,407	1,332,407	11.00
13.00	01300	NURSING ADMINISTRATION	0	12,068	0	0	29,052	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	808	50,577	0	0	6,713	14.00
15.00	01500	PHARMACY	0	30,245	0	0	38,164	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,919	0	0	33,727	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	132,375	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	66,696	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	444,114	527,472	0	731,309	268,626	30.00
31.00	03100	INTENSIVE CARE UNIT	94,980	129,112	0	82,863	59,091	31.00
43.00	04300	NURSERY	0	6,706	0	0	24,338	43.00
44.00	04400	SKILLED NURSING FACILITY	114,440	132,670	0	307,935	66,413	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	106,485	233,448	0	0	104,039	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	19,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,805	144,255	0	0	66,021	52.00
53.00	05300	ANESTHESIOLOGY	0	5,829	0	0	3,416	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,734	168,310	16,016	0	77,295	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	16,106	159,980	0	0	19,005	55.01
55.02	03630	ULTRASOUND	0	0	0	0	15,742	55.02
56.00	05600	RADIOISOTOPE	0	23,596	0	0	5,704	56.00
57.00	05700	CT SCAN	0	0	11,681	0	25,390	57.00
58.00	05800	MRI	0	0	0	0	6,875	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,833	25,137	0	0	13,183	59.00
60.00	06000	LABORATORY	0	120,446	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,550	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,686	28,621	0	0	27,751	65.00
66.00	06600	PHYSICAL THERAPY	5,135	20,169	18,956	0	62,535	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,894	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,265	0	0	4,715	68.00
69.00	06900	ELECTROCARDIOLOGY	796	23,145	13,083	0	14,341	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,671	4,386	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,335	51,274	0	0	57,238	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	3,496	90.01
90.02	04951	CANCER CENTER	0	0	34,218	0	9,792	90.02
90.03	09001	WOUND CARE	0	0	0	0	1,045	90.03
91.00	09100	EMERGENCY	142,459	309,909	0	0	113,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	994,387	2,437,506	93,954	2,454,514	1,313,401	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,062	0	0	213	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	308,407	0	192.00
194.00	07950	MARKETING	0	0	0	0	6,105	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	681	0	6,427	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	1,305	194.03
194.04	07954	PHYSICIAN CLINICS	0	26,580	0	0	3,440	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	0	80,051	0	1,516	194.07
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)	994,387	2,482,148	174,686	2,762,921	1,332,407	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT RIVER FOR							1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
2.01 00201 CAP REL CSTS-MVBLE EQUIP RIVER FORE							2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
7.01 00701 OPERATION OF PLANT-RIVER FOREST							7.01
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
9.01 00901 HOUSEKEEPING-RIVER FOREST							9.01
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	1,591,428						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	1,538,615					14.00
15.00 01500 PHARMACY	0	0	4,663,944				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	2,041,304			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	6,591,192		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	540,494	0	0	224,377	6,447,699		30.00
31.00 03100 INTENSIVE CARE UNIT	108,444	0	0	32,497	0		31.00
43.00 04300 NURSERY	37,836	0	0	33,675	0		43.00
44.00 04400 SKILLED NURSING FACILITY	160,169	0	0	13,198	0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	207,288	0	0	218,317	0		50.00
51.00 05100 RECOVERY ROOM	29,530	0	0	37,245	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	117,612	0	0	61,593	0		52.00
53.00 05300 ANESTHESIOLOGY	9,199	0	0	22,232	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	101,104	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 03340 GASTRO INTESTINAL SERVICES	38,931	0	0	73,761	0		55.01
55.02 03630 ULTRA SOUND	0	0	0	34,308	0		55.02
56.00 05600 RADIOISOTOPE	0	0	0	14,252	0		56.00
57.00 05700 CT SCAN	0	0	0	120,144	0		57.00
58.00 05800 MRI	0	0	0	31,371	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	16,807	0	0	78,389	0		59.00
60.00 06000 LABORATORY	0	0	0	204,963	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	17,765	0		63.00
65.00 06500 RESPIRATORY THERAPY	59,663	0	0	38,638	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	46,048	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	5,126	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,124	0		68.00
69.00 06900 ELECTROCARDIOLOGY	33,883	0	0	48,481	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	411,497	0	79,514	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,127,118	0	48,251	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	4,663,944	218,311	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	4,144	0		74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	21,649	0		90.00
90.01 04950 DIABETOLOGY	0	0	0	227	0		90.01
90.02 04951 CANCER CENTER	0	0	0	4,796	0		90.02
90.03 09001 WOUND CARE	0	0	0	2,783	0		90.03
91.00 09100 EMERGENCY	231,572	0	0	201,021	143,493		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,591,428	1,538,615	4,663,944	2,041,304	6,591,192		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00 07950 MARKETING	0	0	0	0	0		194.00
194.01 07951 HOSPITALIST	0	0	0	0	0		194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0		194.02
194.03 07953 COMMUNITY RELATIONS	0	0	0	0	0		194.03
194.04 07954 PHYSICIAN CLINICS	0	0	0	0	0		194.04
194.05 07955 GUEST MEALS	0	0	0	0	0		194.05
194.06 07956 CATERING MEALS	0	0	0	0	0		194.06
194.07 07957 RESEARCH, RIVER FOREST NONREIMB	0	0	0	0	0		194.07
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0		201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	13.00	14.00	15.00	16.00	SERVICES-SALARY & FRINGES APPRV 21.00	
202.00 TOTAL (sum lines 118-201)	1,591,428	1,538,615	4,663,944	2,041,304	6,591,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

Period:
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To 04/30/2014

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Part I
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST				9.01
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,595,666			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,560,928	28,590,004	-8,008,627	20,581,377
31.00	03100	INTENSIVE CARE UNIT	0	4,693,673	0	4,693,673
43.00	04300	NURSERY	0	1,367,328	0	1,367,328
44.00	04400	SKILLED NURSING FACILITY	0	5,234,223	0	5,234,223
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,931,662	0	10,931,662
51.00	05100	RECOVERY ROOM	0	1,044,817	0	1,044,817
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,843,527	0	4,843,527
53.00	05300	ANESTHESIOLOGY	0	300,660	0	300,660
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,793,744	0	6,793,744
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	03340	GASTROINTESTINAL SERVICES	0	2,762,287	0	2,762,287
55.02	03630	ULTRA SOUND	0	906,702	0	906,702
56.00	05600	RADIOISOTOPE	0	622,833	0	622,833
57.00	05700	CT SCAN	0	1,984,446	0	1,984,446
58.00	05800	MRI	0	863,967	0	863,967
59.00	05900	CARDIAC CATHETERIZATION	0	1,884,279	0	1,884,279
60.00	06000	LABORATORY	0	6,416,121	0	6,416,121
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	923,937	0	923,937
65.00	06500	RESPIRATORY THERAPY	0	1,883,459	0	1,883,459
66.00	06600	PHYSICAL THERAPY	0	3,629,065	0	3,629,065
67.00	06700	OCCUPATIONAL THERAPY	0	199,777	0	199,777
68.00	06800	SPEECH PATHOLOGY	0	343,146	0	343,146
69.00	06900	ELECTROCARDIOLOGY	0	1,263,494	0	1,263,494
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,803,025	0	2,803,025
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,508,116	0	7,508,116
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,688,577	0	10,688,577
74.00	07400	RENAL DIALYSIS	0	603,109	0	603,109
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	3,715,307	0	3,715,307
90.01	04950	DIABETOLOGY	0	176,274	0	176,274
90.02	04951	CANCER CENTER	0	1,487,430	0	1,487,430
90.03	09001	WOUND CARE	0	519,291	0	519,291
91.00	09100	EMERGENCY	34,738	9,784,419	-178,231	9,606,188
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,595,666	124,768,699	-8,186,858	116,581,841
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	162,639	0	162,639
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,420,164	0	2,420,164
194.00	07950	MARKETING	0	677,925	0	677,925
194.01	07951	HOSPITALIST	0	0	0	0
194.02	07952	RETAIL PHARMACY	0	346,646	0	346,646
194.03	07953	COMMUNITY RELATIONS	0	101,629	0	101,629
194.04	07954	PHYSICIAN CLINICS	0	392,588	0	392,588
194.05	07955	GUEST MEALS	0	0	0	0
194.06	07956	CATERING MEALS	0	0	0	0
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	989,879	0	989,879

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140049

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

Worksheet B
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	1,595,666	129,860,169	-8,186,858	121,673,311		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP	CAP REL CSTS-MVBLE EQUIP RIVER FORE	
			0	1.00	1.01	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	497,609	0	388,992	5.00
7.00	00700	OPERATION OF PLANT	0	1,985,130	0	1,551,826	7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	0	140,392	111,292	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	25,706	0	20,095	8.00
9.00	00900	HOUSEKEEPING	0	56,909	0	44,487	9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	0	0	0	9.01
10.00	01000	DIETARY	0	257,391	0	201,208	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	22,232	0	17,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93,172	0	72,835	14.00
15.00	01500	PHARMACY	0	55,716	0	43,555	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	10,905	0	8,524	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	122,865	0	96,047	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	971,686	0	759,590	30.00
31.00	03100	INTENSIVE CARE UNIT	0	237,847	0	185,931	31.00
43.00	04300	NURSERY	0	12,355	0	9,658	43.00
44.00	04400	SKILLED NURSING FACILITY	0	244,402	0	191,055	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	430,052	0	336,181	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	265,743	0	207,737	52.00
53.00	05300	ANESTHESIOLOGY	0	10,738	0	8,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	310,056	33,954	242,378	26,916
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0	294,711	0	230,382	55.01
55.02	03630	ULTRASOUND	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	43,467	0	33,979	56.00
57.00	05700	CT SCAN	0	0	24,765	0	19,632
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46,307	0	36,199	59.00
60.00	06000	LABORATORY	0	221,883	0	173,451	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,225	0	7,993	63.00
65.00	06500	RESPIRATORY THERAPY	0	52,726	0	41,217	65.00
66.00	06600	PHYSICAL THERAPY	0	37,154	40,188	29,044	31,858
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	22,595	0	17,663	68.00
69.00	06900	ELECTROCARDIOLOGY	0	42,637	27,738	33,330	21,988
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	8,080	0	6,317	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	94,456	0	73,839	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	72,546	0	57,509
90.03	09001	WOUND CARE	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	570,905	0	446,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,055,660	339,583	5,515,577	269,195
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,273	0	26,010	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	531,319	0	415,345	192.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,444	0	1,145
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	48,965	0	38,277	194.04
194.05	07955	GUEST MEALS	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	194.06
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	0	169,714	0	134,538
200.00		Cross Foot Adjustments					200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP	CAP REL COSTS-MVBLE EQUIP RIVER FORE	
			1.00	1.01	2.00	2.01	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	7,669,217	510,741	5,995,209	404,878	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT-RIVER FOREST	
		2A	4.00	5.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400	0	0				4.00
5.00	00500	886,601	0	886,601			5.00
7.00	00700	3,536,956	0	66,948	3,603,904		7.00
7.01	00701	251,684	0	7,121	0	258,805	7.01
8.00	00800	45,801	0	6,458	17,862	0	8.00
9.00	00900	101,396	0	16,213	39,544	0	9.00
9.01	00901	0	0	1,193	0	0	9.01
10.00	01000	458,599	0	14,588	178,852	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	39,611	0	10,298	15,448	0	13.00
14.00	01400	166,007	0	8,906	64,742	0	14.00
15.00	01500	99,271	0	30,658	38,715	0	15.00
16.00	01600	19,429	0	13,526	7,577	0	16.00
21.00	02100	0	0	44,099	0	0	21.00
22.00	02200	218,912	0	8,853	85,375	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,731,276	0	109,252	675,193	0	30.00
31.00	03100	423,778	0	25,515	165,272	0	31.00
43.00	04300	22,013	0	8,476	8,585	0	43.00
44.00	04400	435,457	0	27,156	169,826	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	766,233	0	63,150	298,828	0	50.00
51.00	05100	0	0	6,544	0	0	51.00
52.00	05200	473,480	0	26,948	184,655	0	52.00
53.00	05300	19,133	0	1,636	7,462	0	53.00
54.00	05400	613,304	0	38,880	215,447	23,728	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	525,093	0	12,954	204,784	0	55.01
55.02	03630	0	0	5,849	0	0	55.02
56.00	05600	77,446	0	3,394	30,204	0	56.00
57.00	05700	44,397	0	12,000	0	17,306	57.00
58.00	05800	0	0	5,638	0	0	58.00
59.00	05900	82,506	0	11,343	32,177	0	59.00
60.00	06000	395,334	0	38,722	154,179	0	60.00
63.00	06300	18,218	0	6,017	7,105	0	63.00
65.00	06500	93,943	0	11,112	36,637	0	65.00
66.00	06600	138,244	0	22,482	25,817	28,084	66.00
67.00	06700	0	0	1,302	0	0	67.00
68.00	06800	40,258	0	1,914	15,700	0	68.00
69.00	06900	125,693	0	6,630	29,627	19,383	69.00
71.00	07100	0	0	15,786	0	0	71.00
72.00	07200	0	0	43,238	0	0	72.00
73.00	07300	0	0	39,644	0	0	73.00
74.00	07400	14,397	0	3,944	5,615	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	168,295	0	23,229	65,634	0	90.00
90.01	04950	0	0	1,178	0	0	90.01
90.02	04951	130,055	0	8,428	0	50,696	90.02
90.03	09001	0	0	3,519	0	0	90.03
91.00	09100	1,017,195	0	51,400	396,702	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		13,180,015	0	866,141	3,177,564	139,197	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	59,283	0	556	23,120	0	190.00
192.00	19200	946,664	0	7,560	369,196	0	192.00
194.00	07950	0	0	4,587	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	2,589	0	2,291	0	1,009	194.02
194.03	07953	0	0	685	0	0	194.03
194.04	07954	87,242	0	1,843	34,024	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	304,252	0	2,938	0	118,599	194.07
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		14,580,045	0	886,601	3,603,904	258,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140049		Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/21/2014 4:02 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-RIVER FOREST	DIETARY	CAFETERIA	
			8.00	9.00	9.01	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST						7.01
8.00	00800	LAUNDRY & LINEN SERVICE	70,121					8.00
9.00	00900	HOUSEKEEPING	0	157,153				9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	0	1,193			9.01
10.00	01000	DIETARY	0	8,846	0	660,885		10.00
11.00	01100	CAFETERIA	0	0	0	318,709	318,709	11.00
13.00	01300	NURSING ADMINISTRATION	0	764	0	0	6,949	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57	3,202	0	0	1,606	14.00
15.00	01500	PHARMACY	0	1,915	0	0	9,129	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	375	0	0	8,068	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	31,664	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,223	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,316	33,395	0	174,928	64,255	30.00
31.00	03100	INTENSIVE CARE UNIT	6,698	8,175	0	19,821	14,135	31.00
43.00	04300	NURSERY	0	425	0	0	5,822	43.00
44.00	04400	SKILLED NURSING FACILITY	8,070	8,400	0	73,657	15,886	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,509	14,780	0	0	24,886	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	4,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	339	9,133	0	0	15,792	52.00
53.00	05300	ANESTHESIOLOGY	0	369	0	0	817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,860	10,656	109	0	18,489	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	1,136	10,129	0	0	4,546	55.01
55.02	03630	ULTRASOUND	0	0	0	0	3,765	55.02
56.00	05600	RADIOISOTOPE	0	1,494	0	0	1,364	56.00
57.00	05700	CT SCAN	0	0	80	0	6,073	57.00
58.00	05800	MRI	0	0	0	0	1,645	58.00
59.00	05900	CARDIAC CATHETERIZATION	129	1,592	0	0	3,153	59.00
60.00	06000	LABORATORY	0	7,626	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	351	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	119	1,812	0	0	6,638	65.00
66.00	06600	PHYSICAL THERAPY	362	1,277	129	0	14,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	931	67.00
68.00	06800	SPEECH PATHOLOGY	0	777	0	0	1,128	68.00
69.00	06900	ELECTROCARDIOLOGY	56	1,465	89	0	3,430	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	118	278	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	306	3,246	0	0	13,691	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	836	90.01
90.02	04951	CANCER CENTER	0	0	234	0	2,342	90.02
90.03	09001	WOUND CARE	0	0	0	0	250	90.03
91.00	09100	EMERGENCY	10,046	19,621	0	0	27,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,121	154,326	641	587,115	314,163	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,144	0	0	51	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	73,770	0	192.00
194.00	07950	MARKETING	0	0	0	0	1,460	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	5	0	1,537	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	312	194.03
194.04	07954	PHYSICIAN CLINICS	0	1,683	0	0	823	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	0	547	0	363	194.07
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)	70,121	157,153	1,193	660,885	318,709	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT-RIVER FOREST						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-RIVER FOREST						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	73,070					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	244,520				14.00
15.00 01500 PHARMACY	0	0	179,688			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	48,975		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	75,763	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,817	0	0	5,157		30.00
31.00 03100 INTENSIVE CARE UNIT	4,979	0	0	784		31.00
43.00 04300 NURSERY	1,737	0	0	812		43.00
44.00 04400 SKILLED NURSING FACILITY	7,354	0	0	318		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,518	0	0	5,265		50.00
51.00 05100 RECOVERY ROOM	1,356	0	0	898		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,400	0	0	1,485		52.00
53.00 05300 ANESTHESIOLOGY	422	0	0	536		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	2,438		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
55.01 03340 GASTRO INTESTINAL SERVICES	1,787	0	0	1,779		55.01
55.02 03630 ULTRA SOUND	0	0	0	827		55.02
56.00 05600 RADIOISOTOPE	0	0	0	344		56.00
57.00 05700 CT SCAN	0	0	0	2,897		57.00
58.00 05800 MRI	0	0	0	757		58.00
59.00 05900 CARDIAC CATHETERIZATION	772	0	0	1,891		59.00
60.00 06000 LABORATORY	0	0	0	4,943		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	428		63.00
65.00 06500 RESPIRATORY THERAPY	2,739	0	0	932		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	1,111		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	124		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	75		68.00
69.00 06900 ELECTROCARDIOLOGY	1,556	0	0	1,169		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	65,396	0	1,918		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	179,124	0	1,164		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	179,688	5,265		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	100		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	522		90.00
90.01 04950 DIABETOLOGY	0	0	0	5		90.01
90.02 04951 CANCER CENTER	0	0	0	116		90.02
90.03 09001 WOUND CARE	0	0	0	67		90.03
91.00 09100 EMERGENCY	10,633	0	0	4,848		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	73,070	244,520	179,688	48,975	0	118.00
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 07950 MARKETING	0	0	0	0		194.00
194.01 07951 HOSPITALIST	0	0	0	0		194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0		194.02
194.03 07953 COMMUNITY RELATIONS	0	0	0	0		194.03
194.04 07954 PHYSICIAN CLINICS	0	0	0	0		194.04
194.05 07955 GUEST MEALS	0	0	0	0		194.05
194.06 07956 CATERING MEALS	0	0	0	0		194.06
194.07 07957 RESEARCH, RIVER FOREST NONREIMB	0	0	0	0		194.07
200.00 Cross Foot Adjustments					75,763	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140049			Period: From 05/01/2013 To 04/30/2014		Worksheet B Part II Date/Time Prepared: 9/21/2014 4:02 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALAR Y & FRINGES APPRV	
202.00	TOTAL (sum lines 118-201)	73,070	244,520	179,688	48,975	75,763	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS APPRV				
	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT RIVER FOR				1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01 00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE				2.01
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
7.01 00701	OPERATION OF PLANT-RIVER FOREST				7.01
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
9.01 00901	HOUSEKEEPING-RIVER FOREST				9.01
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	317,363			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		2,849,589	0	30.00
31.00 03100	INTENSIVE CARE UNIT		669,157	0	31.00
43.00 04300	NURSERY		47,870	0	43.00
44.00 04400	SKILLED NURSING FACILITY		746,124	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		1,190,169	0	50.00
51.00 05100	RECOVERY ROOM		13,488	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		717,232	0	52.00
53.00 05300	ANESTHESIOLOGY		30,375	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		926,911	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		0	0	55.00
55.01 03340	GASTROINTESTINAL SERVICES		762,208	0	55.01
55.02 03630	ULTRASOUND		10,441	0	55.02
56.00 05600	RADIOISOTOPE		114,246	0	56.00
57.00 05700	CT SCAN		82,753	0	57.00
58.00 05800	MRI		8,040	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		133,563	0	59.00
60.00 06000	LABORATORY		600,804	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		32,119	0	63.00
65.00 06500	RESPIRATORY THERAPY		153,932	0	65.00
66.00 06600	PHYSICAL THERAPY		232,464	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		2,357	0	67.00
68.00 06800	SPEECH PATHOLOGY		59,852	0	68.00
69.00 06900	ELECTROCARDIOLOGY		189,098	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		83,100	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		223,526	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		224,597	0	73.00
74.00 07400	RENAL DIALYSIS		24,452	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC		274,923	0	90.00
90.01 04950	DIABETOLOGY		2,019	0	90.01
90.02 04951	CANCER CENTER		191,871	0	90.02
90.03 09001	WOUND CARE		3,836	0	90.03
91.00 09100	EMERGENCY		1,537,670	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	12,138,786	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		84,154	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		1,397,190	0	192.00
194.00 07950	MARKETING		6,047	0	194.00
194.01 07951	HOSPITALIST		0	0	194.01
194.02 07952	RETAIL PHARMACY		7,431	0	194.02
194.03 07953	COMMUNITY RELATIONS		997	0	194.03
194.04 07954	PHYSICIAN CLINICS		125,615	0	194.04
194.05 07955	GUEST MEALS		0	0	194.05
194.06 07956	CATERING MEALS		0	0	194.06
194.07 07957	RESEARCH, RIVER FOREST NONREIMB		426,699	0	194.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140049

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

Worksheet B
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		SERVICES-OTHER PRGM COSTS APPRV					
		22.00	24.00	25.00	26.00		
200.00	Cross Foot Adjustments	317,363	393,126	0	393,126		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	317,363	14,580,045	0	14,580,045		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	CAP REL CSTS-MVBLE EQUIP RIVER FORE (SQUARE FEET)			
		1.00	1.01	2.00	2.01			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	507,784					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	90,207				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			507,784			2.00
2.01	00201	CAP REL CSTS-MVBLE EQUIP RIVER FORE			0	90,207		2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	59,127,116	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,947	0	32,947	0	8,905,312	5.00
7.00	00700	OPERATION OF PLANT	131,437	0	131,437	0	1,353,335	7.00
7.01	00701	OPERATION OF PLANT-RIVER FOREST	0	24,796	0	24,796	128,057	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,702	0	1,702	0	0	8.00
9.00	00900	HOUSEKEEPING	3,768	0	3,768	0	1,195,321	9.00
9.01	00901	HOUSEKEEPING-RIVER FOREST	0	0	0	0	0	9.01
10.00	01000	DIETARY	17,042	0	17,042	0	1,018,375	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,472	0	1,472	0	1,014,475	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,169	0	6,169	0	234,418	14.00
15.00	01500	PHARMACY	3,689	0	3,689	0	1,332,685	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	722	0	722	0	1,177,741	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	4,622,533	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,135	0	8,135	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,336	0	64,336	0	9,379,625	30.00
31.00	03100	INTENSIVE CARE UNIT	15,748	0	15,748	0	2,063,433	31.00
43.00	04300	NURSERY	818	0	818	0	849,867	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	0	16,182	0	2,319,129	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,474	0	28,474	0	3,633,024	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	684,670	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,595	0	17,595	0	2,305,431	52.00
53.00	05300	ANESTHESIOLOGY	711	0	711	0	119,296	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	5,997	20,529	5,997	2,699,147	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03340	GASTRO INTESTINAL SERVICES	19,513	0	19,513	0	663,653	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	549,693	55.02
56.00	05600	RADIOISOTOPE	2,878	0	2,878	0	199,182	56.00
57.00	05700	CT SCAN	0	4,374	0	4,374	886,618	57.00
58.00	05800	MRI	0	0	0	0	240,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,066	0	3,066	0	460,337	59.00
60.00	06000	LABORATORY	14,691	0	14,691	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	677	0	677	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,491	0	3,491	0	969,076	65.00
66.00	06600	PHYSICAL THERAPY	2,460	7,098	2,460	7,098	2,183,699	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	135,974	67.00
68.00	06800	SPEECH PATHOLOGY	1,496	0	1,496	0	164,658	68.00
69.00	06900	ELECTROCARDIOLOGY	2,823	4,899	2,823	4,899	500,794	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	0	535	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,254	0	6,254	0	1,998,753	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	122,088	90.01
90.02	04951	CANCER CENTER	0	12,813	0	12,813	341,941	90.02
90.03	09001	WOUND CARE	0	0	0	0	36,479	90.03
91.00	09100	EMERGENCY	37,800	0	37,800	0	3,974,498	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	467,160	59,977	467,160	59,977	58,463,396	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,203	0	2,203	0	7,441	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,179	0	35,179	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	213,196	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	255	0	255	224,447	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	45,566	194.03
194.04	07954	PHYSICIAN CLINICS	3,242	0	3,242	0	120,128	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH, RIVER FOREST NONREIMB	0	29,975	0	29,975	52,942	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	CAP REL CSTS-MVBLE EQUIP RIVER FORE (SQUARE FEET)		
		1.00	1.01	2.00	2.01		
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,669,217	510,741	5,995,209	404,878	11,505,574	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.103306	5.661878	11.806613	4.488321	0.194590	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-RIVER FOREST (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A	5.00	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500	-18,834,838	111,025,331				5.00
7.00	00700	0	8,383,223	343,400			7.00
7.01	00701	0	891,699	0	65,411		7.01
8.00	00800	0	808,611	1,702	0	1,006,519	8.00
9.00	00900	0	2,030,152	3,768	0	0	9.00
9.01	00901	0	149,350	0	0	0	9.01
10.00	01000	0	1,826,695	17,042	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	0	1,289,517	1,472	0	0	13.00
14.00	01400	0	1,115,183	6,169	0	818	14.00
15.00	01500	0	3,838,943	3,689	0	0	15.00
16.00	01600	0	1,693,712	722	0	0	16.00
21.00	02100	0	5,522,032	0	0	0	21.00
22.00	02200	0	1,108,613	8,135	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	13,686,205	64,336	0	449,532	30.00
31.00	03100	0	3,195,004	15,748	0	96,139	31.00
43.00	04300	0	1,061,361	818	0	0	43.00
44.00	04400	0	3,400,467	16,182	0	115,836	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	7,907,563	28,474	0	107,784	50.00
51.00	05100	0	819,424	0	0	0	51.00
52.00	05200	0	3,374,388	17,595	0	4,864	52.00
53.00	05300	0	204,919	711	0	0	53.00
54.00	05400	0	4,868,556	20,529	5,997	55,402	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	0	1,622,144	19,513	0	16,302	55.01
55.02	03630	0	732,403	0	0	0	55.02
56.00	05600	0	425,003	2,878	0	0	56.00
57.00	05700	0	1,502,582	0	4,374	0	57.00
58.00	05800	0	705,959	0	0	0	58.00
59.00	05900	0	1,420,417	3,066	0	1,855	59.00
60.00	06000	0	4,848,674	14,691	0	0	60.00
63.00	06300	0	753,469	677	0	0	63.00
65.00	06500	0	1,391,378	3,491	0	1,707	65.00
66.00	06600	0	2,815,216	2,460	7,098	5,198	66.00
67.00	06700	0	163,090	0	0	0	67.00
68.00	06800	0	239,667	1,496	0	0	68.00
69.00	06900	0	830,203	2,823	4,899	806	69.00
71.00	07100	0	1,976,680	0	0	0	71.00
72.00	07200	0	5,414,247	0	0	0	72.00
73.00	07300	0	4,964,175	0	0	0	73.00
74.00	07400	0	493,852	535	0	1,691	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	2,908,776	6,254	0	4,388	90.00
90.01	04950	0	147,524	0	0	0	90.01
90.02	04951	0	1,055,296	0	12,813	0	90.02
90.03	09001	0	440,700	0	0	0	90.03
91.00	09100	0	6,436,203	37,800	0	144,197	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		-18,834,838	108,463,275	302,776	35,181	1,006,519	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	69,645	2,203	0	0	190.00
192.00	19200	0	946,664	35,179	0	0	192.00
194.00	07950	0	574,379	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	286,815	0	255	0	194.02
194.03	07953	0	85,773	0	0	0	194.03
194.04	07954	0	230,836	3,242	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	367,944	0	29,975	0	194.07
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT-RIVER FOREST (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			5A	5.00	7.00	7.01	
202.00	Cost to be allocated (per Wkst. B, Part I)		18,834,838	9,805,395	1,042,971	994,387	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.169645	28.553858	15.944887	0.987947	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		886,601	3,603,904	258,805	70,121	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.007986	10.494770	3.956598	0.069667	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-R IVER FOREST (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.00	9.01	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900	302,751					9.00
9.01	00901	0	65,411				9.01
10.00	01000	17,042	0	391,485			10.00
11.00	01100	0	0	188,792	46,526,716		11.00
13.00	01300	1,472	0	0	1,014,475	852,196	13.00
14.00	01400	6,169	0	0	234,418	0	14.00
15.00	01500	3,689	0	0	1,332,685	0	15.00
16.00	01600	722	0	0	1,177,741	0	16.00
21.00	02100	0	0	0	4,622,533	0	21.00
22.00	02200	8,135	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,336	0	103,621	9,379,625	289,430	30.00
31.00	03100	15,748	0	11,741	2,063,433	58,071	31.00
43.00	04300	818	0	0	849,867	20,261	43.00
44.00	04400	16,182	0	43,632	2,319,129	85,769	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,474	0	0	3,633,024	111,001	50.00
51.00	05100	0	0	0	684,670	15,813	51.00
52.00	05200	17,595	0	0	2,305,431	62,980	52.00
53.00	05300	711	0	0	119,296	4,926	53.00
54.00	05400	20,529	5,997	0	2,699,147	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	03340	19,513	0	0	663,653	20,847	55.01
55.02	03630	0	0	0	549,693	0	55.02
56.00	05600	2,878	0	0	199,182	0	56.00
57.00	05700	0	4,374	0	886,618	0	57.00
58.00	05800	0	0	0	240,079	0	58.00
59.00	05900	3,066	0	0	460,337	9,000	59.00
60.00	06000	14,691	0	0	0	0	60.00
63.00	06300	677	0	0	0	0	63.00
65.00	06500	3,491	0	0	969,076	31,949	65.00
66.00	06600	2,460	7,098	0	2,183,699	0	66.00
67.00	06700	0	0	0	135,974	0	67.00
68.00	06800	1,496	0	0	164,658	0	68.00
69.00	06900	2,823	4,899	0	500,794	18,144	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	535	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	6,254	0	0	1,998,753	0	90.00
90.01	04950	0	0	0	122,088	0	90.01
90.02	04951	0	12,813	0	341,941	0	90.02
90.03	09001	0	0	0	36,479	0	90.03
91.00	09100	37,800	0	0	3,974,498	124,005	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		297,306	35,181	347,786	45,862,996	852,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,203	0	0	7,441	0	190.00
192.00	19200	0	0	43,699	0	0	192.00
194.00	07950	0	0	0	213,196	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	255	0	224,447	0	194.02
194.03	07953	0	0	0	45,566	0	194.03
194.04	07954	3,242	0	0	120,128	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	29,975	0	52,942	0	194.07
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING-R IVER FOREST (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		9.00	9.01	10.00	11.00	13.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,482,148	174,686	2,762,921	1,332,407	1,591,428	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.198645	2.670591	7.057540	0.028637	1.867444	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	157,153	1,193	660,885	318,709	73,070	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.519083	0.018239	1.688149	0.006850	0.085743	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 00201 CAP REL CSTS-MVBLE EQUIP RIVER FORE						2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 OPERATION OF PLANT-RIVER FOREST						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
9.01 00901 HOUSEKEEPING-RIVER FOREST						9.01
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,390,927					14.00
15.00 01500 PHARMACY	0	4,964,175				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	693,381,906			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	5,558		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		5,558	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	76,219,230	5,437	5,437	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	11,038,537	0	0	31.00
43.00 04300 NURSERY	0	0	11,438,445	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	4,483,065	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	74,156,676	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	12,651,004	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	20,921,572	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	7,551,627	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	34,342,424	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 03340 GASTROINTESTINAL SERVICES	0	0	25,054,760	0	0	55.01
55.02 03630 ULTRA SOUND	0	0	11,653,536	0	0	55.02
56.00 05600 RADIOISOTOPE	0	0	4,841,127	0	0	56.00
57.00 05700 CT SCAN	0	0	40,809,692	0	0	57.00
58.00 05800 MRI	0	0	10,655,925	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	26,626,781	0	0	59.00
60.00 06000 LABORATORY	0	0	69,620,571	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	6,034,159	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	13,124,294	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	15,641,373	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,741,246	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	1,061,253	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	16,467,649	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,976,680	0	27,008,848	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,414,247	0	16,389,535	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,964,175	74,154,413	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,407,456	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	7,353,538	0	0	90.00
90.01 04950 DIABETOLOGY	0	0	77,244	0	0	90.01
90.02 04951 CANCER CENTER	0	0	1,629,034	0	0	90.02
90.03 09001 WOUND CARE	0	0	945,254	0	0	90.03
91.00 09100 EMERGENCY	0	0	68,281,638	121	121	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,390,927	4,964,175	693,381,906	5,558	5,558	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 MARKETING	0	0	0	0	0	194.00
194.01 07951 HOSPITALIST	0	0	0	0	0	194.01
194.02 07952 RETAIL PHARMACY	0	0	0	0	0	194.02
194.03 07953 COMMUNITY RELATIONS	0	0	0	0	0	194.03
194.04 07954 PHYSICIAN CLINICS	0	0	0	0	0	194.04
194.05 07955 GUEST MEALS	0	0	0	0	0	194.05
194.06 07956 CATERING MEALS	0	0	0	0	0	194.06
194.07 07957 RESEARCH, RIVER FOREST NONREIMB	0	0	0	0	0	194.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140049

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

Worksheet B-1
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	21.00	22.00	
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,538,615	4,663,944	2,041,304	6,591,192	1,595,666	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.208176	0.939520	0.002944	1,185.892767	287.093559	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	244,520	179,688	48,975	75,763	317,363	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.033084	0.036197	0.000071	13.631342	57.100216	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

		Title XVII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		20,581,377	9,235	20,590,612	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,693,673	52,610	4,746,283	31.00	
43.00	04300 NURSERY		1,367,328	0	1,367,328	43.00	
44.00	04400 SKILLED NURSING FACILITY		5,234,223	13,998	5,248,221	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		10,931,662	0	10,931,662	50.00	
51.00	05100 RECOVERY ROOM		1,044,817	0	1,044,817	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,843,527	0	4,843,527	52.00	
53.00	05300 ANESTHESIOLOGY		300,660	0	300,660	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,793,744	0	6,793,744	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
55.01	03340 GASTROINTESTINAL SERVICES		2,762,287	0	2,762,287	55.01	
55.02	03630 ULTRASOUND		906,702	0	906,702	55.02	
56.00	05600 RADIOISOTOPE		622,833	0	622,833	56.00	
57.00	05700 CT SCAN		1,984,446	0	1,984,446	57.00	
58.00	05800 MRI		863,967	0	863,967	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,884,279	0	1,884,279	59.00	
60.00	06000 LABORATORY		6,416,121	0	6,416,121	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		923,937	0	923,937	63.00	
65.00	06500 RESPIRATORY THERAPY	0	1,883,459	6,643	1,890,102	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,629,065	0	3,629,065	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	199,777	0	199,777	67.00	
68.00	06800 SPEECH PATHOLOGY	0	343,146	0	343,146	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,263,494	2,279	1,265,773	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,803,025	0	2,803,025	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,508,116	0	7,508,116	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		10,688,577	0	10,688,577	73.00	
74.00	07400 RENAL DIALYSIS		603,109	0	603,109	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		3,715,307	0	3,715,307	90.00	
90.01	04950 DIABETOLOGY		176,274	0	176,274	90.01	
90.02	04951 CANCER CENTER		1,487,430	0	1,487,430	90.02	
90.03	09001 WOUND CARE		519,291	0	519,291	90.03	
91.00	09100 EMERGENCY		9,606,188	0	9,606,188	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,392,190	0	1,392,190	92.00	
200.00	Subtotal (see instructions)	0	117,974,031	84,765	118,058,796	200.00	
201.00	Less Observation Beds		1,392,190	0	1,392,190	201.00	
202.00	Total (see instructions)	0	116,581,841	84,765	116,666,606	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

		Title XVIII			Hospital	PPS		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	71,719,160		71,719,160			30.00
31.00	03100	INTENSIVE CARE UNIT	11,038,537		11,038,537			31.00
43.00	04300	NURSERY	11,438,445		11,438,445			43.00
44.00	04400	SKILLED NURSING FACILITY	4,483,065		4,483,065			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,212,362	39,944,314	74,156,676	0.147413	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,942,033	6,708,971	12,651,004	0.082588	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,194,361	727,211	20,921,572	0.231509	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,613,897	3,937,730	7,551,627	0.039814	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,027,784	28,314,640	34,342,424	0.197824	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03340	GASTROINTESTINAL SERVICES	3,805,209	21,249,551	25,054,760	0.110250	0.000000	55.01
55.02	03630	ULTRASOUND	2,282,740	9,370,796	11,653,536	0.077805	0.000000	55.02
56.00	05600	RADIOLOGY-SOFT TISSUE	1,374,671	3,466,456	4,841,127	0.128655	0.000000	56.00
57.00	05700	CT SCAN	11,308,195	29,501,497	40,809,692	0.048627	0.000000	57.00
58.00	05800	MRI	1,938,643	8,717,282	10,655,925	0.081079	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,768,782	16,857,999	26,626,781	0.070766	0.000000	59.00
60.00	06000	LABORATORY	47,018,871	22,601,700	69,620,571	0.092158	0.000000	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	5,245,012	789,147	6,034,159	0.153118	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,235,640	2,888,654	13,124,294	0.143509	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,102,508	6,538,865	15,641,373	0.232017	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,675,783	65,463	1,741,246	0.114732	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,025,815	35,438	1,061,253	0.323340	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,710,345	8,757,304	16,467,649	0.076726	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,793,704	13,215,144	27,008,848	0.103782	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,893,241	8,496,294	16,389,535	0.458104	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,171,255	38,983,158	74,154,413	0.144139	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,335,999	71,457	1,407,456	0.428510	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,353,538	7,353,538	0.505241	0.000000	90.00
90.01	04950	DIABETOLOGY	0	77,244	77,244	2.282041	0.000000	90.01
90.02	04951	CANCER CENTER	3,807	1,625,227	1,629,034	0.913075	0.000000	90.02
90.03	09001	WOUND CARE	0	945,254	945,254	0.549367	0.000000	90.03
91.00	09100	EMERGENCY	13,480,948	54,800,690	68,281,638	0.140685	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	129,677	4,370,393	4,500,070	0.309371	0.000000	92.00
200.00		Subtotal (see instructions)	352,970,489	340,411,417	693,381,906			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	352,970,489	340,411,417	693,381,906			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.147413			50.00
51.00	05100 RECOVERY ROOM	0.082588			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231509			52.00
53.00	05300 ANESTHESIOLOGY	0.039814			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.197824			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03340 GASTROINTESTINAL SERVICES	0.110250			55.01
55.02	03630 ULTRA SOUND	0.077805			55.02
56.00	05600 RADIOISOTOPE	0.128655			56.00
57.00	05700 CT SCAN	0.048627			57.00
58.00	05800 MRI	0.081079			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070766			59.00
60.00	06000 LABORATORY	0.092158			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.153118			63.00
65.00	06500 RESPIRATORY THERAPY	0.144016			65.00
66.00	06600 PHYSICAL THERAPY	0.232017			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.114732			67.00
68.00	06800 SPEECH PATHOLOGY	0.323340			68.00
69.00	06900 ELECTROCARDIOLOGY	0.076864			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103782			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.458104			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144139			73.00
74.00	07400 RENAL DIALYSIS	0.428510			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.505241			90.00
90.01	04950 DIABETOLOGY	2.282041			90.01
90.02	04951 CANCER CENTER	0.913075			90.02
90.03	09001 WOUND CARE	0.549367			90.03
91.00	09100 EMERGENCY	0.140685			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.309371			92.00
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: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		20,581,377	9,235	20,590,612	30.00
31.00	03100 INTENSIVE CARE UNIT		4,693,673	52,610	4,746,283	31.00
43.00	04300 NURSERY		1,367,328	0	1,367,328	43.00
44.00	04400 SKILLED NURSING FACILITY		5,234,223	13,998	5,248,221	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,931,662	0	10,931,662	50.00
51.00	05100 RECOVERY ROOM		1,044,817	0	1,044,817	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,843,527	0	4,843,527	52.00
53.00	05300 ANESTHESIOLOGY		300,660	0	300,660	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,793,744	0	6,793,744	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
55.01	03340 GASTROINTESTINAL SERVICES		2,762,287	0	2,762,287	55.01
55.02	03630 ULTRASOUND		906,702	0	906,702	55.02
56.00	05600 RADIOISOTOPE		622,833	0	622,833	56.00
57.00	05700 CT SCAN		1,984,446	0	1,984,446	57.00
58.00	05800 MRI		863,967	0	863,967	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,884,279	0	1,884,279	59.00
60.00	06000 LABORATORY		6,416,121	0	6,416,121	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		923,937	0	923,937	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,883,459	6,643	1,890,102	65.00
66.00	06600 PHYSICAL THERAPY	0	3,629,065	0	3,629,065	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	199,777	0	199,777	67.00
68.00	06800 SPEECH PATHOLOGY	0	343,146	0	343,146	68.00
69.00	06900 ELECTROCARDIOLOGY		1,263,494	2,279	1,265,773	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		2,803,025	0	2,803,025	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		7,508,116	0	7,508,116	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,688,577	0	10,688,577	73.00
74.00	07400 RENAL DIALYSIS		603,109	0	603,109	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		3,715,307	0	3,715,307	90.00
90.01	04950 DIABETOLOGY		176,274	0	176,274	90.01
90.02	04951 CANCER CENTER		1,487,430	0	1,487,430	90.02
90.03	09001 WOUND CARE		519,291	0	519,291	90.03
91.00	09100 EMERGENCY		9,606,188	0	9,606,188	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		1,392,190		1,392,190	92.00
200.00	Subtotal (see instructions)	0	117,974,031	84,765	118,058,796	200.00
201.00	Less Observation Beds		1,392,190		1,392,190	201.00
202.00	Total (see instructions)	0	116,581,841	84,765	116,666,606	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	71,719,160		71,719,160			30.00
31.00	03100 INTENSIVE CARE UNIT	11,038,537		11,038,537			31.00
43.00	04300 NURSERY	11,438,445		11,438,445			43.00
44.00	04400 SKILLED NURSING FACILITY	4,483,065		4,483,065			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	34,212,362	39,944,314	74,156,676	0.147413	0.000000	50.00
51.00	05100 RECOVERY ROOM	5,942,033	6,708,971	12,651,004	0.082588	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	20,194,361	727,211	20,921,572	0.231509	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	3,613,897	3,937,730	7,551,627	0.039814	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,027,784	28,314,640	34,342,424	0.197824	0.000000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
55.01	03340 GASTROINTESTINAL SERVICES	3,805,209	21,249,551	25,054,760	0.110250	0.000000	55.01
55.02	03630 ULTRASOUND	2,282,740	9,370,796	11,653,536	0.077805	0.000000	55.02
56.00	05600 RADIOISOTOPE	1,374,671	3,466,456	4,841,127	0.128655	0.000000	56.00
57.00	05700 CT SCAN	11,308,195	29,501,497	40,809,692	0.048627	0.000000	57.00
58.00	05800 MRI	1,938,643	8,717,282	10,655,925	0.081079	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,768,782	16,857,999	26,626,781	0.070766	0.000000	59.00
60.00	06000 LABORATORY	47,018,871	22,601,700	69,620,571	0.092158	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5,245,012	789,147	6,034,159	0.153118	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	10,235,640	2,888,654	13,124,294	0.143509	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	9,102,508	6,538,865	15,641,373	0.232017	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,675,783	65,463	1,741,246	0.114732	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	1,025,815	35,438	1,061,253	0.323340	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	7,710,345	8,757,304	16,467,649	0.076726	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	13,793,704	13,215,144	27,008,848	0.103782	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,893,241	8,496,294	16,389,535	0.458104	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	35,171,255	38,983,158	74,154,413	0.144139	0.000000	73.00
74.00	07400 RENAL DIALYSIS	1,335,999	71,457	1,407,456	0.428510	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	7,353,538	7,353,538	0.505241	0.000000	90.00
90.01	04950 DIABETOLOGY	0	77,244	77,244	2.282041	0.000000	90.01
90.02	04951 CANCER CENTER	3,807	1,625,227	1,629,034	0.913075	0.000000	90.02
90.03	09001 WOUND CARE	0	945,254	945,254	0.549367	0.000000	90.03
91.00	09100 EMERGENCY	13,480,948	54,800,690	68,281,638	0.140685	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	129,677	4,370,393	4,500,070	0.309371	0.000000	92.00
200.00	Subtotal (see instructions)	352,970,489	340,411,417	693,381,906			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	352,970,489	340,411,417	693,381,906			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140049

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

Worksheet C
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03340 GASTROINTESTINAL SERVICES	0.000000			55.01
55.02	03630 ULTRASOUND	0.000000			55.02
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	04950 DIABETOLOGY	0.000000			90.01
90.02	04951 CANCER CENTER	0.000000			90.02
90.03	09001 WOUND CARE	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part I Date/Time Prepared: 9/21/2014 4:02 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,849,589	0	2,849,589	26,903	105.92	30.00
31.00	INTENSIVE CARE UNIT	669,157		669,157	2,842	235.45	31.00
43.00	NURSERY	47,870		47,870	4,327	11.06	43.00
44.00	SKILLED NURSING FACILITY	746,124		746,124	10,704	69.71	44.00
200.00	Total (lines 30-199)	4,312,740		4,312,740	44,776		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	8,759	927,753				
31.00	INTENSIVE CARE UNIT	1,139	268,178				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	7,668	534,536				
200.00	Total (lines 30-199)	17,566	1,730,467				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140049

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

Worksheet D
Part II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,190,169	74,156,676	0.016049	12,332,621	197,926	50.00
51.00	05100	RECOVERY ROOM	13,488	12,651,004	0.001066	1,665,553	1,775	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717,232	20,921,572	0.034282	64,001	2,194	52.00
53.00	05300	ANESTHESIOLOGY	30,375	7,551,627	0.004022	1,198,636	4,821	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	926,911	34,342,424	0.026990	2,310,806	62,369	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	762,208	25,054,760	0.030422	1,461,069	44,449	55.01
55.02	03630	ULTRASOUND	10,441	11,653,536	0.000896	304,749	273	55.02
56.00	05600	RADIOISOTOPE	114,246	4,841,127	0.023599	590,747	13,941	56.00
57.00	05700	CT SCAN	82,753	40,809,692	0.002028	4,235,383	8,589	57.00
58.00	05800	MRI	8,040	10,655,925	0.000755	679,341	513	58.00
59.00	05900	CARDIAC CATHETERIZATION	133,563	26,626,781	0.005016	4,542,711	22,786	59.00
60.00	06000	LABORATORY	600,804	69,620,571	0.008630	17,074,339	147,352	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,119	6,034,159	0.005323	1,299,824	6,919	63.00
65.00	06500	RESPIRATORY THERAPY	153,932	13,124,294	0.011729	3,137,826	36,804	65.00
66.00	06600	PHYSICAL THERAPY	232,464	15,641,373	0.014862	1,145,260	17,021	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,357	1,741,246	0.001354	829,404	1,123	67.00
68.00	06800	SPEECH PATHOLOGY	59,852	1,061,253	0.056397	241,196	13,603	68.00
69.00	06900	ELECTROCARDIOLOGY	189,098	16,467,649	0.011483	3,434,918	39,443	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	83,100	27,008,848	0.003077	2,984,488	9,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	223,526	16,389,535	0.013638	5,546,063	75,637	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	224,597	74,154,413	0.003029	7,786,051	23,584	73.00
74.00	07400	RENAL DIALYSIS	24,452	1,407,456	0.017373	777,640	13,510	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	274,923	7,353,538	0.037386	0	0	90.00
90.01	04950	DIABETOLOGY	2,019	77,244	0.026138	0	0	90.01
90.02	04951	CANCER CENTER	191,871	1,629,034	0.117782	0	0	90.02
90.03	09001	WOUND CARE	3,836	945,254	0.004058	0	0	90.03
91.00	09100	EMERGENCY	1,537,670	68,281,638	0.022520	4,632,274	104,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	192,669	4,500,070	0.042815	85,799	3,673	92.00
200.00		Total (lines 50-199)	8,018,715	594,702,699		78,360,699	851,807	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140049		Period: From 05/01/2013 To 04/30/2014		Worksheet D Part III Date/Time Prepared: 9/21/2014 4:02 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,903	0.00	8,759	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,842	0.00	1,139	0		31.00
43.00	04300	NURSERY	4,327	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	10,704	0.00	7,668	0		44.00
200.00		Total (lines 30-199)	44,776		17,566	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

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

Worksheet D
Part IV
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	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	
55.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	55.01	
55.02	03630	ULTRASOUND	0	0	0	0	55.02	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	04950	DIABETOLOGY	0	0	0	0	90.01	
90.02	04951	CANCER CENTER	0	0	0	0	90.02	
90.03	09001	WOUND CARE	0	0	0	0	90.03	
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: 140049

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

Worksheet D
Part IV
Date/Time Prepared:
9/21/2014 4:02 pm

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	74,156,676	0.000000	0.000000	12,332,621	50.00
51.00	05100	RECOVERY ROOM	0	12,651,004	0.000000	0.000000	1,665,553	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,921,572	0.000000	0.000000	64,001	52.00
53.00	05300	ANESTHESIOLOGY	0	7,551,627	0.000000	0.000000	1,198,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,342,424	0.000000	0.000000	2,310,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0	25,054,760	0.000000	0.000000	1,461,069	55.01
55.02	03630	ULTRASOUND	0	11,653,536	0.000000	0.000000	304,749	55.02
56.00	05600	RADIOISOTOPE	0	4,841,127	0.000000	0.000000	590,747	56.00
57.00	05700	CT SCAN	0	40,809,692	0.000000	0.000000	4,235,383	57.00
58.00	05800	MRI	0	10,655,925	0.000000	0.000000	679,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,626,781	0.000000	0.000000	4,542,711	59.00
60.00	06000	LABORATORY	0	69,620,571	0.000000	0.000000	17,074,339	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,034,159	0.000000	0.000000	1,299,824	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,124,294	0.000000	0.000000	3,137,826	65.00
66.00	06600	PHYSICAL THERAPY	0	15,641,373	0.000000	0.000000	1,145,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,741,246	0.000000	0.000000	829,404	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,061,253	0.000000	0.000000	241,196	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,467,649	0.000000	0.000000	3,434,918	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,008,848	0.000000	0.000000	2,984,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,389,535	0.000000	0.000000	5,546,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,154,413	0.000000	0.000000	7,786,051	73.00
74.00	07400	RENAL DIALYSIS	0	1,407,456	0.000000	0.000000	777,640	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,353,538	0.000000	0.000000	0	90.00
90.01	04950	DIABETOLOGY	0	77,244	0.000000	0.000000	0	90.01
90.02	04951	CANCER CENTER	0	1,629,034	0.000000	0.000000	0	90.02
90.03	09001	WOUND CARE	0	945,254	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	68,281,638	0.000000	0.000000	4,632,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,500,070	0.000000	0.000000	85,799	92.00
200.00		Total (lines 50-199)	0	594,702,699			78,360,699	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049

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

Worksheet D
Part IV
Date/Time Prepared:
9/21/2014 4:02 pm

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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	13,504,832	0	50.00
51.00	05100 RECOVERY ROOM	0	2,512,669	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	848,883	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,802,225	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	03340 GASTROINTESTINAL SERVICES	0	4,782,382	0	55.01
55.02	03630 ULTRASOUND	0	783,571	0	55.02
56.00	05600 RADIOISOTOPE	0	1,169,988	0	56.00
57.00	05700 CT SCAN	0	5,921,046	0	57.00
58.00	05800 MRI	0	1,897,637	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,970,007	0	59.00
60.00	06000 LABORATORY	0	14,294,617	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	158,420	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	358,795	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	858	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,900,891	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,366,055	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,996,534	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,400,333	0	73.00
74.00	07400 RENAL DIALYSIS	0	55,411	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	178,997	0	90.00
90.01	04950 DIABETOLOGY	0	0	0	90.01
90.02	04951 CANCER CENTER	0	0	0	90.02
90.03	09001 WOUND CARE	0	204,462	0	90.03
91.00	09100 EMERGENCY	0	6,482,088	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,301,555	0	92.00
200.00	Total (lines 50-199)	0	75,892,256	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140049

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

Worksheet D
Part V
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.147413	13,504,832	0	0	1,990,788	50.00
51.00	05100	RECOVERY ROOM	0.082588	2,512,669	0	0	207,516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231509	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.039814	848,883	0	0	33,797	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197824	3,802,225	0	0	752,171	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0.110250	4,782,382	0	0	527,258	55.01
55.02	03630	ULTRASOUND	0.077805	783,571	0	0	60,966	55.02
56.00	05600	RADIOISOTOPE	0.128655	1,169,988	0	0	150,525	56.00
57.00	05700	CT SCAN	0.048627	5,921,046	0	0	287,923	57.00
58.00	05800	MRI	0.081079	1,897,637	0	0	153,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070766	4,970,007	0	0	351,708	59.00
60.00	06000	LABORATORY	0.092158	14,294,617	0	65,301	1,317,363	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.153118	158,420	0	0	24,257	63.00
65.00	06500	RESPIRATORY THERAPY	0.143509	358,795	0	0	51,490	65.00
66.00	06600	PHYSICAL THERAPY	0.232017	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.114732	858	0	0	98	67.00
68.00	06800	SPEECH PATHOLOGY	0.323340	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076726	2,900,891	0	0	222,574	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103782	3,366,055	0	0	349,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.458104	3,996,534	0	0	1,830,828	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144139	2,400,333	0	0	345,982	73.00
74.00	07400	RENAL DIALYSIS	0.428510	55,411	0	0	23,744	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.505241	178,997	0	0	90,437	90.00
90.01	04950	DIABETOLOGY	2.282041	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.913075	0	0	0	0	90.02
90.03	09001	WOUND CARE	0.549367	204,462	0	0	112,325	90.03
91.00	09100	EMERGENCY	0.140685	6,482,088	0	0	911,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.309371	1,301,555	0	0	402,663	92.00
200.00		Subtotal (see instructions)		75,892,256	0	65,301	10,199,541	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		75,892,256	0	65,301	10,199,541	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part V Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 03340 GASTROINTESTINAL SERVICES	0	0		55.01
55.02 03630 ULTRASOUND	0	0		55.02
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	6,018		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 04950 DIABETOLOGY	0	0		90.01
90.02 04951 CANCER CENTER	0	0		90.02
90.03 09001 WOUND CARE	0	0		90.03
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	6,018		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	6,018		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140049
Component CCN: 145743

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

Worksheet D
Part IV
Date/Time Prepared:
9/21/2014 4:02 pm

Title XVIII

Skilled Nursing Facility

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0	0	0	0	55.01
55.02	03630	ULTRASOUND	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	0	0	90.02
90.03	09001	WOUND CARE	0	0	0	0	90.03
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: 140049 Component CCN: 145743	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part IV Date/Time Prepared: 9/21/2014 4:02 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,156,676	0.000000	0.000000	12,453	50.00
51.00	05100	RECOVERY ROOM	0	12,651,004	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,921,572	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,551,627	0.000000	0.000000	1,083	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,342,424	0.000000	0.000000	104,105	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0	25,054,760	0.000000	0.000000	0	55.01
55.02	03630	ULTRASOUND	0	11,653,536	0.000000	0.000000	6,188	55.02
56.00	05600	RADIOISOTOPE	0	4,841,127	0.000000	0.000000	10,689	56.00
57.00	05700	CT SCAN	0	40,809,692	0.000000	0.000000	4,702	57.00
58.00	05800	MRI	0	10,655,925	0.000000	0.000000	6,458	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,626,781	0.000000	0.000000	38,548	59.00
60.00	06000	LABORATORY	0	69,620,571	0.000000	0.000000	2,615,298	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	6,034,159	0.000000	0.000000	47,713	63.00
65.00	06500	RESPIRATORY THERAPY	0	13,124,294	0.000000	0.000000	142,982	65.00
66.00	06600	PHYSICAL THERAPY	0	15,641,373	0.000000	0.000000	4,783,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,741,246	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,061,253	0.000000	0.000000	404,759	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,467,649	0.000000	0.000000	73,496	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,008,848	0.000000	0.000000	639,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,389,535	0.000000	0.000000	530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,154,413	0.000000	0.000000	2,464,311	73.00
74.00	07400	RENAL DIALYSIS	0	1,407,456	0.000000	0.000000	1,886	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	7,353,538	0.000000	0.000000	0	90.00
90.01	04950	DIABETOLOGY	0	77,244	0.000000	0.000000	0	90.01
90.02	04951	CANCER CENTER	0	1,629,034	0.000000	0.000000	0	90.02
90.03	09001	WOUND CARE	0	945,254	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	68,281,638	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,500,070	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	594,702,699			11,358,369	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2013 To 04/30/2014	Worksheet D Part IV Date/Time Prepared: 9/21/2014 4:02 pm PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	03340 GASTROINTESTINAL SERVICES	0	0	0	55.01
55.02	03630 ULTRASOUND	0	0	0	55.02
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 DIABETOLOGY	0	0	0	90.01
90.02	04951 CANCER CENTER	0	0	0	90.02
90.03	09001 WOUND CARE	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 9/21/2014 4:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,903	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,903	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)		25,084	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)		8,759	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		20,590,612	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)		20,590,612	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,590,612	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		765.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,703,788	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)		6,703,788	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/21/2014 4:02 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
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	4,746,283	2,842	1,670.05	1,139	1,902,187	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,230,011	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,835,986	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)					1,195,931	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					851,807	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,047,738	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,788,248	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)					1,819	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					765.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,392,190	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140049

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

Worksheet D-1

Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			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	2,849,589	20,590,612	0.138393	1,392,190	192,669	90.00
91.00	Nursing School cost	0	20,590,612	0.000000	1,392,190	0	91.00
92.00	Allied health cost	0	20,590,612	0.000000	1,392,190	0	92.00
93.00	All other Medical Education	0	20,590,612	0.000000	1,392,190	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2013 To 04/30/2014	Worksheet D-1 Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,704	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,704	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)		10,704	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)		7,668	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,248,221	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,248,221	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,248,221	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049 Component CCN: 145743		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/21/2014 4:02 pm		
		Title XVIII		Skilled Nursing Facility		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)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						43.00	
44.00	CORONARY CARE UNIT						44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							54.00
55.00	Target amount per discharge							55.00
56.00	Target amount (line 54 x line 55)							56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							57.00
58.00	Bonus payment (see instructions)							58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							61.00
62.00	Relief payment (see instructions)							62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						5,248,221	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						490.30	71.00
72.00	Program routine service cost (line 9 x line 71)						3,759,620	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						3,759,620	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)						0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0	80.00
81.00	Inpatient routine service cost per diem limitation						0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)						3,759,620	83.00
84.00	Program inpatient ancillary services (see instructions)						1,965,651	84.00
85.00	Utilization review - physician compensation (see instructions)						0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						5,725,271	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140049 Component CCN: 145743		Period: From 05/01/2013 To 04/30/2014		Worksheet D-1 Date/Time Prepared: 9/21/2014 4:02 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 9/21/2014 4:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,163,715	30.00
31.00	03100	INTENSIVE CARE UNIT		4,393,123	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.147413	12,332,621	50.00
51.00	05100	RECOVERY ROOM	0.082588	1,665,553	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231509	64,001	52.00
53.00	05300	ANESTHESIOLOGY	0.039814	1,198,636	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.197824	2,310,806	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03340	GASTROINTESTINAL SERVICES	0.110250	1,461,069	55.01
55.02	03630	ULTRASOUND	0.077805	304,749	55.02
56.00	05600	RADIOISOTOPE	0.128655	590,747	56.00
57.00	05700	CT SCAN	0.048627	4,235,383	57.00
58.00	05800	MRI	0.081079	679,341	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.070766	4,542,711	59.00
60.00	06000	LABORATORY	0.092158	17,074,339	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.153118	1,299,824	63.00
65.00	06500	RESPIRATORY THERAPY	0.144016	3,137,826	65.00
66.00	06600	PHYSICAL THERAPY	0.232017	1,145,260	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.114732	829,404	67.00
68.00	06800	SPEECH PATHOLOGY	0.323340	241,196	68.00
69.00	06900	ELECTROCARDIOLOGY	0.076864	3,434,918	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.103782	2,984,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.458104	5,546,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144139	7,786,051	73.00
74.00	07400	RENAL DIALYSIS	0.428510	777,640	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.505241	0	90.00
90.01	04950	DIABETOLOGY	2.282041	0	90.01
90.02	04951	CANCER CENTER	0.913075	0	90.02
90.03	09001	WOUND CARE	0.549367	0	90.03
91.00	09100	EMERGENCY	0.140685	4,632,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.309371	85,799	92.00
200.00		Total (sum of lines 50-94 and 96-98)		78,360,699	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)		78,360,699	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2013 To 04/30/2014	Worksheet D-3 Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.147413	12,453	50.00
51.00	05100 RECOVERY ROOM	0.082588	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231509	0	52.00
53.00	05300 ANESTHESIOLOGY	0.039814	1,083	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.197824	104,105	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	03340 GASTROINTESTINAL SERVICES	0.110250	0	55.01
55.02	03630 ULTRASOUND	0.077805	6,188	55.02
56.00	05600 RADIOISOTOPE	0.128655	10,689	56.00
57.00	05700 CT SCAN	0.048627	4,702	57.00
58.00	05800 MRI	0.081079	6,458	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070766	38,548	59.00
60.00	06000 LABORATORY	0.092158	2,615,298	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.153118	47,713	63.00
65.00	06500 RESPIRATORY THERAPY	0.143509	142,982	65.00
66.00	06600 PHYSICAL THERAPY	0.232017	4,783,404	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.114732	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.323340	404,759	68.00
69.00	06900 ELECTROCARDIOLOGY	0.076726	73,496	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.103782	639,764	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.458104	530	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144139	2,464,311	73.00
74.00	07400 RENAL DIALYSIS	0.428510	1,886	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.505241	0	90.00
90.01	04950 DIABETOLOGY	2.282041	0	90.01
90.02	04951 CANCER CENTER	0.913075	0	90.02
90.03	09001 WOUND CARE	0.549367	0	90.03
91.00	09100 EMERGENCY	0.140685	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.309371	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		11,358,369	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)		11,358,369	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part A Date/Time Prepared: 9/21/2014 4:02 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		8,250,048		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		10,562,902		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)		48,617		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		4,261,906		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		139.02		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		55.47		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-0.23		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)		55.24		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		55.59		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)		55.24		12.00
13.00	Total allowable FTE count for the prior year.		54.09		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.		52.26		14.00
15.00	Sum of lines 12 through 14 divided by 3.		53.86		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		53.86		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.387426		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.367459		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.367459		21.00
22.00	IME payment adjustment (see instructions)		4,209,408		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.35		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)		4,209,408		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.39		30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.63		31.00
32.00	Sum of lines 30 and 31		49.02		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part A Date/Time Prepared: 9/21/2014 4:02 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		29.66	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		3,230,203		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000432806 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,915,324 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				2,274,106 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,274,106		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		28,575,284		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		28,575,284		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,003,912		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		2,306,833		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		32,886,029		59.00
60.00	Primary payer payments		28,980		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		32,857,049		61.00
62.00	Deductibles billed to program beneficiaries		1,719,872		62.00
63.00	Coinurance billed to program beneficiaries		105,208		63.00
64.00	Allowable bad debts (see instructions)		900,428		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		585,278		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		618,807		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,617,247		67.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part A Date/Time Prepared: 9/21/2014 4:02 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-22,744		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-35,251		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)		31,559,252		71.00
71.01	Sequestration adjustment (see instructions)		631,185		71.01
72.00	Interim payments		30,286,889		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		641,178		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		703,220		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		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: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part B Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,018	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,199,541	2.00
3.00	PPS payments		12,164,932	3.00
4.00	Outlier payment (see instructions)		37,933	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,018	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		65,301	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)		65,301	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		65,301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,283	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		6,018	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,202,865	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,444,858	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)		9,764,025	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		855,443	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)		10,619,468	30.00
31.00	Primary payer payments		9,615	31.00
32.00	Subtotal (line 30 minus line 31)		10,609,853	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		843,266	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		548,123	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		585,935	36.00
37.00	Subtotal (see instructions)		11,157,976	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)		11,157,976	40.00
40.01	Sequestration adjustment (see instructions)		223,160	40.01
41.00	Interim payments		11,175,187	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-240,371	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		7,889	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140049

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

Worksheet E-1
Part I
Date/Time Prepared:
9/21/2014 4:02 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		30,026,699		10,763,571	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	05/12/2014	260,190	01/06/2014	339,519	3.01
3.02			0	05/12/2014	72,097	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)		260,190		411,616	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)		30,286,889		11,175,187	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		641,178		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		240,371	6.02
7.00	Total Medicare program liability (see instructions)		30,928,067		10,934,816	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: 140049
Component CCN: 145743

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

Worksheet E-1
Part I
Date/Time Prepared:
9/21/2014 4:02 pm
PPS

Title XVIII
Skilled Nursing Facility

		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		3,591,518		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,591,518		0	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		1		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,591,519		0	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: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E-1 Part II Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		8,259	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		9,898	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		2,500	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		27,926	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		693,381,906	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		41,706,206	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)		1,616,553	8.00
9.00	Sequestration adjustment amount (see instructions)		32,331	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,584,222	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,592,784	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)		-8,562	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140049 Component CCN: 145743	Period: From 05/01/2013 To 04/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,928,231	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,928,231	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		263,416	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		3,664,815	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		3,664,815	15.00
15.01	Sequestration adjustment (see instructions)		73,296	15.01
16.00	Interim payments		3,591,518	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		1	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		1,466	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E-4 Date/Time Prepared: 9/21/2014 4:02 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.94	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)			55.16	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			55.59	6.00
7.00	Enter the lesser of line 5 or line 6			55.16	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.	49.13	5.86	54.99	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.	48.75	5.81	54.56	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	48.75	5.81		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	49.37	4.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	51.32	0.49		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	49.81	3.48		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	49.81	3.48		17.00
18.00	Per resident amount	138,057.36	130,794.30		18.00
19.00	Approved amount for resident costs	6,876,637	455,164	7,331,801	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.43	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)			7,331,801	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	9,898	2,500		26.00
27.00	Total Inpatient Days (see instructions)	27,926	27,926		27.00
28.00	Ratio of inpatient days to total inpatient days	0.354437	0.089522		28.00
29.00	Program direct GME amount	2,598,662	656,357		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		92,743		30.00
31.00	Net Program direct GME amount			3,162,276	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet E-4 Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		1,407,456	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		27,523,837	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		28,980	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		27,494,857	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,205,559	42.00
43.00	Primary payer payments (see instructions)		9,615	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,195,944	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		37,690,801	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.729485	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.270515	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,162,276	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,306,833	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		855,443	50.00

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

Provider CCN: 140049

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

Worksheet G

Date/Time Prepared:
9/21/2014 4:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-1,095,122	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	32,668,514	0	0	0	4.00
5.00	Other receivable	774,550	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,227,453	0	0	0	6.00
7.00	Inventory	3,029,208	0	0	0	7.00
8.00	Prepaid expenses	280,753	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,430,450	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,460,000	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	16,256,694	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	47,984	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	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	20,129,949	0	0	0	23.00
24.00	Accumulated depreciation	-12,632,706	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	129,392	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	28,391,313	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	462,332	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	1,764,361	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,226,693	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	58,048,456	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,690,382	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,056,068	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	979,908	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,726,358	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	37,492,572	0	0	0	46.00
47.00	Notes payable	2,693,133	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,219,775	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,405,480	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	58,131,838	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-83,382	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-83,382	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	58,048,456	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140049

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

Worksheet G-1

Date/Time Prepared:
9/21/2014 4:02 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-2,668,720		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,575,568			2.00
3.00	Total (sum of line 1 and line 2)		-93,152		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RECONCILING ITEM	9,770		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)		9,770		0	10.00
11.00	Subtotal (line 3 plus line 10)		-83,382		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-83,382		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	Additions (credit adjustments) (specify)		0			4.00
5.00	RECONCILING ITEM		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	Deductions (debit adjustments) (specify)		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: 140049

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/21/2014 4:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	83,157,605		83,157,605	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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	4,483,065		4,483,065	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)	87,640,670		87,640,670	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,038,537		11,038,537	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,038,537		11,038,537	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,679,207		98,679,207	17.00
18.00	Ancillary services	238,288,486	249,233,095	487,521,581	18.00
19.00	Outpatient services	16,002,798	91,178,323	107,181,121	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	352,970,491	340,411,418	693,381,909	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		142,861,911		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	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)		142,861,911		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140049

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

Worksheet G-3

Date/Time Prepared:
9/21/2014 4:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	693,381,909	1.00
2.00	Less contractual allowances and discounts on patients' accounts	550,415,595	2.00
3.00	Net patient revenues (line 1 minus line 2)	142,966,314	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	142,861,911	4.00
5.00	Net income from service to patients (line 3 minus line 4)	104,403	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-303,838	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	395,509	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	1,125,484	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	863,607	24.00
24.01	RETAIL PHARMACY REVENUE	390,397	24.01
24.02	ROUNDING	6	24.02
25.00	Total other income (sum of lines 6-24)	2,471,165	25.00
26.00	Total (line 5 plus line 25)	2,575,568	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)	2,575,568	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140049	Period: From 05/01/2013 To 04/30/2014	Worksheet L Parts I-III Date/Time Prepared: 9/21/2014 4:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,500,187	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		17,364	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)		76.51	3.00
4.00	Number of interns & residents (see instructions)		53.86	4.00
5.00	Indirect medical education percentage (see instructions)		21.98	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		329,741	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.39	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		39.63	8.00
9.00	Sum of lines 7 and 8		49.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.44	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		156,620	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,003,912	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00