

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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/19/2015 1:06 pm
--	----------------------	---	--

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/19/2015	Time: 1:06 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL ( 140054 ) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	2,788,051	292,700	-153,730	0	1.00
2.00 Subprovider - IPF	0	42	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	2,788,093	292,700	-153,730	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3249 SOUTH OAK PARK AVENUE			PO Box:				1.00			
2.00	City: BERWYN			State: IL		Zip Code: 60402		County: COOK			
		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		MACNEAL HOSPITAL	140054	16974	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF		MACNEAL PSYCH UNIT	14S054	16974	4	10/01/1984	N	P	O	
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF		M. H. TRANSITIONAL CARE UNIT	145848	16974		10/01/1995	N	P	O	
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		MACNEAL HOME HEALTH	147285	16974		10/01/1984	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2013	09/30/2014		20.00	
21.00	Type of Control (see instructions)						6		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)							Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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.			14,197	2,563	0	0	4,564	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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 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)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 pm	
	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	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>					
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>					
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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<b>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.</b>					
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)		0.70	28.06	0.024339
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>					
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.24	28.11
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
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)		0.63	25.78	0.023855

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 pm		
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	12.61	38.23	0.248033		67.00
67.01		INTERNAL MEDICINE	1400	0.00	39.62	0.000000		67.01
67.02		OB GYN	1750	0.00	2.83	0.000000		67.02
67.03				0.00	0.00	0.000000		67.03
					1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	76.00
					1.00			
<b>Long Term Care Hospital PPS</b>								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00
<b>TEFRA Providers</b>								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00
					V	XIX		
					1.00	2.00		
<b>Title V and XIX Services</b>								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N		N	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
<b>Rural Providers</b>								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)							106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 pm	
		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	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,913,166	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
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0557	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/19/2015 1:02 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS		Contractor's Number: 04011			
142.00	Street: 1445 ROSS AVENUE, STE 1400	PO Box:					
143.00	City: DALLAS, TX	State: TX		Zip Code: 75202-2703			
				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			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	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						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	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)				07/01/2014	09/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/19/2015 1:02 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)	Y			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	01/06/2015	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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/19/2015 1:02 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			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
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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.	410 480 8498		ZEBNELSON@AOL.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	01/06/2015	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 140054

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		238	86,870	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	40	14,600		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		303				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)		9	3,285			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: 140054

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 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)	16,094	12,689	52,997			1.00
2.00 HMO and other (see instructions)	7,183	4,527				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)	16,094	12,689	52,997			7.00
8.00 INTENSIVE CARE UNIT	2,042	830	5,022			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		2,927	3,990			13.00
14.00 Total (see instructions)	18,136	16,446	62,009	105.73	1,477.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,190	0	7,736	0.54	39.51	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	7,974	0	12,502	0.00	47.65	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	33,932	0	65,834	0.00	46.05	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)				106.27	1,610.50	27.00
28.00 Observation Bed Days		0	2,955			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	351	489			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: 140054

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 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	3,767	2,625	14,211	1.00
2.00 HMO and other (see instructions)			1,576	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,767	2,625	14,211	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	601	0	1,340	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part II Date/Time Prepared: 2/19/2015 1:02 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	106,371,226	0	106,371,226	3,319,811.00	32.04	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		2,537,129	0	2,537,129	33,080.00	76.70	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	8,302,683	-2,900,779	5,401,904	208,581.00	25.90	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	2,793,185	0	2,793,185	99,103.00	28.18	9.00
10.00	Excluded area salaries (see instructions)		11,997,450	-762,196	11,235,254	269,401.00	41.70	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,384,101	0	2,384,101	74,977.00	31.80	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		129,276	0	129,276	941.00	137.38	13.00
14.00	Home office salaries & wage-related costs		4,130,386	0	4,130,386	72,023.00	57.35	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		15,106,786	0	15,106,786			17.00
18.00	Wage-related costs (other) (see instructions)		390,827	0	390,827			18.00
19.00	Excluded areas		3,186,593	0	3,186,593			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		450,927	0	450,927			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		960,087	0	960,087			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,746,587	-779,520	967,067	14,694.00	65.81	26.00
27.00	Administrative & General	5.00	11,780,935	3,689,919	15,470,854	459,883.00	33.64	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,587,426	0	1,587,426	54,851.00	28.94	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	495,850	0	495,850	29,580.00	16.76	31.00
32.00	Housekeeping	9.00	2,003,207	0	2,003,207	151,559.00	13.22	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,259,776	0	2,259,776	142,478.00	15.86	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	1,569,638	-30,750	1,538,888	37,415.00	41.13	38.00
39.00	Central Services and Supply	14.00	343,932	0	343,932	22,789.00	15.09	39.00
40.00	Pharmacy	15.00	3,014,220	-441,083	2,573,137	60,239.00	42.72	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 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	
41.00	Medical Records & Medical Records Library	16.00 3,714,164	-1,707,120	2,007,044	78,512.00	25.56	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140054

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/19/2015 1:02 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	95,531,414	2,900,779	98,432,193	3,078,150.00	31.98	1.00
2.00	Excluded area salaries (see instructions)	14,790,635	-762,196	14,028,439	368,504.00	38.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	80,740,779	3,662,975	84,403,754	2,709,646.00	31.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,643,763	0	6,643,763	147,941.00	44.91	4.00
5.00	Subtotal wage-related costs (see inst.)	15,497,613	0	15,497,613	0.00	18.36	5.00
6.00	Total (sum of lines 3 thru 5)	102,882,155	3,662,975	106,545,130	2,857,587.00	37.28	6.00
7.00	Total overhead cost (see instructions)	28,515,735	731,446	29,247,181	1,052,000.00	27.80	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/19/2015 1:02 pm
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	687,587	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,097,532	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	195,155	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	152,951	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	266,448	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	-92,544	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,205,237	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,067,791	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	1,043,904	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	482,725	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,106,786	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (EMPLOYEE)	390,827	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140054

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	2,923,420	20,095,219	1.00
2.00	Hospital	2,922,685	18,905,481	2.00
3.00	Subprovider - IPF	0	0	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	735	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,189,738	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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140054 Component CCN: 147285		Period: From 10/01/2013 To 09/30/2014		Worksheet S-4 Date/Time Prepared: 2/19/2015 1:02 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			COOK		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	1,658	1,658	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	4,171.00	0.00	4,777.00	8,948.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			23.60	1.25	24.85	5.00
6.00	Direct Nursing Service			7.21	0.00	7.21	6.00
7.00	Nursing Supervisor			0.80	0.00	0.80	7.00
8.00	Physical Therapy Service			9.14	0.00	9.14	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.25	0.00	0.25	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.20	0.00	0.20	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.80	0.00	0.80	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	18,692	189	1,318	588	20,787	21.00
22.00	Skilled Nursing Visit Charges	3,070,719	5,760	173,344	83,521	3,333,344	22.00
23.00	Physical Therapy Visits	9,046	10	91	285	9,432	23.00
24.00	Physical Therapy Visit Charges	1,753,892	788	18,715	51,417	1,824,812	24.00
25.00	Occupational Therapy Visits	2,356	11	23	84	2,474	25.00
26.00	Occupational Therapy Visit Charges	460,783	1,182	6,501	14,184	482,650	26.00
27.00	Speech Pathology Visits	180	0	0	12	192	27.00
28.00	Speech Pathology Visit Charges	37,701	0	2,130	426	40,257	28.00
29.00	Medical Social Service Visits	265	2	9	12	288	29.00
30.00	Medical Social Service Visit Charges	75,744	0	2,304	3,456	81,504	30.00
31.00	Home Health Aide Visits	716	26	1	16	759	31.00
32.00	Home Health Aide Visit Charges	60,106	0	82	1,230	61,418	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	31,255	238	1,442	997	33,932	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	5,458,945	7,730	203,076	154,234	5,823,985	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	154,645	2,763	0	0	157,408	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

Worksheet S-7

Date/Time Prepared:  
2/19/2015 1:02 pm

		1.00	2.00	1.00
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.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	49	0	49	3.00
4.00	RUL	42	0	42	4.00
5.00	RVX	22	0	22	5.00
6.00	RVL	299	0	299	6.00
7.00	RHX	6	0	6	7.00
8.00	RHL	77	0	77	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	32	0	32	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	129	0	129	12.00
13.00	RUB	541	0	541	13.00
14.00	RUA	275	0	275	14.00
15.00	RVC	422	0	422	15.00
16.00	RVB	2,376	0	2,376	16.00
17.00	RVA	1,888	0	1,888	17.00
18.00	RHC	40	0	40	18.00
19.00	RHB	529	0	529	19.00
20.00	RHA	595	0	595	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	16	0	16	22.00
23.00	RMA	48	0	48	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	25	0	25	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	13	0	13	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	71	0	71	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	4	0	4	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	15	0	15	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	37	0	37	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	20	0	20	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	8	0	8	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	100	0	100	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	154	0	154	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	81	0	81	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140054

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

Worksheet S-7

Date/Time Prepared:  
2/19/2015 1:02 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	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	23	0	23	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	29	0	29	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		7,974	0	7,974	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		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,635,423			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/19/2015 1:02 pm
---	----------------------	---	--

			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.182478	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		26,833,365	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		15,353,271	5.00
6.00	Medicaid charges		224,146,813	6.00
7.00	Medicaid cost (line 1 times line 6)		40,901,862	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
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
			Uninsured patients	
			Insured patients	
			Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1.00	2.00	3.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	32,410,579	338,612	32,749,191
22.00	Partial payment by patients approved for charity care	5,914,218	61,789	5,976,007
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
		5,914,218	61,789	5,976,007
			1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,962,018	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,896,571	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,065,447	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,384,157	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,360,164	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,360,164	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

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

Worksheet A  
Date/Time Prepared:  
2/19/2015 1:02 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	8,629,479	8,629,479	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	17,000,757	17,000,757	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,746,587	19,216,337	20,962,924	-1,052,052	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,780,935	42,967,721	54,748,656	-17,447,866	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,587,426	7,720,338	9,307,764	-942,383	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	495,850	310,472	806,322	133,034	8.00
9.00	00900	HOUSEKEEPING	2,003,207	768,246	2,771,453	-23,109	9.00
10.00	01000	DIETARY	2,259,776	1,195,268	3,455,044	-13,752	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,569,638	481,254	2,050,892	-36,014	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	343,932	870,301	1,214,233	75,565	14.00
15.00	01500	PHARMACY	3,014,220	4,995,183	8,009,403	-2,198,088	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,714,164	1,213,968	4,928,132	-2,286,888	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	8,302,683	0	8,302,683	-2,900,779	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,600,399	2,600,399	2,931,525	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	19,820,401	1,812,768	21,633,169	-1,067,338	30.00
31.00	03100	INTENSIVE CARE UNIT	3,552,608	581,920	4,134,528	-441,553	31.00
40.00	04000	SUBPROVIDER - I PF	2,864,862	172,176	3,037,038	-17,855	40.00
43.00	04300	NURSERY	1,106,285	506,910	1,613,195	-112,110	43.00
44.00	04400	SKILLED NURSING FACILITY	2,793,185	285,480	3,078,665	-147,902	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,675,054	14,602,518	19,277,572	-11,030,962	50.00
51.00	05100	RECOVERY ROOM	586,410	122,430	708,840	-53,877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,142	1,651,907	3,343,049	-192,123	52.00
53.00	05300	ANESTHESIOLOGY	468,210	1,650,782	2,118,992	-895,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,312,000	883,593	3,195,593	-635,460	54.00
56.00	05600	RADIOISOTOPE	285,638	332,743	618,381	-8,339	56.00
56.01	03630	ULTRA SOUND	877,135	31,035	908,170	-8,555	56.01
56.02	03440	MAMMOGRAPHY	735,343	246,214	981,557	-154,570	56.02
57.00	05700	CT SCAN	715,345	403,069	1,118,414	-315,169	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	446,310	381,867	828,177	-80,055	58.00
59.00	05900	CARDIAC CATHETERIZATION	848,662	5,557,546	6,406,208	-5,175,047	59.00
59.01	05901	GASTROINTESTINAL	1,771,431	1,022,238	2,793,669	-411,345	59.01
60.00	06000	LABORATORY	0	5,416,606	5,416,606	-587	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	741,100	741,100	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,147,343	419,356	1,566,699	-318,465	65.00
66.00	06600	PHYSICAL THERAPY	2,459,954	70,330	2,530,284	-34,299	66.00
66.01	06601	TCU REHAB	983,913	13,415	997,328	-2,107	66.01
68.00	06800	SPEECH PATHOLOGY	137,130	27,908	165,038	-25,472	68.00
69.00	06900	ELECTROCARDIOLOGY	653,423	264,963	918,386	-16,389	69.00
69.01	06901	CARDIAC REHAB	168,657	15,017	183,674	-2,008	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,481,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,619,987	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,846,069	73.00
74.00	07400	RENAL DIALYSIS	0	483,865	483,865	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	5,189,253	1,589,570	6,778,823	-748,028	91.00
91.01	09101	FAMILY PRACTICES	3,762,410	4,397,254	8,159,664	-785,021	91.01
91.02	09102	PSYCH DAY HOSPITAL	197,367	12,000	209,367	0	91.02
91.03	09103	WOUND CARE	170,749	83,587	254,336	-65,421	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	5,861,937	2,229,227	8,091,164	-278,389	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,100,575	128,348,881	231,449,456	1,793,707	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	279,687	4,949	284,636	-213,453	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MARKETING	933,412	1,219,544	2,152,956	-1,267,783	194.00
194.01	07951	MACNEAL SCHOOL	1,810,396	567,265	2,377,661	-310,810	194.01
194.02	07952	COMMUNITY RELATIONS	247,156	100,335	347,491	-546	194.02
194.03	07953	RETAIL PHARMACY	0	1,116	1,116	-1,115	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	106,371,226	130,242,090	236,613,316	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140054

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

Worksheet A  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	510,047	9,139,526	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-8,294,736	8,706,021	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,102,677	18,808,195	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,299,880	30,000,910	5.00
6.00	00600	MAINTENANCE & REPAIRS	-245,873	8,119,508	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-15,513	923,843	8.00
9.00	00900	HOUSEKEEPING	-85	2,748,259	9.00
10.00	01000	DIETARY	-688,939	2,752,353	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-246,460	1,768,418	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,289,798	14.00
15.00	01500	PHARMACY	-4,584	5,806,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-297,806	2,343,438	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,401,904	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,549,127	3,982,797	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-23,644	20,542,187	30.00
31.00	03100	INTENSIVE CARE UNIT	-37	3,692,938	31.00
40.00	04000	SUBPROVIDER - I/PF	-57,401	2,961,782	40.00
43.00	04300	NURSERY	-364,147	1,136,938	43.00
44.00	04400	SKILLED NURSING FACILITY	-21,693	2,909,070	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-529,716	7,716,894	50.00
51.00	05100	RECOVERY ROOM	0	654,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,380,300	1,770,626	52.00
53.00	05300	ANESTHESIOLOGY	-506,963	716,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,989	2,558,144	54.00
56.00	05600	RADIOISOTOPE	0	610,042	56.00
56.01	03630	ULTRA SOUND	0	899,615	56.01
56.02	03440	MAMMOGRAPHY	0	826,987	56.02
57.00	05700	CT SCAN	0	803,245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	748,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	-21,554	1,209,607	59.00
59.01	05901	GASTROINTESTINAL	-19	2,382,305	59.01
60.00	06000	LABORATORY	-423	5,415,596	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	741,100	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,248,234	65.00
66.00	06600	PHYSICAL THERAPY	-4,300	2,491,685	66.00
66.01	06601	TCU REHAB	0	995,221	66.01
68.00	06800	SPEECH PATHOLOGY	0	139,566	68.00
69.00	06900	ELECTROCARDIOLOGY	-202,054	699,943	69.00
69.01	06901	CARDIAC REHAB	0	181,666	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,481,804	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,619,987	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,846,069	73.00
74.00	07400	RENAL DIALYSIS	0	483,865	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-300,704	5,730,091	91.00
91.01	09101	FAMILY PRACTICES	-2,579,887	4,794,756	91.01
91.02	09102	PSYCH DAY HOSPITAL	-3,074	206,293	91.02
91.03	09103	WOUND CARE	0	188,915	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	-98,987	7,713,788	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,332,525	207,910,638	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	71,183	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	885,173	194.00
194.01	07951	MACNEAL SCHOOL	0	2,066,851	194.01
194.02	07952	COMMUNITY RELATIONS	0	346,945	194.02
194.03	07953	RETAIL PHARMACY	0	1	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-25,332,525	211,280,791	200.00

RECLASSIFICATIONS

Provider CCN: 140054

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

Worksheet A-6  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PROPERTY TAXES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,567,113	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	1,567,113	
<b>B - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,815,603	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	16,740,726	2.00
TOTALS			0	21,556,329	
<b>C - RENT EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,246,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	260,031	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	400	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	3,042	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	2,510,236	
<b>D - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,846,069	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	121	2.00
3.00	SUBPROVIDER - IPF	40.00	0	282	3.00
4.00	LABORATORY	60.00	0	119	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
TOTALS			0	2,846,591	
<b>E - CHARGEABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,481,804	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	309,707	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	TOTALS		0	10,791,511		
<b>F - INTERNS &amp; RESIDENTS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	30,750	0		1.00
	TOTALS		30,750	0		
<b>G - IMPLANTABLE DEVICE</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,619,987		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
	TOTALS		0	9,619,987		
<b>H - LINEN</b>						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	133,048		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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	133,048	
<b>I - CHICAGO MARKET CHARGEBACKS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	6,250,884	2,521,546	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
	TOTALS		6,250,884	2,521,546	
<b>J - REGIONAL EXPENSES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	537,237	179,682	1.00
2.00	PHARMACY	15.00	360,886	1,283	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	1,385,488	470,527	3.00
4.00	RESEARCH	191.00	69,922	1,227	4.00
5.00	MARKETING	194.00	207,432	204,497	5.00
	TOTALS		2,560,965	857,216	
<b>K - NON INTERNS &amp; RESIDENTS COSTS</b>					
1.00	I&R SERVICES-OTHER PRGM	22.00	2,931,529	0	1.00
	COSTS APPRVD				
	TOTALS		2,931,529	0	
500.00	Grand Total: Increases		11,774,128	52,403,577	500.00

RECLASSIFICATIONS

Provider CCN: 140054

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

Worksheet A-6  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - PROPERTY TAXES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	817,728	13		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	684,994	0		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,391	0		3.00
TOTALS			0	1,567,113			
<b>B - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,405,221	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	151,108	9		2.00
TOTALS			0	21,556,329			
<b>C - RENT EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	578,754	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,986	10		2.00
3.00	DIETARY	10.00	0	10,493	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	23	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	234,263	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	180	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	46,360	0		7.00
8.00	NURSERY	43.00	0	1,660	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	1,276	0		9.00
10.00	OPERATING ROOM	50.00	0	153,174	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	146,531	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,991	0		12.00
13.00	CT SCAN	57.00	0	222,735	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,229	0		14.00
15.00	GASTROINTESTINAL	59.01	0	1,000	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	122,062	0		16.00
17.00	FAMILY PRACTICES	91.01	0	414,601	0		17.00
18.00	WOUND CARE	91.03	0	42,860	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	113,142	0		19.00
20.00	MACNEAL SCHOOL	194.01	0	310,599	0		20.00
21.00	COMMUNITY RELATIONS	194.02	0	317	0		21.00
TOTALS			0	2,510,236			
<b>D - CHARGEABLE DRUGS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,242	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	11	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	115	0		3.00
4.00	PHARMACY	15.00	0	1,646,869	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	104,869	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	38,912	0		6.00
7.00	NURSERY	43.00	0	34,775	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	7,199	0		8.00
9.00	OPERATING ROOM	50.00	0	86,439	0		9.00
10.00	RECOVERY ROOM	51.00	0	4,218	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	38,408	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	386,365	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,275	0		13.00
14.00	RADIOISOTOPE	56.00	0	4,685	0		14.00
15.00	ULTRASOUND	56.01	0	113	0		15.00
16.00	MAMMOGRAPHY	56.02	0	2,381	0		16.00
17.00	CT SCAN	57.00	0	6,472	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,446	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	11,603	0		19.00
20.00	GASTROINTESTINAL	59.01	0	39,349	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	1,682	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	333	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	4,732	0		23.00
24.00	EMERGENCY	91.00	0	172,708	0		24.00
25.00	FAMILY PRACTICES	91.01	0	231,349	0		25.00
26.00	WOUND CARE	91.03	0	3,912	0		26.00
27.00	HOME HEALTH AGENCY	101.00	0	12	0		27.00
28.00	COMMUNITY RELATIONS	194.02	0	2	0		28.00
29.00	RETAIL PHARMACY	194.03	0	1,115	0		29.00
TOTALS			0	2,846,591			
<b>E - CHARGEABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	973	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	411	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	23	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	14	0		4.00
5.00	HOUSEKEEPING	9.00	0	20,442	0		5.00
6.00	DIETARY	10.00	0	37	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	5,126	0		7.00
8.00	PHARMACY	15.00	0	106,507	0		8.00

RECLASSIFICATIONS

Provider CCN: 140054

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

Worksheet A-6  
Date/Time Prepared:  
2/19/2015 1:02 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	12	0	9.00	
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	918,458	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	351,180	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	15,253	0	13.00	
14.00	NURSERY	43.00	0	75,503	0	14.00	
15.00	SKILLED NURSING FACILITY	44.00	0	130,756	0	15.00	
16.00	OPERATING ROOM	50.00	0	4,891,779	0	16.00	
17.00	RECOVERY ROOM	51.00	0	49,613	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	152,343	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	360,428	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	347,334	0	20.00	
21.00	RADIOISOTOPE	56.00	0	3,654	0	21.00	
22.00	ULTRA SOUND	56.01	0	6,066	0	22.00	
23.00	MAMMOGRAPHY	56.02	0	152,189	0	23.00	
24.00	CT SCAN	57.00	0	85,942	0	24.00	
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,764	0	25.00	
26.00	CARDIAC CATHETERIZATION	59.00	0	1,651,629	0	26.00	
27.00	GASTROINTESTINAL	59.01	0	357,713	0	27.00	
28.00	LABORATORY	60.00	0	703	0	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	194,721	0	29.00	
30.00	PHYSICAL THERAPY	66.00	0	33,466	0	30.00	
31.00	TCU REHAB	66.01	0	2,107	0	31.00	
32.00	SPEECH PATHOLOGY	68.00	0	25,472	0	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	14,656	0	33.00	
34.00	CARDIAC REHAB	69.01	0	2,008	0	34.00	
35.00	EMERGENCY	91.00	0	565,304	0	35.00	
36.00	FAMILY PRACTICES	91.01	0	71,937	0	36.00	
37.00	WOUND CARE	91.03	0	18,512	0	37.00	
38.00	HOME HEALTH AGENCY	101.00	0	165,235	0	38.00	
39.00	MARKETING	194.00	0	10	0	39.00	
40.00	COMMUNITY RELATIONS	194.02	0	227	0	40.00	
	<b>TOTALS</b>		0	<b>10,791,511</b>			
<b>F - INTERNS &amp; RESIDENTS</b>							
1.00	NURSING ADMINISTRATION	13.00	30,750	0	0	1.00	
	<b>TOTALS</b>		<b>30,750</b>	<b>0</b>			
<b>G - IMPLANTABLE DEVICE</b>							
1.00	HOUSEKEEPING	9.00	0	257	0	1.00	
2.00	DIETARY	10.00	0	3,222	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	2,657	0	3.00	
4.00	SKILLED NURSING FACILITY	44.00	0	3,846	0	4.00	
5.00	OPERATING ROOM	50.00	0	5,851,242	0	5.00	
6.00	ANESTHESIOLOGY	53.00	0	1,767	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	173,746	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	3,505,356	0	8.00	
9.00	GASTROINTESTINAL	59.01	0	9,749	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	476	0	10.00	
11.00	EMERGENCY	91.00	0	1,779	0	11.00	
12.00	FAMILY PRACTICES	91.01	0	65,717	0	12.00	
13.00	MACNEAL SCHOOL	194.01	0	173	0	13.00	
	<b>TOTALS</b>		0	<b>9,619,987</b>			
<b>H - LINEN</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1	0	2.00	
3.00	HOUSEKEEPING	9.00	0	2,410	0	3.00	
4.00	PHARMACY	15.00	0	2,062	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	41,174	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	5,101	0	6.00	
7.00	SUBPROVIDER - IPF	40.00	0	2,884	0	7.00	
8.00	NURSERY	43.00	0	172	0	8.00	
9.00	SKILLED NURSING FACILITY	44.00	0	4,825	0	9.00	
10.00	OPERATING ROOM	50.00	0	48,328	0	10.00	
11.00	RECOVERY ROOM	51.00	0	46	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,372	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	45	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,114	0	14.00	
15.00	ULTRA SOUND	56.01	0	2,376	0	15.00	
16.00	CT SCAN	57.00	0	20	0	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	454	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	5,230	0	18.00	
19.00	GASTROINTESTINAL	59.01	0	3,534	0	19.00	

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00	LABORATORY	60.00	0	3	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	24	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	43	0		22.00
23.00	EMERGENCY	91.00	0	8,237	0		23.00
24.00	FAMILY PRACTICES	91.01	0	1,417	0		24.00
25.00	WOUND CARE	91.03	0	137	0		25.00
26.00	MACNEAL SCHOOL	194.01	0	38	0		26.00
	TOTALS		0	133,048			
<b>I - CHI CAGO MARKET CHARGEBACKS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,316,757	440,398	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	103,261	0		2.00
3.00	PHARMACY	15.00	801,969	2,850	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	3,092,608	1,050,283	0		4.00
5.00	RESEARCH	191.00	279,687	4,915	0		5.00
6.00	MARKETING	194.00	759,863	919,839	0		6.00
	TOTALS		6,250,884	2,521,546			
<b>J - REGIONAL EXPENSES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	2,560,965	857,216	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
	TOTALS		2,560,965	857,216			
<b>K - NON INTERNS &amp; RESIDENTS COSTS</b>							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,931,529	0	0		1.00
	TOTALS		2,931,529	0			
500.00	Grand Total: Decreases		11,774,128	52,403,577			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	2,867,991	0	0	0	0	2.00
3.00	Buildings and Fixtures	125,642,733	2,049,592	0	2,049,592	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	193,394,242	8,518,683	0	8,518,683	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	321,904,966	10,568,275	0	10,568,275	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	321,904,966	10,568,275	0	10,568,275	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	0	0				1.00
2.00	Land Improvements	2,867,991	0				2.00
3.00	Buildings and Fixtures	127,692,325	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	201,912,925	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	332,473,241	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	332,473,241	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140054

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/19/2015 1:02 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	130,560,316	0	130,560,316	0.392694	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	201,912,925	0	201,912,925	0.607306	0	2.00
3.00	Total (sum of lines 1-2)	332,473,241	0	332,473,241	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	3,975,206	2,246,763	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,422,259	260,031	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,397,465	2,506,794	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	355,120	89,233	2,473,204	0	9,139,526	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	23,731	0	0	8,706,021	2.00
3.00	Total (sum of lines 1-2)	355,120	112,964	2,473,204	0	17,845,547	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140054

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

Worksheet A-8

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			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	-6,013,537					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	-1,256,656					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-670,527	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	B	-3,506	MEDICAL RECORDS & LIBRARY		16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-18,376	DIETARY		10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-2,540,093	CAP REL COSTS-BLDG & FIXT		1.00		9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-8,304,178	CAP REL COSTS-MVBLE EQUIP		2.00		9	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 PATIENT PHONES-DIRECT	A	-208,720	ADMINISTRATIVE & GENERAL		5.00		0	33.00
33.01 PATIENT PHONES-BENEFITS	A	-7,672	EMPLOYEE BENEFITS DEPARTMENT		4.00		0	33.01

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	
33.02	PATIENT PHONES-DEPREC.	A	-2,310	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.02
33.03	TELEVISION-DEPREC	A	-11,979	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.03
33.04	TELEVISION-CABLE	A	-12,972	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05	TELEVISION-CABLE	A	-6,194	FAMILY PRACTICES	91.01	0 33.05
33.06	OTHER OPERATING REVENUE	B	-30	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.06
33.07	TELEPHONE SERVICES	B	-217,226	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08	OTHER OPERATING REVENUE	B	-1,545,193	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	RENT INCOME	B	-217,817	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	OTHER OPERATING REVENUE	B	-15,513	LAUNDRY & LINEN SERVICE	8.00	0 33.10
33.11	OTHER OPERATING REVENUE	B	-27,893	MEDICAL RECORDS & LIBRARY	16.00	0 33.11
33.12	OTHER OPERATING REVENUE	B	-266,400	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.12
33.13	FIRST PHOTO BABY PICTURES	B	-4,147	NURSERY	43.00	0 33.13
33.14	OTHER OPERATING REVENUE	B	-1,074	RADIOLOGY-DIAGNOSTIC	54.00	0 33.14
33.15	OTHER OPERATING REVENUE	B	-196	ELECTROCARDIOLOGY	69.00	0 33.15
33.16	OTHER OPERATING REVENUE	B	-3,268	FAMILY PRACTICES	91.01	0 33.16
33.17	OTHER OPERATING REVENUE	B	-412	HOME HEALTH AGENCY	101.00	0 33.17
33.18	INTEREST INCOME	B	-4,145	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19	ADVERTISING	A	-4,512	ADMINISTRATIVE & GENERAL	5.00	0 33.19
33.20	ADVERTISING	A	-2,722	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.20
33.21	ADVERTISING	A	-857	EMERGENCY	91.00	0 33.21
33.22	ADVERTISING	A	-1,316	FAMILY PRACTICES	91.01	0 33.22
33.23	ADVERTISING	A	-5,742	HOME HEALTH AGENCY	101.00	0 33.23
33.24	OTHER OPERATING EXPENSES	A	-4,591	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
33.25	OTHER OPERATING EXPENSES	A	-33,741	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26	OTHER OPERATING EXPENSES	A	-85	HOUSEKEEPING	9.00	0 33.26
33.27	OTHER OPERATING EXPENSES	A	-2,196	NURSING ADMINISTRATION	13.00	0 33.27
33.28	OTHER OPERATING EXPENSES	A	-4,797	ADULTS & PEDIATRICS	30.00	0 33.28
33.29	OTHER OPERATING EXPENSES	A	-6,000	OPERATING ROOM	50.00	0 33.29
33.30	OTHER OPERATING EXPENSES	A	-40	EMERGENCY	91.00	0 33.30
33.31	OTHER OPERATING EXPENSES	A	-11,682	FAMILY PRACTICES	91.01	0 33.31
33.32	OTHER OPERATING EXPENSES	A	-64	HOME HEALTH AGENCY	101.00	0 33.32
33.33	PHYSICIAN RECRUITMENT	A	-29,458	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	PHYSICIAN RECRUITMENT	A	-5,291	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.34
33.35	NON-ALLOWABLE MEALS	A	-19,881	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36	NON-ALLOWABLE MEALS	A	-14,309	NURSING ADMINISTRATION	13.00	0 33.36
33.37	NON-ALLOWABLE MEALS	A	-1,300	FAMILY PRACTICES	91.01	0 33.37
33.38	NON-ALLOWABLE TRAVEL	A	-8,725	ADMINISTRATIVE & GENERAL	5.00	0 33.38
33.39	NON-ALLOWABLE TRAVEL	A	-472	MAINTENANCE & REPAIRS	6.00	0 33.39
33.40	NON-ALLOWABLE TRAVEL	A	-3,722	NURSING ADMINISTRATION	13.00	0 33.40
33.41	NON-ALLOWABLE TRAVEL	A	-10,366	FAMILY PRACTICES	91.01	0 33.41
33.42	DUES & SUBSCRIPTIONS	A	-8,236	ADMINISTRATIVE & GENERAL	5.00	0 33.42
33.43	DUES & SUBSCRIPTIONS	A	-4,173	FAMILY PRACTICES	91.01	0 33.43
33.44	DUES & SUBSCRIPTIONS	A	-3,500	HOME HEALTH AGENCY	101.00	0 33.44
33.45	LOBBYING DUES	A	-84,843	ADMINISTRATIVE & GENERAL	5.00	0 33.45
33.46	PURCHASED SERVICES	A	-2,373	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.46
33.47	PURCHASED SERVICES	A	-132,276	ADMINISTRATIVE & GENERAL	5.00	0 33.47
33.48	PURCHASED SERVICES	A	-19,674	MAINTENANCE & REPAIRS	6.00	0 33.48
33.49	PURCHASED SERVICES <\$1,000	A	-1,061	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.49
33.50	PURCHASED SERVICES <\$1,000	A	-3,590	ADMINISTRATIVE & GENERAL	5.00	0 33.50
33.51	PURCHASED SERVICES <\$1,000	A	-255	SKILLED NURSING FACILITY	44.00	0 33.51
33.52	PURCHASED SERVICES <\$1,000	A	-915	RADIOLOGY-DIAGNOSTIC	54.00	0 33.52
33.53	PURCHASED SERVICES <\$1,000	A	-846	FAMILY PRACTICES	91.01	0 33.53
33.54	DONATIONS & CONTRIBUTIONS	A	-50,081	ADMINISTRATIVE & GENERAL	5.00	0 33.54
33.55	DONATIONS & CONTRIBUTIONS	A	-1,500	ADULTS & PEDIATRICS	30.00	0 33.55
33.56	DONATIONS & CONTRIBUTIONS	A	-1,000	EMERGENCY	91.00	0 33.56
33.57	PATIENT TRANSPORTATION	A	-23	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.57
33.58	PATIENT TRANSPORTATION	A	-40	ADMINISTRATIVE & GENERAL	5.00	0 33.58
33.59	PATIENT TRANSPORTATION	A	-615	NURSING ADMINISTRATION	13.00	0 33.59
33.60	PATIENT TRANSPORTATION	A	-746	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 33.60
33.61	PATIENT TRANSPORTATION	A	-12,281	ADULTS & PEDIATRICS	30.00	0 33.61
33.62	PATIENT TRANSPORTATION	A	-37	INTENSIVE CARE UNIT	31.00	0 33.62
33.63	PATIENT TRANSPORTATION	A	-1,371	SUBPROVIDER - I/PF	40.00	0 33.63
33.64	PATIENT TRANSPORTATION	A	-125	SKILLED NURSING FACILITY	44.00	0 33.64
33.65	PATIENT TRANSPORTATION	A	-100	DELIVERY ROOM & LABOR ROOM	52.00	0 33.65
33.66	PATIENT TRANSPORTATION	A	-19	GASTROINTESTINAL	59.01	0 33.66
33.67	PATIENT TRANSPORTATION	A	-10,807	EMERGENCY	91.00	0 33.67

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	
33.68 PATIENT TRANSPORTATION	A	-182,945	FAMILY PRACTICES		91.01	0 33.68
33.69 PATIENT TRANSPORTATION	A	-24	PSYCH DAY HOSPITAL		91.02	0 33.69
33.70 ALCOHOL & LIQUOR	A	-74	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.70
33.71 ALCOHOL & LIQUOR	A	-92	ADMINISTRATIVE & GENERAL		5.00	0 33.71
33.72 ALCOHOL & LIQUOR	A	-8	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.72
33.73 NON-PATIENT BAD DEBT EXPENSE	A	91,067	ADMINISTRATIVE & GENERAL		5.00	0 33.73
33.74 OTHER NON OPERATING REV	A	-82,481	ADMINISTRATIVE & GENERAL		5.00	0 33.74
33.75 NON REIMBURSEABLE ME	A	1,677	ADMINISTRATIVE & GENERAL		5.00	0 33.75
33.76 PENALTIES & FINES	A	-599	ADMINISTRATIVE & GENERAL		5.00	0 33.76
33.77 PENALTIES & FINES	A	-7,500	MAINTENANCE & REPAIRS		6.00	0 33.77
33.78 PHYSICIAN INCENTIVES	A	-1,616	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.78
33.79 PHYSICIAN INCENTIVES	A	-1,571	FAMILY PRACTICES		91.01	0 33.79
33.80 MSO FEES	A	147,055	ADMINISTRATIVE & GENERAL		5.00	0 33.80
33.81 MSO FEES	A	-36	DIETARY		10.00	0 33.81
33.82 MSO FEES	A	-266,407	MEDICAL RECORDS & LIBRARY		16.00	0 33.82
33.83 MSO FEES	A	-6,772	SUBPROVIDER - IPF		40.00	0 33.83
33.84 MSO FEES	A	-423	LABORATORY		60.00	0 33.84
33.85 MSO FEES	A	-29,072	ELECTROCARDIOLOGY		69.00	0 33.85
33.86 MSO FEES	A	-302,321	FAMILY PRACTICES		91.01	0 33.86
33.87 PHYSICIAN CONTINUING EDUCATION	A	-56,423	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.87
33.88 PHYSICIAN CONTINUING EDUCATION	A	-4,300	PHYSICAL THERAPY		66.00	0 33.88
33.89 PHYSICIAN CONTINUING EDUCATION	A	-5,200	FAMILY PRACTICES		91.01	0 33.89
33.90 PHYSICIAN RELOCATION EXPENSE	A	-257,816	ADMINISTRATIVE & GENERAL		5.00	0 33.90
33.91 EMPLOYEE BENEFITS	A	-38,613	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.91
33.92 EMPLOYEE BENEFITS	A	-2,134	ADMINISTRATIVE & GENERAL		5.00	0 33.92
33.93 FLOWERS (EST. FROM PY \$)	A	-3,000	ADMINISTRATIVE & GENERAL		5.00	0 33.93
33.94 PROPERTY TAXES TO STATEMENTS	A	906,091	CAP REL COSTS-BLDG & FIXT		1.00	13 33.94
33.95 LEGAL	A	-10,847	ADMINISTRATIVE & GENERAL		5.00	0 33.95
33.96 LEGAL <\$1,000	A	-1,126	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.96
33.97 LEGAL <\$1,000	A	95	ADMINISTRATIVE & GENERAL		5.00	0 33.97
33.98 MEDICAL STAFF RELATIONS	A	-110,666	ADMINISTRATIVE & GENERAL		5.00	0 33.98
33.99 MEDICAL STAFF RELATIONS	A	-7,805	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 33.99
34.00 IDPA TAX ASSESSMENT	A	-3,226,249	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 34.01
34.02 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 34.02
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,332,525				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: 140054

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

Worksheet A-8-1

Date/Time Prepared: 2/19/2015 1:02 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	0	25,057 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	0	88,245 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	0	4,154,146 3.00
4.00	22.00	I&R SERVICES-OTHER PRGM COST	MALPRACTICE INSURANCE	0	1,213,407 4.00
4.01	101.00	HOME HEALTH AGENCY	MALPRACTICE INSURANCE	0	89,269 4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	WORKERS COMP	0	1,470,264 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	ITS OPERATIONS	0	2,651,147 4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	4,622,563 4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CORPORATE OVERHEAD	0	2,723,476 4.05
4.06	1.00	CAP REL COSTS-BLDG & FIXT	TENET DIRECT ALLOC. -PROPERTY	89,233	0 4.06
4.07	2.00	CAP REL COSTS-MVBLE EQUIP	TENET DIRECT ALLOC. -AUTO INS	23,731	0 4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	TENET DIRECT ALLOC. -GENERAL	19,960	0 4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	TENET DIRECT ALLOC. -PROF. LI	4,636,051	0 4.09
4.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	TENET DIRECT ALLOC. -WORKERS	446,179	0 4.10
4.11	1.00	CAP REL COSTS-BLDG & FIXT	TENET DIRECT ALLOC. -INTEREST	355,120	0 4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	TENET DIRECT ALLOC. -INTEREST	393,984	0 4.12
4.13	1.00	CAP REL COSTS-BLDG & FIXT	TENET POOL ALLOC. -CAPITAL	1,699,696	0 4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	TENET POOL ALLOC. -NON CAPITAL	8,214,036	0 4.14
4.15	60.00	LABORATORY	GENESIS LAB	3,433,456	3,433,456 4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	FINANCE DEPT.	636,044	715,378 4.16
4.17	4.00	EMPLOYEE BENEFITS DEPARTMENT	FINANCE DEPT.	183,880	201,618 4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,131,370	21,388,026 5.00

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

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

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

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

6.00	B		0.00	TENET HLTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140054

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

Worksheet A-8-1

Date/Time Prepared:  
2/19/2015 1:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-25,057	0		1.00
2.00	-88,245	0		2.00
3.00	-4,154,146	0		3.00
4.00	-1,213,407	0		4.00
4.01	-89,269	0		4.01
4.02	-1,470,264	0		4.02
4.03	-2,651,147	0		4.03
4.04	-4,622,563	0		4.04
4.05	-2,723,476	0		4.05
4.06	89,233	12		4.06
4.07	23,731	12		4.07
4.08	19,960	0		4.08
4.09	4,636,051	0		4.09
4.10	446,179	0		4.10
4.11	355,120	11		4.11
4.12	393,984	0		4.12
4.13	1,699,696	9		4.13
4.14	8,214,036	0		4.14
4.15	0	0		4.15
4.16	-79,334	0		4.16
4.17	-17,738	0		4.17
5.00	-1,256,656			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140054

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

Worksheet A-8-2

Date/Time Prepared:  
2/19/2015 1:02 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	402,314	402,314	0	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	410	410	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	229,281	223,905	5,376	177,200	3.00
4.00	15.00	PHARMACY	4,584	4,584	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	17,760	0	17,760	177,200	5.00
6.00	40.00	SUBPROVIDER - IPF	74,077	33,817	40,260	154,100	6.00
7.00	43.00	NURSERY	360,000	360,000	0	0	7.00
8.00	44.00	SKILLED NURSING FACILITY	21,313	21,313	0	0	8.00
9.00	50.00	OPERATING ROOM	523,716	523,716	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	1,380,200	1,380,200	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	519,000	501,000	18,000	200,300	11.00
12.00	59.00	CARDIAC CATHETERIZATION	42,000	0	42,000	177,200	12.00
13.00	69.00	ELECTROCARDIOLOGY	172,786	172,786	0	0	13.00
14.00	91.00	EMERGENCY	288,000	288,000	0	0	14.00
15.00	91.01	FAMILY PRACTICES	2,048,705	2,048,705	0	0	15.00
16.00	91.02	PSYCH DAY HOSPITAL	6,680	800	5,880	154,100	16.00
200.00			6,090,826	5,961,550	129,276		200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	3,663	183	0	0	3.00
4.00	15.00	PHARMACY	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	12,694	635	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	24,819	1,241	0	0	6.00
7.00	43.00	NURSERY	0	0	0	0	7.00
8.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	12,037	602	0	0	11.00
12.00	59.00	CARDIAC CATHETERIZATION	20,446	1,022	0	0	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	14.00
15.00	91.01	FAMILY PRACTICES	0	0	0	0	15.00
16.00	91.02	PSYCH DAY HOSPITAL	3,630	182	0	0	16.00
200.00			77,289	3,865	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	0	402,314	1.00	
2.00	6.00	MAINTENANCE & REPAIRS	0	0	410	2.00	
3.00	13.00	NURSING ADMINISTRATION	0	3,663	1,713	225,618	3.00
4.00	15.00	PHARMACY	0	0	4,584	4.00	
5.00	30.00	ADULTS & PEDIATRICS	0	12,694	5,066	5,066	5.00
6.00	40.00	SUBPROVIDER - IPF	0	24,819	15,441	49,258	6.00
7.00	43.00	NURSERY	0	0	0	360,000	7.00
8.00	44.00	SKILLED NURSING FACILITY	0	0	0	21,313	8.00
9.00	50.00	OPERATING ROOM	0	0	0	523,716	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,380,200	10.00
11.00	53.00	ANESTHESIOLOGY	0	12,037	5,963	506,963	11.00
12.00	59.00	CARDIAC CATHETERIZATION	0	20,446	21,554	21,554	12.00
13.00	69.00	ELECTROCARDIOLOGY	0	0	0	172,786	13.00
14.00	91.00	EMERGENCY	0	0	0	288,000	14.00
15.00	91.01	FAMILY PRACTICES	0	0	0	2,048,705	15.00
16.00	91.02	PSYCH DAY HOSPITAL	0	3,630	2,250	3,050	16.00
200.00			0	77,289	51,987	6,013,537	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,139,526	9,139,526			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,706,021		8,706,021		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,808,195	0	0	18,808,195	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	30,000,910	938,355	924,475	2,760,604	5.00
6.00 00600	MAINTENANCE & REPAIRS	8,119,508	3,714,133	3,659,194	283,259	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	923,843	5,840	5,754	88,479	8.00
9.00 00900	HOUSEKEEPING	2,748,259	76,344	75,215	357,450	9.00
10.00 01000	DIETARY	2,752,353	221,647	218,369	403,232	10.00
11.00 01100	CAFETERIA	0	83,756	82,517	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,768,418	17,129	16,875	274,598	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,289,798	47,737	47,031	61,371	14.00
15.00 01500	PHARMACY	5,806,731	59,038	58,165	459,148	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,343,438	61,509	60,599	358,135	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,401,904	0	0	963,910	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,982,797	71,581	70,522	523,099	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	20,542,187	1,087,902	1,071,809	3,536,717	30.00
31.00 03100	INTENSIVE CARE UNIT	3,692,938	95,906	94,487	633,924	31.00
40.00 04000	SUBPROVIDER - IPF	2,961,782	152,575	150,318	511,203	40.00
43.00 04300	NURSERY	1,136,938	43,215	42,575	197,404	43.00
44.00 04400	SKILLED NURSING FACILITY	2,909,070	149,750	147,534	498,413	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,716,894	361,831	356,479	834,212	50.00
51.00 05100	RECOVERY ROOM	654,963	33,599	33,102	104,638	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,770,626	94,841	93,439	301,766	52.00
53.00 05300	ANESTHESIOLOGY	716,893	2,280	2,247	83,547	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,558,144	259,705	255,864	412,551	54.00
56.00 05600	RADIOISOTOPE	610,042	24,743	24,377	50,969	56.00
56.01 03630	ULTRA SOUND	899,615	0	0	156,515	56.01
56.02 03440	MAMMOGRAPHY	826,987	57,176	56,330	131,214	56.02
57.00 05700	CT SCAN	803,245	23,438	23,091	127,645	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	748,122	0	0	79,639	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,209,607	47,775	47,069	151,434	59.00
59.01 05901	GASTROINTESTINAL	2,382,305	88,329	87,023	316,092	59.01
60.00 06000	LABORATORY	5,415,596	234,646	231,175	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	741,100	13,569	13,368	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,248,234	26,808	26,411	204,731	65.00
66.00 06600	PHYSICAL THERAPY	2,491,685	102,063	100,553	438,952	66.00
66.01 06601	TCU REHAB	995,221	33,953	33,451	175,568	66.01
68.00 06800	SPEECH PATHOLOGY	139,566	16,673	16,426	24,469	68.00
69.00 06900	ELECTROCARDIOLOGY	699,943	0	0	116,596	69.00
69.01 06901	CARDIAC REHAB	181,666	92,941	91,566	30,095	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,481,804	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,619,987	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,846,069	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	483,865	3,737	3,682	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	5,730,091	165,586	163,137	925,965	91.00
91.01 09101	FAMILY PRACTICES	4,794,756	163,483	161,065	671,361	91.01
91.02 09102	PSYCH DAY HOSPITAL	206,293	66,741	65,754	35,218	91.02
91.03 09103	WOUND CARE	188,915	0	0	30,468	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	7,713,788	78,219	77,062	1,045,998	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	207,910,638	8,818,553	8,688,110	18,360,589	207,124,148
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,416	0	0	12,416
191.00 19100	RESEARCH	71,183	0	0	12,477	83,660
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	211,005	0	0	211,005
194.00 07950	MARKETING	885,173	18,180	17,911	67,982	989,246
194.01 07951	MACNEAL SCHOOL	2,066,851	0	0	323,045	2,389,896
194.02 07952	COMMUNITY RELATIONS	346,945	0	0	44,102	391,047
194.03 07953	RETAIL PHARMACY	1	0	0	0	1
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	0
194.05 07955	CATERED MEALS	0	0	0	0	0
194.06 07956	VACANT SPACE	0	79,372	0	0	79,372
200.00	Cross Foot Adjustments					0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00   Negative Cost Centers		0	0	0	0	201.00
202.00   TOTAL (sum lines 118-201)	211,280,791	9,139,526	8,706,021	18,808,195	211,280,791	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	34,624,344				5.00	
6.00	00600	MAINTENANCE & REPAIRS	3,092,083	18,868,177			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	200,685	24,559	1,249,160		8.00	
9.00	00900	HOUSEKEEPING	638,418	321,031	0	4,216,717	9.00	
10.00	01000	DIETARY	704,731	932,035	0	212,180	10.00	
11.00	01100	CAFETERIA	32,589	352,197	0	80,179	11.00	
13.00	01300	NURSING ADMINISTRATION	407,092	72,027	0	16,397	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	283,401	200,738	24,575	45,698	14.00	
15.00	01500	PHARMACY	1,251,071	248,258	0	56,517	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	553,436	258,647	0	58,882	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,247,687	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	910,999	301,000	0	68,523	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,142,747	4,574,667	384,322	1,041,433	1,656,190	30.00
31.00	03100	INTENSIVE CARE UNIT	885,373	403,287	57,849	91,809	156,317	31.00
40.00	04000	SUBPROVIDER - IPF	740,065	641,583	56,238	146,058	241,755	40.00
43.00	04300	NURSERY	278,343	181,719	17,955	41,369	0	43.00
44.00	04400	SKILLED NURSING FACILITY	726,127	629,703	84,866	143,354	390,699	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,816,787	1,521,515	119,232	346,377	0	50.00
51.00	05100	RECOVERY ROOM	161,954	141,284	26,042	32,164	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	443,087	398,812	48,213	90,791	0	52.00
53.00	05300	ANESTHESIOLOGY	157,772	9,589	8,770	2,183	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	683,301	1,092,071	71,801	248,613	0	54.00
56.00	05600	RADIOISOTOPE	139,184	104,045	0	23,686	0	56.00
56.01	03630	ULTRA SOUND	206,999	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	210,052	240,427	17,515	54,734	0	56.02
57.00	05700	CT SCAN	191,572	98,558	0	22,437	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	162,240	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	285,351	200,898	6,924	45,735	0	59.00
59.01	05901	GASTROINTESTINAL	563,249	371,429	55,050	84,557	0	59.01
60.00	06000	LABORATORY	1,152,746	986,694	0	224,624	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	150,534	57,057	0	12,989	0	63.00
65.00	06500	RESPIRATORY THERAPY	295,209	112,729	0	25,663	0	65.00
66.00	06600	PHYSICAL THERAPY	614,111	429,178	23,749	97,704	0	66.00
66.01	06601	TCU REHAB	242,683	142,775	0	32,503	0	66.01
68.00	06800	SPEECH PATHOLOGY	38,638	70,109	0	15,961	0	68.00
69.00	06900	ELECTROCARDIOLOGY	160,040	0	63,496	0	0	69.00
69.01	06901	CARDIAC REHAB	77,668	390,821	577	88,971	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,054,413	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,885,498	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	557,824	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	96,291	15,716	0	3,578	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	1,369,003	696,296	136,810	158,514	0	91.00
91.01	09101	FAMILY PRACTICES	1,134,959	687,452	2,470	156,500	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	73,304	280,649	0	63,891	0	91.02
91.03	09103	WOUND CARE	42,999	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	1,747,335	328,916	0	74,879	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,809,650	17,518,471	1,206,454	3,909,453	4,193,569	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,434	52,209	0	11,885	0	190.00
191.00	19100	RESEARCH	16,397	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,357	887,284	42,362	201,993	0	192.00
194.00	07950	MARKETING	193,890	76,449	0	17,404	0	194.00
194.01	07951	MACNEAL SCHOOL	468,415	0	344	0	57,223	194.01
194.02	07952	COMMUNITY RELATIONS	76,644	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	1,193,755	194.05
194.06	07956	VACANT SPACE	15,557	333,764	0	75,982	0	194.06
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)	34,624,344	18,868,177	1,249,160	4,216,717	5,444,547	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part I Date/Time Prepared: 2/19/2015 1:02 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,379,846					11.00
13.00	01300		2,608,881				13.00
14.00	01400			2,022,491			14.00
15.00	01500		5,851		8,003,287		15.00
16.00	01600					3,770,912	16.00
21.00	02100	202,595					21.00
22.00	02200	48,709	551				22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	636,776	1,215,140			320,310	30.00
31.00	03100	84,145	238,016			69,804	31.00
40.00	04000	79,822	113,017			39,432	40.00
43.00	04300	26,466	86,512			20,087	43.00
44.00	04400	96,287	136,682			20,468	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	155,825	144,951			436,377	50.00
51.00	05100	15,374	43,383			80,043	51.00
52.00	05200	38,305	99,042			58,798	52.00
53.00	05300	15,213	20,350			157,842	53.00
54.00	05400	75,741	11,959			145,960	54.00
56.00	05600	6,182				45,318	56.00
56.01	03630	20,466	32			81,042	56.01
56.02	03440	19,678	3,472			74,185	56.02
57.00	05700	19,455	7,127			301,158	57.00
58.00	05800	14,526				112,820	58.00
59.00	05900	19,496	35,293			141,296	59.00
59.01	05901	54,588	95,800			101,529	59.01
60.00	06000	65,316				270,603	60.00
63.00	06300					9,577	63.00
65.00	06500	35,860	38			28,560	65.00
66.00	06600	85,438				78,258	66.00
66.01	06601		29			6,506	66.01
68.00	06800	3,131				3,262	68.00
69.00	06900	17,900	11,340			99,930	69.00
69.01	06901	6,627	4,415			6,417	69.01
71.00	07100			1,054,605		229,916	71.00
72.00	07200			967,886		124,188	72.00
73.00	07300				8,003,287	280,090	73.00
74.00	07400					3,571	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	150,472	316,583			299,936	91.00
91.01	09101		1,087			60,666	91.01
91.02	09102	6,748	7,159			9,627	91.02
91.03	09103	3,596	4,998			9,595	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	93,035	5,794			43,741	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		2,291,033	2,608,621	2,022,491	8,003,287	3,770,912	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
191.00	19100	1,677					191.00
192.00	19200						192.00
194.00	07950	9,940	260				194.00
194.01	07951	70,468					194.01
194.02	07952	6,728					194.02
194.03	07953						194.03
194.04	07954						194.04
194.05	07955						194.05
194.06	07956						194.06
200.00							200.00
201.00							201.00
202.00		2,379,846	2,608,881	2,022,491	8,003,287	3,770,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,816,096				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	5,977,781			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	4,348,650	3,325,865	48,884,715	-7,674,515	41,210,200 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	6,503,855	0	6,503,855 31.00
40.00 04000	SUBPROVIDER - I PF	39,720	30,378	5,903,946	-70,098	5,833,848 40.00
43.00 04300	NURSERY	0	0	2,072,583	0	2,072,583 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	5,932,953	0	5,932,953 44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	384,700	294,220	14,489,400	-678,920	13,810,480 50.00
51.00 05100	RECOVERY ROOM	0	0	1,326,546	0	1,326,546 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	3,437,720	0	3,437,720 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,176,686	0	1,176,686 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	5,815,710	0	5,815,710 54.00
56.00 05600	RADIOISOTOPE	0	0	1,028,546	0	1,028,546 56.00
56.01 03630	ULTRA SOUND	0	0	1,364,669	0	1,364,669 56.01
56.02 03440	MAMMOGRAPHY	0	0	1,691,770	0	1,691,770 56.02
57.00 05700	CT SCAN	0	0	1,617,726	0	1,617,726 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,117,347	0	1,117,347 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	2,190,878	0	2,190,878 59.00
59.01 05901	GASTROINTESTINAL	0	0	4,199,951	0	4,199,951 59.01
60.00 06000	LABORATORY	0	0	8,581,400	0	8,581,400 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	998,194	0	998,194 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	2,004,243	0	2,004,243 65.00
66.00 06600	PHYSICAL THERAPY	0	0	4,461,691	0	4,461,691 66.00
66.01 06601	TCU REHAB	0	0	1,662,689	0	1,662,689 66.01
68.00 06800	SPEECH PATHOLOGY	0	0	328,235	0	328,235 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	1,169,245	0	1,169,245 69.00
69.01 06901	CARDIAC REHAB	0	0	971,764	0	971,764 69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,820,738	0	13,820,738 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,597,559	0	12,597,559 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	11,687,270	0	11,687,270 73.00
74.00 07400	RENAL DIALYSIS	0	0	610,440	0	610,440 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	220,669	168,769	10,501,831	-389,438	10,112,393 91.00
91.01 09101	FAMILY PRACTICES	2,822,357	2,158,549	12,814,705	-4,980,906	7,833,799 91.01
91.02 09102	PSYCH DAY HOSPITAL	0	0	815,384	0	815,384 91.02
91.03 09103	WOUND CARE	0	0	280,571	0	280,571 91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	11,208,767	0	11,208,767 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,816,096	5,977,781	203,269,727	-13,793,877	189,475,850 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	78,944	0	78,944 190.00
191.00 19100	RESEARCH	0	0	101,734	0	101,734 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,384,001	0	1,384,001 192.00
194.00 07950	MARKETING	0	0	1,287,189	0	1,287,189 194.00
194.01 07951	MACNEAL SCHOOL	0	0	2,986,346	0	2,986,346 194.01
194.02 07952	COMMUNITY RELATIONS	0	0	474,419	0	474,419 194.02
194.03 07953	RETAIL PHARMACY	0	0	1	0	1 194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	0 194.04
194.05 07955	CATERED MEALS	0	0	1,193,755	0	1,193,755 194.05
194.06 07956	VACANT SPACE	0	0	504,675	0	504,675 194.06
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140054

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

Worksheet B  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,816,096	5,977,781	211,280,791	-13,793,877	197,486,914	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	938,355	924,475	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	3,714,133	3,659,194	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,840	5,754	8.00
9.00 00900	HOUSEKEEPING	0	76,344	75,215	9.00
10.00 01000	DIETARY	0	221,647	218,369	10.00
11.00 01100	CAFETERIA	0	83,756	82,517	11.00
13.00 01300	NURSING ADMINISTRATION	0	17,129	16,875	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	47,737	47,031	14.00
15.00 01500	PHARMACY	0	59,038	58,165	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,509	60,599	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	71,581	70,522	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	1,087,902	1,071,809	30.00
31.00 03100	INTENSIVE CARE UNIT	0	95,906	94,487	31.00
40.00 04000	SUBPROVIDER - IPF	0	152,575	150,318	40.00
43.00 04300	NURSERY	0	43,215	42,575	43.00
44.00 04400	SKILLED NURSING FACILITY	0	149,750	147,534	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	361,831	356,479	50.00
51.00 05100	RECOVERY ROOM	0	33,599	33,102	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	94,841	93,439	52.00
53.00 05300	ANESTHESIOLOGY	0	2,280	2,247	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	259,705	255,864	54.00
56.00 05600	RADIOLOGY	0	24,743	24,377	56.00
56.01 03630	ULTRASOUND	0	0	0	56.01
56.02 03440	MAMMOGRAPHY	0	57,176	56,330	56.02
57.00 05700	CT SCAN	0	23,438	23,091	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	47,775	47,069	59.00
59.01 05901	GASTROINTESTINAL	0	88,329	87,023	59.01
60.00 06000	LABORATORY	0	234,646	231,175	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	13,569	13,368	63.00
65.00 06500	RESPIRATORY THERAPY	0	26,808	26,411	65.00
66.00 06600	PHYSICAL THERAPY	0	102,063	100,553	66.00
66.01 06601	TCU REHAB	0	33,953	33,451	66.01
68.00 06800	SPEECH PATHOLOGY	0	16,673	16,426	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CARDIAC REHAB	0	92,941	91,566	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	3,737	3,682	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00 09100	EMERGENCY	0	165,586	163,137	91.00
91.01 09101	FAMILY PRACTICES	0	163,483	161,065	91.01
91.02 09102	PSYCH DAY HOSPITAL	0	66,741	65,754	91.02
91.03 09103	WOUND CARE	0	0	0	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	78,219	77,062	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,818,553	8,688,110	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,416	0	190.00
191.00 19100	RESEARCH	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	211,005	0	192.00
194.00 07950	MARKETING	0	18,180	17,911	194.00
194.01 07951	MACNEAL SCHOOL	0	0	0	194.01
194.02 07952	COMMUNITY RELATIONS	0	0	0	194.02
194.03 07953	RETAIL PHARMACY	0	0	0	194.03
194.04 07954	HOME DELIVERED MEALS	0	0	0	194.04
194.05 07955	CATERED MEALS	0	0	0	194.05
194.06 07956	VACANT SPACE	0	79,372	0	194.06
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers		0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
202.00   TOTAL (sum lines 118-201)	0	9,139,526	8,706,021	17,845,547		0   202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,862,830				5.00	
6.00	00600	MAINTENANCE & REPAIRS	166,359	7,539,686			6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	10,797	9,814	32,205		8.00	
9.00	00900	HOUSEKEEPING	34,348	128,283	0	314,190	9.00	
10.00	01000	DIETARY	37,916	372,439	0	15,810	10.00	
11.00	01100	CAFETERIA	1,753	140,737	0	5,974	11.00	
13.00	01300	NURSING ADMINISTRATION	21,902	28,782	0	1,222	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	15,247	80,214	634	3,405	14.00	
15.00	01500	PHARMACY	67,310	99,204	0	4,211	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	29,776	103,355	0	4,387	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	67,128	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	49,013	120,279	0	5,106	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	276,672	1,828,030	9,908	77,596	263,486	30.00
31.00	03100	INTENSIVE CARE UNIT	47,634	161,153	1,491	6,841	24,869	31.00
40.00	04000	SUBPROVIDER - IPF	39,817	256,375	1,450	10,883	38,461	40.00
43.00	04300	NURSERY	14,975	72,614	463	3,082	0	43.00
44.00	04400	SKILLED NURSING FACILITY	39,067	251,628	2,188	10,681	62,157	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	97,746	607,995	3,074	25,809	0	50.00
51.00	05100	RECOVERY ROOM	8,713	56,457	671	2,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,839	159,364	1,243	6,765	0	52.00
53.00	05300	ANESTHESIOLOGY	8,488	3,832	226	163	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,763	436,389	1,851	18,524	0	54.00
56.00	05600	RADIOISOTOPE	7,488	41,576	0	1,765	0	56.00
56.01	03630	ULTRA SOUND	11,137	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	11,301	96,074	452	4,078	0	56.02
57.00	05700	CT SCAN	10,307	39,383	0	1,672	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,729	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,352	80,278	179	3,408	0	59.00
59.01	05901	GASTROINTESTINAL	30,304	148,422	1,419	6,300	0	59.01
60.00	06000	LABORATORY	62,020	394,281	0	16,737	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,099	22,800	0	968	0	63.00
65.00	06500	RESPIRATORY THERAPY	15,883	45,046	0	1,912	0	65.00
66.00	06600	PHYSICAL THERAPY	33,040	171,499	612	7,280	0	66.00
66.01	06601	TCU REHAB	13,057	57,053	0	2,422	0	66.01
68.00	06800	SPEECH PATHOLOGY	2,079	28,015	0	1,189	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,610	0	1,637	0	0	69.00
69.01	06901	CARDIAC REHAB	4,179	156,171	15	6,629	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	110,531	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	101,443	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,012	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,181	6,280	0	267	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	73,654	278,238	3,527	11,811	0	91.00
91.01	09101	FAMILY PRACTICES	61,063	274,705	64	11,661	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	3,944	112,147	0	4,761	0	91.02
91.03	09103	WOUND CARE	2,313	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	94,009	131,434	0	5,579	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,818,998	7,000,346	31,104	291,295	667,161	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131	20,863	0	886	0	190.00
191.00	19100	RESEARCH	882	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,225	354,557	1,092	15,051	0	192.00
194.00	07950	MARKETING	10,432	30,549	0	1,297	0	194.00
194.01	07951	MACNEAL SCHOOL	25,201	0	9	0	9,104	194.01
194.02	07952	COMMUNITY RELATIONS	4,124	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	189,916	194.05
194.06	07956	VACANT SPACE	837	133,371	0	5,661	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,862,830	7,539,686	32,205	314,190	866,181	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/19/2015 1:02 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	592,925					11.00
13.00	01300	9,055	94,965				13.00
14.00	01400	5,517	0	199,785			14.00
15.00	01500	14,577	213	0	302,718		15.00
16.00	01600	19,001	0	0	0	278,627	16.00
21.00	02100	50,475	0	0	0	0	21.00
22.00	02200	12,136	20	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	158,653	44,233	0	0	23,635	30.00
31.00	03100	20,964	8,664	0	0	5,151	31.00
40.00	04000	19,887	4,114	0	0	2,910	40.00
43.00	04300	6,594	3,149	0	0	1,482	43.00
44.00	04400	23,989	4,975	0	0	1,510	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	38,823	5,276	0	0	32,577	50.00
51.00	05100	3,830	1,579	0	0	5,906	51.00
52.00	05200	9,543	3,605	0	0	4,339	52.00
53.00	05300	3,790	741	0	0	11,647	53.00
54.00	05400	18,870	435	0	0	10,770	54.00
56.00	05600	1,540	0	0	0	3,344	56.00
56.01	03630	5,099	1	0	0	5,980	56.01
56.02	03440	4,903	126	0	0	5,474	56.02
57.00	05700	4,847	259	0	0	22,222	57.00
58.00	05800	3,619	0	0	0	8,325	58.00
59.00	05900	4,857	1,285	0	0	10,426	59.00
59.01	05901	13,600	3,487	0	0	7,492	59.01
60.00	06000	16,273	0	0	0	19,967	60.00
63.00	06300	0	0	0	0	707	63.00
65.00	06500	8,934	1	0	0	2,107	65.00
66.00	06600	21,286	0	0	0	5,775	66.00
66.01	06601	0	1	0	0	480	66.01
68.00	06800	780	0	0	0	241	68.00
69.00	06900	4,460	413	0	0	7,374	69.00
69.01	06901	1,651	161	0	0	473	69.01
71.00	07100	0	0	104,172	0	16,965	71.00
72.00	07200	0	0	95,613	0	9,164	72.00
73.00	07300	0	0	0	302,718	20,667	73.00
74.00	07400	0	0	0	0	263	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	37,489	11,524	0	0	22,132	91.00
91.01	09101	0	40	0	0	4,476	91.01
91.02	09102	1,681	261	0	0	710	91.02
91.03	09103	896	182	0	0	708	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	23,179	211	0	0	3,228	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		570,798	94,956	199,785	302,718	278,627	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	418	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	2,476	9	0	0	0	194.00
194.01	07951	17,557	0	0	0	0	194.01
194.02	07952	1,676	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		592,925	94,965	199,785	302,718	278,627	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	117,603				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		328,657			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS		4,841,924	0	4,841,924	30.00
31.00 03100	INTENSIVE CARE UNIT		467,160	0	467,160	31.00
40.00 04000	SUBPROVIDER - IPF		676,790	0	676,790	40.00
43.00 04300	NURSERY		188,149	0	188,149	43.00
44.00 04400	SKILLED NURSING FACILITY		693,479	0	693,479	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM		1,529,610	0	1,529,610	50.00
51.00 05100	RECOVERY ROOM		146,254	0	146,254	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		396,978	0	396,978	52.00
53.00 05300	ANESTHESIOLOGY		33,414	0	33,414	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,039,171	0	1,039,171	54.00
56.00 05600	RADIOISOTOPE		104,833	0	104,833	56.00
56.01 03630	ULTRA SOUND		22,217	0	22,217	56.01
56.02 03440	MAMMOGRAPHY		235,914	0	235,914	56.02
57.00 05700	CT SCAN		125,219	0	125,219	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		20,673	0	20,673	58.00
59.00 05900	CARDIAC CATHETERIZATION		210,629	0	210,629	59.00
59.01 05901	GASTROINTESTINAL		386,376	0	386,376	59.01
60.00 06000	LABORATORY		975,099	0	975,099	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		59,511	0	59,511	63.00
65.00 06500	RESPIRATORY THERAPY		127,102	0	127,102	65.00
66.00 06600	PHYSICAL THERAPY		442,108	0	442,108	66.00
66.01 06601	TCU REHAB		140,417	0	140,417	66.01
68.00 06800	SPEECH PATHOLOGY		65,403	0	65,403	68.00
69.00 06900	ELECTROCARDIOLOGY		22,494	0	22,494	69.00
69.01 06901	CARDIAC REHAB		353,786	0	353,786	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		231,668	0	231,668	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		206,220	0	206,220	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		353,397	0	353,397	73.00
74.00 07400	RENAL DIALYSIS		19,410	0	19,410	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY		767,098	0	767,098	91.00
91.01 09101	FAMILY PRACTICES		676,557	0	676,557	91.01
91.02 09102	PSYCH DAY HOSPITAL		255,999	0	255,999	91.02
91.03 09103	WOUND CARE		4,099	0	4,099	91.03
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY		412,921	0	412,921	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	16,232,079	0	16,232,079
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		34,296	0	34,296	190.00
191.00 19100	RESEARCH		1,300	0	1,300	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES		583,930	0	583,930	192.00
194.00 07950	MARKETING		80,854	0	80,854	194.00
194.01 07951	MACNEAL SCHOOL		51,871	0	51,871	194.01
194.02 07952	COMMUNITY RELATIONS		5,800	0	5,800	194.02
194.03 07953	RETAIL PHARMACY		0	0	0	194.03
194.04 07954	HOME DELIVERED MEALS		0	0	0	194.04
194.05 07955	CATERED MEALS		189,916	0	189,916	194.05
194.06 07956	VACANT SPACE		219,241	0	219,241	194.06
200.00	Cross Foot Adjustments	117,603	328,657	446,260	0	446,260

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140054

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

Worksheet B  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				24.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	117,603	328,657	17,845,547	0	17,845,547	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	721,399				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		697,499			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	105,404,159		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	74,066	74,066	15,470,854	-34,624,344	176,656,447
6.00 00600	MAINTENANCE & REPAIRS	293,163	293,163	1,587,426	0	15,776,094
8.00 00800	LAUNDRY & LINEN SERVICE	461	461	495,850	0	1,023,916
9.00 00900	HOUSEKEEPING	6,026	6,026	2,003,207	0	3,257,268
10.00 01000	DIETARY	17,495	17,495	2,259,776	0	3,595,601
11.00 01100	CAFETERIA	6,611	6,611	0	0	166,273
13.00 01300	NURSING ADMINISTRATION	1,352	1,352	1,538,888	0	2,077,020
14.00 01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	343,932	0	1,445,937
15.00 01500	PHARMACY	4,660	4,660	2,573,137	0	6,383,082
16.00 01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	2,007,044	0	2,823,681
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,401,904	0	6,365,814
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,650	5,650	2,931,529	0	4,647,999
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	85,870	85,870	19,820,401	0	26,238,615
31.00 03100	INTENSIVE CARE UNIT	7,570	7,570	3,552,608	0	4,517,255
40.00 04000	SUBPROVIDER - IPF	12,043	12,043	2,864,862	0	3,775,878
43.00 04300	NURSERY	3,411	3,411	1,106,285	0	1,420,132
44.00 04400	SKILLED NURSING FACILITY	11,820	11,820	2,793,185	0	3,704,767
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	28,560	28,560	4,675,054	0	9,269,416
51.00 05100	RECOVERY ROOM	2,652	2,652	586,410	0	826,302
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,691,142	0	2,260,672
53.00 05300	ANESTHESIOLOGY	180	180	468,210	0	804,967
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	2,312,000	0	3,486,264
56.00 05600	RADIOISOTOPE	1,953	1,953	285,638	0	710,131
56.01 03630	ULTRA SOUND	0	0	877,135	0	1,056,130
56.02 03440	MAMMOGRAPHY	4,513	4,513	735,343	0	1,071,707
57.00 05700	CT SCAN	1,850	1,850	715,345	0	977,419
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	446,310	0	827,761
59.00 05900	CARDIAC CATHETERIZATION	3,771	3,771	848,662	0	1,455,885
59.01 05901	GASTROINTESTINAL	6,972	6,972	1,771,431	0	2,873,749
60.00 06000	LABORATORY	18,521	18,521	0	0	5,881,417
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,071	1,071	0	0	768,037
65.00 06500	RESPIRATORY THERAPY	2,116	2,116	1,147,343	0	1,506,184
66.00 06600	PHYSICAL THERAPY	8,056	8,056	2,459,954	0	3,133,253
66.01 06601	TCU REHAB	2,680	2,680	983,913	0	1,238,193
68.00 06800	SPEECH PATHOLOGY	1,316	1,316	137,130	0	197,134
69.00 06900	ELECTROCARDIOLOGY	0	0	653,423	0	816,539
69.01 06901	CARDIAC REHAB	7,336	7,336	168,657	0	396,268
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,481,804
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,619,987
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,846,069
74.00 07400	RENAL DIALYSIS	295	295	0	0	491,284
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	13,070	13,070	5,189,253	0	6,984,779
91.01 09101	FAMILY PRACTICES	12,904	12,904	3,762,410	0	5,790,665
91.02 09102	PSYCH DAY HOSPITAL	5,268	5,268	197,367	0	374,006
91.03 09103	WOUND CARE	0	0	170,749	0	219,383
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	6,174	6,174	5,861,937	0	8,915,067
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	696,064	696,064	102,895,704	-34,624,344	172,499,804
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	980	0	0	0	12,416
191.00 19100	RESEARCH	0	0	69,922	0	83,660
192.00 19200	PHYSICIANS' PRIVATE OFFICES	16,655	0	0	0	211,005
194.00 07950	MARKETING	1,435	1,435	380,981	0	989,246
194.01 07951	MACNEAL SCHOOL	0	0	1,810,396	0	2,389,896
194.02 07952	COMMUNITY RELATIONS	0	0	247,156	0	391,047
194.03 07953	RETAIL PHARMACY	0	0	0	0	1
194.04 07954	HOME DELIVERED MEALS	0	0	0	0	0
194.05 07955	CATERED MEALS	0	0	0	0	0
194.06 07956	VACANT SPACE	6,265	0	0	0	79,372
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	9,139,526	8,706,021	18,808,195		34,624,344	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.669169	12.481768	0.178439		0.195998	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		1,862,830	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.010545	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		6.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	354,170					6.00
8.00	00800		1,791,790				8.00
9.00	00900	6,026	0	347,683			9.00
10.00	01000	17,495	0	17,495	719,206		10.00
11.00	01100	6,611	0	6,611	230,985	117,797	11.00
13.00	01300	1,352	0	1,352	0	1,799	13.00
14.00	01400	3,768	35,250	3,768	0	1,096	14.00
15.00	01500	4,660	0	4,660	0	2,896	15.00
16.00	01600	4,855	0	4,855	0	3,775	16.00
21.00	02100	0	0	0	0	10,028	21.00
22.00	02200	5,650	0	5,650	0	2,411	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	85,870	551,268	85,870	218,777	31,519	30.00
31.00	03100	7,570	82,979	7,570	20,649	4,165	31.00
40.00	04000	12,043	80,668	12,043	31,935	3,951	40.00
43.00	04300	3,411	25,754	3,411	0	1,310	43.00
44.00	04400	11,820	121,731	11,820	51,610	4,766	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	28,560	171,026	28,560	0	7,713	50.00
51.00	05100	2,652	37,354	2,652	0	761	51.00
52.00	05200	7,486	69,157	7,486	0	1,896	52.00
53.00	05300	180	12,580	180	0	753	53.00
54.00	05400	20,499	102,991	20,499	0	3,749	54.00
56.00	05600	1,953	0	1,953	0	306	56.00
56.01	03630	0	0	0	0	1,013	56.01
56.02	03440	4,513	25,124	4,513	0	974	56.02
57.00	05700	1,850	0	1,850	0	963	57.00
58.00	05800	0	0	0	0	719	58.00
59.00	05900	3,771	9,932	3,771	0	965	59.00
59.01	05901	6,972	78,964	6,972	0	2,702	59.01
60.00	06000	18,521	0	18,521	0	3,233	60.00
63.00	06300	1,071	0	1,071	0	0	63.00
65.00	06500	2,116	0	2,116	0	1,775	65.00
66.00	06600	8,056	34,066	8,056	0	4,229	66.00
66.01	06601	2,680	0	2,680	0	0	66.01
68.00	06800	1,316	0	1,316	0	155	68.00
69.00	06900	0	91,079	0	0	886	69.00
69.01	06901	7,336	827	7,336	0	328	69.01
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	295	0	295	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	13,070	196,240	13,070	0	7,448	91.00
91.01	09101	12,904	3,543	12,904	0	0	91.01
91.02	09102	5,268	0	5,268	0	334	91.02
91.03	09103	0	0	0	0	178	91.03
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	6,174	0	6,174	0	4,605	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		328,835	1,730,533	322,348	553,956	113,401	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	980	0	980	0	0	190.00
191.00	19100	0	0	0	0	83	191.00
192.00	19200	16,655	60,764	16,655	0	0	192.00
194.00	07950	1,435	0	1,435	0	492	194.00
194.01	07951	0	493	0	7,559	3,488	194.01
194.02	07952	0	0	0	0	333	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	157,691	0	194.05
194.06	07956	6,265	0	6,265	0	0	194.06
200.00							200.00
201.00							201.00
202.00		18,868,177	1,249,160	4,216,717	5,444,547	2,379,846	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		6.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	53.274351	0.697158	12.128051	7.570219	20.202942	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,539,686	32,205	314,190	866,181	592,925	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	21.288325	0.017974	0.903668	1.204357	5.033447	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	13.00	14.00	15.00	16.00	21.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	813,707					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	20,101,791				14.00	
15.00 01500 PHARMACY	1,825	0	2,846,069			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,038,349,297		16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	10,626	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	172	0	0	0	0	22.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	379,000	0	0	88,191,052	5,912	30.00	
31.00 03100 INTENSIVE CARE UNIT	74,237	0	0	19,219,204	0	31.00	
40.00 04000 SUBPROVIDER - IPF	35,250	0	0	10,856,802	54	40.00	
43.00 04300 NURSERY	26,983	0	0	5,530,547	0	43.00	
44.00 04400 SKILLED NURSING FACILITY	42,631	0	0	5,635,423	0	44.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	45,210	0	0	120,250,662	523	50.00	
51.00 05100 RECOVERY ROOM	13,531	0	0	22,038,252	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,891	0	0	16,188,817	0	52.00	
53.00 05300 ANESTHESIOLOGY	6,347	0	0	43,458,582	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,730	0	0	40,187,088	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	12,477,432	0	56.00	
56.01 03630 ULTRA SOUND	10	0	0	22,313,223	0	56.01	
56.02 03440 MAMMOGRAPHY	1,083	0	0	20,425,387	0	56.02	
57.00 05700 CT SCAN	2,223	0	0	82,917,865	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	31,062,711	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	11,008	0	0	38,903,168	0	59.00	
59.01 05901 GASTROINTESTINAL	29,880	0	0	27,954,023	0	59.01	
60.00 06000 LABORATORY	0	0	0	74,505,343	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,636,792	0	63.00	
65.00 06500 RESPIRATORY THERAPY	12	0	0	7,863,501	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	21,546,870	0	66.00	
66.01 06601 TCU REHAB	9	0	0	1,791,275	0	66.01	
68.00 06800 SPEECH PATHOLOGY	0	0	0	898,237	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,537	0	0	27,513,710	0	69.00	
69.01 06901 CARDIAC REHAB	1,377	0	0	1,766,730	0	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,481,804	0	63,302,841	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,619,987	0	34,192,710	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	2,846,069	77,117,269	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	983,127	0	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	98,742	0	0	82,581,606	300	91.00	
91.01 09101 FAMILY PRACTICES	339	0	0	16,703,279	3,837	91.01	
91.02 09102 PSYCH DAY HOSPITAL	2,233	0	0	2,650,678	0	91.02	
91.03 09103 WOUND CARE	1,559	0	0	2,641,868	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100 HOME HEALTH AGENCY	1,807	0	0	12,043,223	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	813,626	20,101,791	2,846,069	1,038,349,297	10,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 MARKETING	81	0	0	0	0	194.00	
194.01 07951 MACNEAL SCHOOL	0	0	0	0	0	194.01	
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03 07953 RETAIL PHARMACY	0	0	0	0	0	194.03	
194.04 07954 HOME DELIVERED MEALS	0	0	0	0	0	194.04	
194.05 07955 CATERED MEALS	0	0	0	0	0	194.05	
194.06 07956 VACANT SPACE	0	0	0	0	0	194.06	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1

Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
		(DIRECT NURS. HRS.)	(COSTED REQUIS.)		(GROSS CHARGES)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,608,881	2,022,491	8,003,287	3,770,912	7,816,096	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.206168	0.100612	2.812050	0.003632	735.563335	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	94,965	199,785	302,718	278,627	117,603	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.116707	0.009939	0.106364	0.000268	11.067476	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
			22.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	10,626	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	5,912	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
40.00	04000	SUBPROVIDER - IPF	54	40.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	523	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	03630	ULTRASOUND	0	56.01
56.02	03440	MAMMOGRAPHY	0	56.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
59.01	05901	GASTROINTESTINAL	0	59.01
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	TCU REHAB	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIAC REHAB	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	300	91.00
91.01	09101	FAMILY PRACTICES	3,837	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	91.02
91.03	09103	WOUND CARE	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,626	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	MARKETING	0	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	194.02
194.03	07953	RETAIL PHARMACY	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	0	194.06
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140054

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

Worksheet B-1  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME) 22.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	5,977,781		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	562.561735		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	328,657		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	30.929513		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		41,210,200	5,066	41,215,266	30.00
31.00	03100 INTENSIVE CARE UNIT		6,503,855	0	6,503,855	31.00
40.00	04000 SUBPROVIDER - IPF		5,833,848	15,441	5,849,289	40.00
43.00	04300 NURSERY		2,072,583	0	2,072,583	43.00
44.00	04400 SKILLED NURSING FACILITY		5,932,953	0	5,932,953	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		13,810,480	0	13,810,480	50.00
51.00	05100 RECOVERY ROOM		1,326,546	0	1,326,546	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,437,720	0	3,437,720	52.00
53.00	05300 ANESTHESIOLOGY		1,176,686	5,963	1,182,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,815,710	0	5,815,710	54.00
56.00	05600 RADIOISOTOPE		1,028,546	0	1,028,546	56.00
56.01	03630 ULTRA SOUND		1,364,669	0	1,364,669	56.01
56.02	03440 MAMMOGRAPHY		1,691,770	0	1,691,770	56.02
57.00	05700 CT SCAN		1,617,726	0	1,617,726	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,117,347	0	1,117,347	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,190,878	21,554	2,212,432	59.00
59.01	05901 GASTROINTESTINAL		4,199,951	0	4,199,951	59.01
60.00	06000 LABORATORY		8,581,400	0	8,581,400	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		998,194	0	998,194	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,004,243	0	2,004,243	65.00
66.00	06600 PHYSICAL THERAPY	0	4,461,691	0	4,461,691	66.00
66.01	06601 TCU REHAB	0	1,662,689	0	1,662,689	66.01
68.00	06800 SPEECH PATHOLOGY	0	328,235	0	328,235	68.00
69.00	06900 ELECTROCARDIOLOGY		1,169,245	0	1,169,245	69.00
69.01	06901 CARDIAC REHAB		971,764	0	971,764	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,820,738	0	13,820,738	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,597,559	0	12,597,559	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,687,270	0	11,687,270	73.00
74.00	07400 RENAL DIALYSIS		610,440	0	610,440	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00	09100 EMERGENCY		10,112,393	0	10,112,393	91.00
91.01	09101 FAMILY PRACTICES		7,833,799	0	7,833,799	91.01
91.02	09102 PSYCH DAY HOSPITAL		815,384	2,250	817,634	91.02
91.03	09103 WOUND CARE		280,571	0	280,571	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,176,712	0	2,176,712	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100 HOME HEALTH AGENCY		11,208,767	0	11,208,767	101.00
200.00	Subtotal (see instructions)	0	191,652,562	50,274	191,702,836	200.00
201.00	Less Observation Beds		2,176,712	0	2,176,712	201.00
202.00	Total (see instructions)	0	189,475,850	50,274	189,526,124	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,104,168		76,104,168		30.00
31.00	03100	INTENSIVE CARE UNIT	19,219,204		19,219,204		31.00
40.00	04000	SUBPROVIDER - IPF	10,856,802		10,856,802		40.00
43.00	04300	NURSERY	5,530,547		5,530,547		43.00
44.00	04400	SKILLED NURSING FACILITY	5,635,423		5,635,423		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53,373,251	66,877,411	120,250,662	0.114847	50.00
51.00	05100	RECOVERY ROOM	8,057,335	13,980,917	22,038,252	0.060193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,188,817	0	16,188,817	0.212352	52.00
53.00	05300	ANESTHESIOLOGY	16,288,803	27,169,779	43,458,582	0.027076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,297,362	30,889,726	40,187,088	0.144716	54.00
56.00	05600	RADIOISOTOPE	2,734,200	9,743,232	12,477,432	0.082433	56.00
56.01	03630	ULTRA SOUND	5,045,099	17,268,124	22,313,223	0.061160	56.01
56.02	03440	MAMMOGRAPHY	12,337	20,413,050	20,425,387	0.082827	56.02
57.00	05700	CT SCAN	28,977,683	53,940,182	82,917,865	0.019510	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,011,707	26,051,004	31,062,711	0.035971	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,981,872	19,921,296	38,903,168	0.056316	59.00
59.01	05901	GASTROINTESTINAL	5,492,323	22,461,700	27,954,023	0.150245	59.01
60.00	06000	LABORATORY	41,120,264	33,385,079	74,505,343	0.115178	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	1,979,728	657,064	2,636,792	0.378564	63.00
65.00	06500	RESPIRATORY THERAPY	6,889,786	973,715	7,863,501	0.254879	65.00
66.00	06600	PHYSICAL THERAPY	10,123,309	11,423,561	21,546,870	0.207069	66.00
66.01	06601	TCU REHAB	1,791,275	0	1,791,275	0.928215	66.01
68.00	06800	SPEECH PATHOLOGY	8,326	889,911	898,237	0.365421	68.00
69.00	06900	ELECTROCARDIOLOGY	13,137,859	14,375,851	27,513,710	0.042497	69.00
69.01	06901	CARDIAC REHAB	0	1,766,730	1,766,730	0.550035	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,243,887	35,058,954	63,302,841	0.218327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,203,402	14,989,308	34,192,710	0.368428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,501,531	26,615,738	77,117,269	0.151552	73.00
74.00	07400	RENAL DIALYSIS	879,174	103,953	983,127	0.620917	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,491,274	60,090,332	82,581,606	0.122453	91.00
91.01	09101	FAMILY PRACTICES	0	16,703,279	16,703,279	0.468998	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,650,678	2,650,678	0.307613	91.02
91.03	09103	WOUND CARE	0	2,641,868	2,641,868	0.106202	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,406,240	10,680,644	12,086,884	0.180089	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	12,043,223	12,043,223		101.00
200.00		Subtotal (see instructions)	484,582,988	553,766,309	1,038,349,297		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	484,582,988	553,766,309	1,038,349,297		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.114847		50.00
51.00	05100 RECOVERY ROOM	0.060193		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.212352		52.00
53.00	05300 ANESTHESIOLOGY	0.027213		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144716		54.00
56.00	05600 RADIOISOTOPE	0.082433		56.00
56.01	03630 ULTRA SOUND	0.061160		56.01
56.02	03440 MAMMOGRAPHY	0.082827		56.02
57.00	05700 CT SCAN	0.019510		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.035971		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056870		59.00
59.01	05901 GASTROINTESTINAL	0.150245		59.01
60.00	06000 LABORATORY	0.115178		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.378564		63.00
65.00	06500 RESPIRATORY THERAPY	0.254879		65.00
66.00	06600 PHYSICAL THERAPY	0.207069		66.00
66.01	06601 TCU REHAB	0.928215		66.01
68.00	06800 SPEECH PATHOLOGY	0.365421		68.00
69.00	06900 ELECTROCARDIOLOGY	0.042497		69.00
69.01	06901 CARDIAC REHAB	0.550035		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368428		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151552		73.00
74.00	07400 RENAL DIALYSIS	0.620917		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.122453		91.00
91.01	09101 FAMILY PRACTICES	0.468998		91.01
91.02	09102 PSYCH DAY HOSPITAL	0.308462		91.02
91.03	09103 WOUND CARE	0.106202		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.180089		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY			101.00
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: 140054

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	41,210,200		41,210,200	5,066	41,215,266	30.00
31.00	03100 INTENSIVE CARE UNIT	6,503,855		6,503,855	0	6,503,855	31.00
40.00	04000 SUBPROVIDER - IPF	5,833,848		5,833,848	15,441	5,849,289	40.00
43.00	04300 NURSERY	2,072,583		2,072,583	0	2,072,583	43.00
44.00	04400 SKILLED NURSING FACILITY	5,932,953		5,932,953	0	5,932,953	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	13,810,480		13,810,480	0	13,810,480	50.00
51.00	05100 RECOVERY ROOM	1,326,546		1,326,546	0	1,326,546	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,437,720		3,437,720	0	3,437,720	52.00
53.00	05300 ANESTHESIOLOGY	1,176,686		1,176,686	5,963	1,182,649	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,815,710		5,815,710	0	5,815,710	54.00
56.00	05600 RADIOISOTOPE	1,028,546		1,028,546	0	1,028,546	56.00
56.01	03630 ULTRA SOUND	1,364,669		1,364,669	0	1,364,669	56.01
56.02	03440 MAMMOGRAPHY	1,691,770		1,691,770	0	1,691,770	56.02
57.00	05700 CT SCAN	1,617,726		1,617,726	0	1,617,726	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,117,347		1,117,347	0	1,117,347	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,190,878		2,190,878	21,554	2,212,432	59.00
59.01	05901 GASTROINTESTINAL	4,199,951		4,199,951	0	4,199,951	59.01
60.00	06000 LABORATORY	8,581,400		8,581,400	0	8,581,400	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	998,194		998,194	0	998,194	63.00
65.00	06500 RESPIRATORY THERAPY	2,004,243	0	2,004,243	0	2,004,243	65.00
66.00	06600 PHYSICAL THERAPY	4,461,691	0	4,461,691	0	4,461,691	66.00
66.01	06601 TCU REHAB	1,662,689	0	1,662,689	0	1,662,689	66.01
68.00	06800 SPEECH PATHOLOGY	328,235	0	328,235	0	328,235	68.00
69.00	06900 ELECTROCARDIOLOGY	1,169,245		1,169,245	0	1,169,245	69.00
69.01	06901 CARDIAC REHAB	971,764		971,764	0	971,764	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,820,738		13,820,738	0	13,820,738	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,597,559		12,597,559	0	12,597,559	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,687,270		11,687,270	0	11,687,270	73.00
74.00	07400 RENAL DIALYSIS	610,440		610,440	0	610,440	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	10,112,393		10,112,393	0	10,112,393	91.00
91.01	09101 FAMILY PRACTICES	7,833,799		7,833,799	0	7,833,799	91.01
91.02	09102 PSYCH DAY HOSPITAL	815,384		815,384	2,250	817,634	91.02
91.03	09103 WOUND CARE	280,571		280,571	0	280,571	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,176,712		2,176,712	0	2,176,712	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100 HOME HEALTH AGENCY	11,208,767		11,208,767	0	11,208,767	101.00
200.00	Subtotal (see instructions)	191,652,562	0	191,652,562	50,274	191,702,836	200.00
201.00	Less Observation Beds	2,176,712		2,176,712	0	2,176,712	201.00
202.00	Total (see instructions)	189,475,850	0	189,475,850	50,274	189,526,124	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140054

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

Worksheet C  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	76,104,168		76,104,168		30.00
31.00	03100	INTENSIVE CARE UNIT	19,219,204		19,219,204		31.00
40.00	04000	SUBPROVIDER - IPF	10,856,802		10,856,802		40.00
43.00	04300	NURSERY	5,530,547		5,530,547		43.00
44.00	04400	SKILLED NURSING FACILITY	5,635,423		5,635,423		44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53,373,251	66,877,411	120,250,662	0.114847	50.00
51.00	05100	RECOVERY ROOM	8,057,335	13,980,917	22,038,252	0.060193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,188,817	0	16,188,817	0.212352	52.00
53.00	05300	ANESTHESIOLOGY	16,288,803	27,169,779	43,458,582	0.027076	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,297,362	30,889,726	40,187,088	0.144716	54.00
56.00	05600	RADIOISOTOPE	2,734,200	9,743,232	12,477,432	0.082433	56.00
56.01	03630	ULTRA SOUND	5,045,099	17,268,124	22,313,223	0.061160	56.01
56.02	03440	MAMMOGRAPHY	12,337	20,413,050	20,425,387	0.082827	56.02
57.00	05700	CT SCAN	28,977,683	53,940,182	82,917,865	0.019510	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,011,707	26,051,004	31,062,711	0.035971	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,981,872	19,921,296	38,903,168	0.056316	59.00
59.01	05901	GASTROINTESTINAL	5,492,323	22,461,700	27,954,023	0.150245	59.01
60.00	06000	LABORATORY	41,120,264	33,385,079	74,505,343	0.115178	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,979,728	657,064	2,636,792	0.378564	63.00
65.00	06500	RESPIRATORY THERAPY	6,889,786	973,715	7,863,501	0.254879	65.00
66.00	06600	PHYSICAL THERAPY	10,123,309	11,423,561	21,546,870	0.207069	66.00
66.01	06601	TCU REHAB	1,791,275	0	1,791,275	0.928215	66.01
68.00	06800	SPEECH PATHOLOGY	8,326	889,911	898,237	0.365421	68.00
69.00	06900	ELECTROCARDIOLOGY	13,137,859	14,375,851	27,513,710	0.042497	69.00
69.01	06901	CARDIAC REHAB	0	1,766,730	1,766,730	0.550035	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,243,887	35,058,954	63,302,841	0.218327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,203,402	14,989,308	34,192,710	0.368428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,501,531	26,615,738	77,117,269	0.151552	73.00
74.00	07400	RENAL DIALYSIS	879,174	103,953	983,127	0.620917	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,491,274	60,090,332	82,581,606	0.122453	91.00
91.01	09101	FAMILY PRACTICES	0	16,703,279	16,703,279	0.468998	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,650,678	2,650,678	0.307613	91.02
91.03	09103	WOUND CARE	0	2,641,868	2,641,868	0.106202	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,406,240	10,680,644	12,086,884	0.180089	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	12,043,223	12,043,223		101.00
200.00		Subtotal (see instructions)	484,582,988	553,766,309	1,038,349,297		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	484,582,988	553,766,309	1,038,349,297		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/19/2015 1:02 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	03630 ULTRA SOUND	0.000000		56.01
56.02	03440 MAMMOGRAPHY	0.000000		56.02
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
59.01	05901 GASTROINTESTINAL	0.000000		59.01
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
66.01	06601 TCU REHAB	0.000000		66.01
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 CARDIAC REHAB	0.000000		69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 FAMILY PRACTICES	0.000000		91.01
91.02	09102 PSYCH DAY HOSPITAL	0.000000		91.02
91.03	09103 WOUND CARE	0.000000		91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100 HOME HEALTH AGENCY			101.00
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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Prepared: 2/19/2015 1:02 pm
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,841,924	0	4,841,924	55,952	86.54	30.00
31.00	INTENSIVE CARE UNIT	467,160	0	467,160	5,022	93.02	31.00
40.00	SUBPROVIDER - IPF	676,790	0	676,790	7,736	87.49	40.00
43.00	NURSERY	188,149		188,149	3,990	47.16	43.00
44.00	SKILLED NURSING FACILITY	693,479		693,479	12,502	55.47	44.00
200.00	Total (lines 30-199)	6,867,502		6,867,502	85,202		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	16,094	1,392,775				
31.00	INTENSIVE CARE UNIT	2,042	189,947				
40.00	SUBPROVIDER - IPF	5,190	454,073				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	7,974	442,318				
200.00	Total (lines 30-199)	31,300	2,479,113				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140054

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

Worksheet D  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,529,610	120,250,662	0.012720	17,077,792	217,230	50.00
51.00	05100	RECOVERY ROOM	146,254	22,038,252	0.006636	2,268,684	15,055	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,978	16,188,817	0.024522	29,076	713	52.00
53.00	05300	ANESTHESIOLOGY	33,414	43,458,582	0.000769	4,548,804	3,498	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,039,171	40,187,088	0.025858	3,884,267	100,439	54.00
56.00	05600	RADIOISOTOPE	104,833	12,477,432	0.008402	1,029,558	8,650	56.00
56.01	03630	ULTRASOUND	22,217	22,313,223	0.000996	1,840,357	1,833	56.01
56.02	03440	MAMMOGRAPHY	235,914	20,425,387	0.011550	6,179	71	56.02
57.00	05700	CT SCAN	125,219	82,917,865	0.001510	10,435,511	15,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,673	31,062,711	0.000666	1,594,012	1,062	58.00
59.00	05900	CARDIAC CATHETERIZATION	210,629	38,903,168	0.005414	5,509,356	29,828	59.00
59.01	05901	GASTROINTESTINAL	386,376	27,954,023	0.013822	1,861,962	25,736	59.01
60.00	06000	LABORATORY	975,099	74,505,343	0.013088	14,738,420	192,896	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	59,511	2,636,792	0.022569	289,041	6,523	63.00
65.00	06500	RESPIRATORY THERAPY	127,102	7,863,501	0.016164	2,506,261	40,511	65.00
66.00	06600	PHYSICAL THERAPY	442,108	21,546,870	0.020518	4,758,254	97,630	66.00
66.01	06601	TCU REHAB	140,417	1,791,275	0.078389	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	65,403	898,237	0.072813	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,494	27,513,710	0.000818	5,501,773	4,500	69.00
69.01	06901	CARDIAC REHAB	353,786	1,766,730	0.200249	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	231,668	63,302,841	0.003660	8,201,283	30,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,220	34,192,710	0.006031	6,684,271	40,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,397	77,117,269	0.004583	15,305,237	70,144	73.00
74.00	07400	RENAL DIALYSIS	19,410	983,127	0.019743	524,615	10,357	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	767,098	82,581,606	0.009289	8,062,596	74,893	91.00
91.01	09101	FAMILY PRACTICES	676,557	16,703,279	0.040504	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	255,999	2,650,678	0.096579	0	0	91.02
91.03	09103	WOUND CARE	4,099	2,641,868	0.001552	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	255,718	12,086,884	0.021157	834,870	17,663	92.00
200.00		Total (lines 50-199)	9,207,374	908,959,930		117,492,179	1,005,320	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/19/2015 1:02 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	55,952	0.00	16,094	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,022	0.00	2,042	0		31.00
40.00	04000	SUBPROVIDER - IPF	7,736	0.00	5,190	0		40.00
43.00	04300	NURSERY	3,990	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	12,502	0.00	7,974	0		44.00
200.00		Total (lines 30-199)	85,202		31,300	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901	GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	120,250,662	0.000000	0.000000	17,077,792	50.00
51.00	05100	RECOVERY ROOM	0	22,038,252	0.000000	0.000000	2,268,684	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,188,817	0.000000	0.000000	29,076	52.00
53.00	05300	ANESTHESIOLOGY	0	43,458,582	0.000000	0.000000	4,548,804	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,187,088	0.000000	0.000000	3,884,267	54.00
56.00	05600	RADIOISOTOPE	0	12,477,432	0.000000	0.000000	1,029,558	56.00
56.01	03630	ULTRA SOUND	0	22,313,223	0.000000	0.000000	1,840,357	56.01
56.02	03440	MAMMOGRAPHY	0	20,425,387	0.000000	0.000000	6,179	56.02
57.00	05700	CT SCAN	0	82,917,865	0.000000	0.000000	10,435,511	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31,062,711	0.000000	0.000000	1,594,012	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,903,168	0.000000	0.000000	5,509,356	59.00
59.01	05901	GASTROINTESTINAL	0	27,954,023	0.000000	0.000000	1,861,962	59.01
60.00	06000	LABORATORY	0	74,505,343	0.000000	0.000000	14,738,420	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,636,792	0.000000	0.000000	289,041	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,863,501	0.000000	0.000000	2,506,261	65.00
66.00	06600	PHYSICAL THERAPY	0	21,546,870	0.000000	0.000000	4,758,254	66.00
66.01	06601	TCU REHAB	0	1,791,275	0.000000	0.000000	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	898,237	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,513,710	0.000000	0.000000	5,501,773	69.00
69.01	06901	CARDIAC REHAB	0	1,766,730	0.000000	0.000000	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,302,841	0.000000	0.000000	8,201,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	34,192,710	0.000000	0.000000	6,684,271	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	77,117,269	0.000000	0.000000	15,305,237	73.00
74.00	07400	RENAL DIALYSIS	0	983,127	0.000000	0.000000	524,615	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	82,581,606	0.000000	0.000000	8,062,596	91.00
91.01	09101	FAMILY PRACTICES	0	16,703,279	0.000000	0.000000	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	2,650,678	0.000000	0.000000	0	91.02
91.03	09103	WOUND CARE	0	2,641,868	0.000000	0.000000	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,086,884	0.000000	0.000000	834,870	92.00
200.00		Total (lines 50-199)	0	908,959,930			117,492,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	16,667,594	0	50.00
51.00	05100 RECOVERY ROOM	0	3,249,103	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	6,373,204	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,227,611	0	54.00
56.00	05600 RADIOISOTOPE	0	2,383,762	0	56.00
56.01	03630 ULTRASOUND	0	2,255,491	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	56.02
57.00	05700 CT SCAN	0	12,790,224	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,610,734	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,314,798	0	59.00
59.01	05901 GASTROINTESTINAL	0	4,986,110	0	59.01
60.00	06000 LABORATORY	0	5,612,278	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	85,575	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	238,875	0	65.00
66.00	06600 PHYSICAL THERAPY	0	157,432	0	66.00
66.01	06601 TCU REHAB	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,257,401	0	69.00
69.01	06901 CARDIAC REHAB	0	708,682	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,385,107	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,507,498	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,019,228	0	73.00
74.00	07400 RENAL DIALYSIS	0	53,586	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	7,218,035	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	447,794	0	91.02
91.03	09103 WOUND CARE	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,830,856	0	92.00
200.00	Total (lines 50-199)	0	103,380,978	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0.114847	16,667,594	0	0	1,914,223	50.00	
51.00 05100 RECOVERY ROOM	0.060193	3,249,103	0	0	195,573	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.212352	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.027076	6,373,204	0	0	172,561	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.144716	4,227,611	0	0	611,803	54.00	
56.00 05600 RADIOISOTOPE	0.082433	2,383,762	0	0	196,501	56.00	
56.01 03630 ULTRA SOUND	0.061160	2,255,491	0	0	137,946	56.01	
56.02 03440 MAMMOGRAPHY	0.082827	0	0	0	0	56.02	
57.00 05700 CT SCAN	0.019510	12,790,224	0	0	249,537	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.035971	4,610,734	0	0	165,853	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.056316	4,314,798	0	0	242,992	59.00	
59.01 05901 GASTROINTESTINAL	0.150245	4,986,110	0	0	749,138	59.01	
60.00 06000 LABORATORY	0.115178	5,612,278	0	0	646,411	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.378564	85,575	0	0	32,396	63.00	
65.00 06500 RESPIRATORY THERAPY	0.254879	238,875	0	0	60,884	65.00	
66.00 06600 PHYSICAL THERAPY	0.207069	157,432	0	0	32,599	66.00	
66.01 06601 TCU REHAB	0.928215	0	0	0	0	66.01	
68.00 06800 SPEECH PATHOLOGY	0.365421	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.042497	3,257,401	0	0	138,430	69.00	
69.01 06901 CARDIAC REHAB	0.550035	708,682	0	0	389,800	69.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327	8,385,107	0	0	1,830,695	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.368428	5,507,498	0	0	2,029,116	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.151552	7,019,228	0	35,226	1,063,778	73.00	
74.00 07400 RENAL DIALYSIS	0.620917	53,586	0	0	33,272	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00 09100 EMERGENCY	0.122453	7,218,035	0	0	883,870	91.00	
91.01 09101 FAMILY PRACTICES	0.468998	0	0	0	0	91.01	
91.02 09102 PSYCH DAY HOSPITAL	0.307613	447,794	0	0	137,747	91.02	
91.03 09103 WOUND CARE	0.106202	0	0	0	0	91.03	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.180089	2,830,856	0	0	509,806	92.00	
200.00		Subtotal (see instructions)	103,380,978	0	35,226	12,424,931	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	103,380,978	0	35,226	12,424,931	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/19/2015 1:02 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01	05901 GASTROINTESTINAL	0	0	59.01
60.00	06000 LABORATORY	0	0	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
66.01	06601 TCU REHAB	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,339	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103 WOUND CARE	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	5,339	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,339	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140054 Component CCN: 14S054		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,529,610	120,250,662	0.012720	0	50.00
51.00	05100	RECOVERY ROOM	146,254	22,038,252	0.006636	24,544	163 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	396,978	16,188,817	0.024522	0	0 52.00
53.00	05300	ANESTHESIOLOGY	33,414	43,458,582	0.000769	25,416	20 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,039,171	40,187,088	0.025858	35,068	907 54.00
56.00	05600	RADIOISOTOPE	104,833	12,477,432	0.008402	0	0 56.00
56.01	03630	ULTRA SOUND	22,217	22,313,223	0.000996	10,081	10 56.01
56.02	03440	MAMMOGRAPHY	235,914	20,425,387	0.011550	0	0 56.02
57.00	05700	CT SCAN	125,219	82,917,865	0.001510	36,124	55 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,673	31,062,711	0.000666	14,768	10 58.00
59.00	05900	CARDIAC CATHETERIZATION	210,629	38,903,168	0.005414	0	0 59.00
59.01	05901	GASTROINTESTINAL	386,376	27,954,023	0.013822	5,851	81 59.01
60.00	06000	LABORATORY	975,099	74,505,343	0.013088	340,902	4,462 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	59,511	2,636,792	0.022569	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	127,102	7,863,501	0.016164	17,489	283 65.00
66.00	06600	PHYSICAL THERAPY	442,108	21,546,870	0.020518	134,386	2,757 66.00
66.01	06601	TCU REHAB	140,417	1,791,275	0.078389	0	0 66.01
68.00	06800	SPEECH PATHOLOGY	65,403	898,237	0.072813	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	22,494	27,513,710	0.000818	128,445	105 69.00
69.01	06901	CARDIAC REHAB	353,786	1,766,730	0.200249	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	231,668	63,302,841	0.003660	15,642	57 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	206,220	34,192,710	0.006031	352	2 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	353,397	77,117,269	0.004583	1,115,102	5,111 73.00
74.00	07400	RENAL DIALYSIS	19,410	983,127	0.019743	0	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	767,098	82,581,606	0.009289	8,740	81 91.00
91.01	09101	FAMILY PRACTICES	676,557	16,703,279	0.040504	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	255,999	2,650,678	0.096579	0	0 91.02
91.03	09103	WOUND CARE	4,099	2,641,868	0.001552	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,086,884	0.000000	0	0 92.00
200.00		Total (lines 50-199)	8,951,656	908,959,930		1,912,910	14,104 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
59.01	05901	GASTROINTESTINAL	0	0	0	0	59.01
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
66.01	06601	TCU REHAB	0	0	0	0	66.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
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: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	120,250,662	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	22,038,252	0.000000	0.000000	24,544	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	16,188,817	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	43,458,582	0.000000	0.000000	25,416	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,187,088	0.000000	0.000000	35,068	54.00
56.00	05600 RADIOISOTOPE	0	12,477,432	0.000000	0.000000	0	56.00
56.01	03630 ULTRA SOUND	0	22,313,223	0.000000	0.000000	10,081	56.01
56.02	03440 MAMMOGRAPHY	0	20,425,387	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	82,917,865	0.000000	0.000000	36,124	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	31,062,711	0.000000	0.000000	14,768	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	38,903,168	0.000000	0.000000	0	59.00
59.01	05901 GASTRO INTESTINAL	0	27,954,023	0.000000	0.000000	5,851	59.01
60.00	06000 LABORATORY	0	74,505,343	0.000000	0.000000	340,902	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,636,792	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,863,501	0.000000	0.000000	17,489	65.00
66.00	06600 PHYSICAL THERAPY	0	21,546,870	0.000000	0.000000	134,386	66.00
66.01	06601 TCU REHAB	0	1,791,275	0.000000	0.000000	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	898,237	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,513,710	0.000000	0.000000	128,445	69.00
69.01	06901 CARDIAC REHAB	0	1,766,730	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,302,841	0.000000	0.000000	15,642	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,192,710	0.000000	0.000000	352	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	77,117,269	0.000000	0.000000	1,115,102	73.00
74.00	07400 RENAL DIALYSIS	0	983,127	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	82,581,606	0.000000	0.000000	8,740	91.00
91.01	09101 FAMILY PRACTICES	0	16,703,279	0.000000	0.000000	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	2,650,678	0.000000	0.000000	0	91.02
91.03	09103 WOUND CARE	0	2,641,868	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,086,884	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	908,959,930			1,912,910	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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	3,585	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 GASTROINTESTINAL	0	0	0	59.01
60.00	06000 LABORATORY	0	2,367	0	60.00
63.00	06300 BLOOD STORING, 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
66.01	06601 TCU REHAB	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,784	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	328	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	17,064	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/19/2015 1:02 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.114847	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.060193	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.212352	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.027076	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.144716	3,585	0	0	519	54.00
56.00 05600 RADIOISOTOPE	0.082433	0	0	0	0	56.00
56.01 03630 ULTRASOUND	0.061160	0	0	0	0	56.01
56.02 03440 MAMMOGRAPHY	0.082827	0	0	0	0	56.02
57.00 05700 CT SCAN	0.019510	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.035971	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.056316	0	0	0	0	59.00
59.01 05901 GASTROINTESTINAL	0.150245	0	0	0	0	59.01
60.00 06000 LABORATORY	0.115178	2,367	0	0	273	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.378564	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.254879	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.207069	0	0	0	0	66.00
66.01 06601 TCU REHAB	0.928215	0	0	0	0	66.01
68.00 06800 SPEECH PATHOLOGY	0.365421	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.042497	10,784	0	0	458	69.00
69.01 06901 CARDIAC REHAB	0.550035	0	0	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.368428	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.151552	328	0	0	50	73.00
74.00 07400 RENAL DIALYSIS	0.620917	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.122453	0	0	0	0	91.00
91.01 09101 FAMILY PRACTICES	0.468998	0	0	0	0	91.01
91.02 09102 PSYCH DAY HOSPITAL	0.307613	0	0	0	0	91.02
91.03 09103 WOUND CARE	0.106202	0	0	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.180089	0	0	0	0	92.00
200.00	Subtotal (see instructions)		17,064	0	1,300	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		17,064	0	1,300	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/19/2015 1:02 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
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
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 03630 ULTRASOUND	0	0	56.01
56.02 03440 MAMMOGRAPHY	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
59.01 05901 GASTROINTESTINAL	0	0	59.01
60.00 06000 LABORATORY	0	0	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
66.01 06601 TCU REHAB	0	0	66.01
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 FAMILY PRACTICES	0	0	91.01
91.02 09102 PSYCH DAY HOSPITAL	0	0	91.02
91.03 09103 WOUND CARE	0	0	91.03
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRASOUND	0	0	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
59.01	05901 GASTROINTESTINAL	0	0	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TCU REHAB	0	0	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	120,250,662	0.000000	0.000000	30,116	50.00
51.00	05100 RECOVERY ROOM	0	22,038,252	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	16,188,817	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	43,458,582	0.000000	0.000000	3,177	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	40,187,088	0.000000	0.000000	151,400	54.00
56.00	05600 RADIOISOTOPE	0	12,477,432	0.000000	0.000000	11,611	56.00
56.01	03630 ULTRA SOUND	0	22,313,223	0.000000	0.000000	48,333	56.01
56.02	03440 MAMMOGRAPHY	0	20,425,387	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	82,917,865	0.000000	0.000000	44,281	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	31,062,711	0.000000	0.000000	3,748	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	38,903,168	0.000000	0.000000	0	59.00
59.01	05901 GASTRO INTESTINAL	0	27,954,023	0.000000	0.000000	0	59.01
60.00	06000 LABORATORY	0	74,505,343	0.000000	0.000000	861,787	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,636,792	0.000000	0.000000	6,444	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,863,501	0.000000	0.000000	158,438	65.00
66.00	06600 PHYSICAL THERAPY	0	21,546,870	0.000000	0.000000	0	66.00
66.01	06601 TCU REHAB	0	1,791,275	0.000000	0.000000	1,176,504	66.01
68.00	06800 SPEECH PATHOLOGY	0	898,237	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,513,710	0.000000	0.000000	56,409	69.00
69.01	06901 CARDIAC REHAB	0	1,766,730	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	63,302,841	0.000000	0.000000	49,108	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	34,192,710	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	77,117,269	0.000000	0.000000	2,196,425	73.00
74.00	07400 RENAL DIALYSIS	0	983,127	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	82,581,606	0.000000	0.000000	0	91.00
91.01	09101 FAMILY PRACTICES	0	16,703,279	0.000000	0.000000	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	2,650,678	0.000000	0.000000	0	91.02
91.03	09103 WOUND CARE	0	2,641,868	0.000000	0.000000	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,086,884	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	908,959,930			4,797,781	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/19/2015 1:02 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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
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
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	56.01
56.02	03440 MAMMOGRAPHY	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
59.01	05901 GASTRO INTESTINAL	0	0	0	59.01
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, 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
66.01	06601 TCU REHAB	0	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 FAMILY PRACTICES	0	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0	0	0	91.02
91.03	09103 WOUND CARE	0	0	0	91.03
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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/19/2015 1:02 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		55,952	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		55,952	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)		52,997	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)		16,094	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		41,215,266	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)		41,215,266	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		41,215,266	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		736.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,855,162	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,855,162	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/19/2015 1:02 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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,503,855	5,022	1,295.07	2,042	2,644,533		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)					15,542,917		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,042,612		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)					1,582,722		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,005,320		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,588,042		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,454,570		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)					2,955		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					736.62		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,176,712		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140054

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

Worksheet D-1  
Date/Time Prepared:  
2/19/2015 1:02 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	4,841,924	41,215,266	0.117479	2,176,712	255,718	90.00
91.00	Nursing School cost	0	41,215,266	0.000000	2,176,712	0	91.00
92.00	Allied health cost	0	41,215,266	0.000000	2,176,712	0	92.00
93.00	All other Medical Education	0	41,215,266	0.000000	2,176,712	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,736	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,736	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)		7,736	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)		5,190	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,849,289	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)		5,849,289	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,849,289	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		756.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,924,211	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)		3,924,211	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14S054				Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					260,595		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,184,806		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					454,073		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,104		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					468,177		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,716,629		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054 Component CCN: 14S054		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	676,790	5,849,289	0.115705	0	0	90.00
91.00	Nursing School cost	0	5,849,289	0.000000	0	0	91.00
92.00	Allied health cost	0	5,849,289	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,849,289	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Component CCN: 145848		Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,502	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,502	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)		12,502	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)		7,974	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,932,953	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)		5,932,953	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,932,953	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1	
		Component CCN: 145848		Date/Time Prepared: 2/19/2015 1:02 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)				5,932,953 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				474.56 71.00
72.00	Program routine service cost (line 9 x line 71)				3,784,141 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)				3,784,141 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)				3,784,141 83.00
84.00	Program inpatient ancillary services (see instructions)				1,610,489 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)				5,394,630 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: 140054 Component CCN: 145848		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/19/2015 1:02 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: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/19/2015 1:02 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		22,007,624	30.00
31.00	03100	INTENSIVE CARE UNIT		7,852,459	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.114847	17,077,792	1,961,333 50.00
51.00	05100	RECOVERY ROOM	0.060193	2,268,684	136,559 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.212352	29,076	6,174 52.00
53.00	05300	ANESTHESIOLOGY	0.027213	4,548,804	123,787 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.144716	3,884,267	562,116 54.00
56.00	05600	RADIOISOTOPE	0.082433	1,029,558	84,870 56.00
56.01	03630	ULTRA SOUND	0.061160	1,840,357	112,556 56.01
56.02	03440	MAMMOGRAPHY	0.082827	6,179	512 56.02
57.00	05700	CT SCAN	0.019510	10,435,511	203,597 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.035971	1,594,012	57,338 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056870	5,509,356	313,317 59.00
59.01	05901	GASTROINTESTINAL	0.150245	1,861,962	279,750 59.01
60.00	06000	LABORATORY	0.115178	14,738,420	1,697,542 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.378564	289,041	109,421 63.00
65.00	06500	RESPIRATORY THERAPY	0.254879	2,506,261	638,793 65.00
66.00	06600	PHYSICAL THERAPY	0.207069	4,758,254	985,287 66.00
66.01	06601	TCU REHAB	0.928215	0	0 66.01
68.00	06800	SPEECH PATHOLOGY	0.365421	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.042497	5,501,773	233,809 69.00
69.01	06901	CARDIAC REHAB	0.550035	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327	8,201,283	1,790,562 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.368428	6,684,271	2,462,673 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.151552	15,305,237	2,319,539 73.00
74.00	07400	RENAL DIALYSIS	0.620917	524,615	325,742 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.122453	8,062,596	987,289 91.00
91.01	09101	FAMILY PRACTICES	0.468998	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	0.308462	0	0 91.02
91.03	09103	WOUND CARE	0.106202	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.180089	834,870	150,351 92.00
200.00		Total (sum of lines 50-94 and 96-98)		117,492,179	15,542,917 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		117,492,179	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 14S054		Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		6,846,186		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.114847	0	0	50.00
51.00	05100 RECOVERY ROOM	0.060193	24,544	1,477	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.212352	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027213	25,416	692	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144716	35,068	5,075	54.00
56.00	05600 RADIOISOTOPE	0.082433	0	0	56.00
56.01	03630 ULTRA SOUND	0.061160	10,081	617	56.01
56.02	03440 MAMMOGRAPHY	0.082827	0	0	56.02
57.00	05700 CT SCAN	0.019510	36,124	705	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.035971	14,768	531	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056870	0	0	59.00
59.01	05901 GASTROINTESTINAL	0.150245	5,851	879	59.01
60.00	06000 LABORATORY	0.115178	340,902	39,264	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.378564	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.254879	17,489	4,458	65.00
66.00	06600 PHYSICAL THERAPY	0.207069	134,386	27,827	66.00
66.01	06601 TCU REHAB	0.928215	0	0	66.01
68.00	06800 SPEECH PATHOLOGY	0.365421	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.042497	128,445	5,459	69.00
69.01	06901 CARDIAC REHAB	0.550035	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327	15,642	3,415	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368428	352	130	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151552	1,115,102	168,996	73.00
74.00	07400 RENAL DIALYSIS	0.620917	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.122453	8,740	1,070	91.00
91.01	09101 FAMILY PRACTICES	0.468998	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.308462	0	0	91.02
91.03	09103 WOUND CARE	0.106202	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.180089	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,912,910	260,595	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,912,910		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 145848		Date/Time Prepared: 2/19/2015 1:02 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.114847	30,116	3,459	50.00
51.00	05100 RECOVERY ROOM	0.060193	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.212352	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.027076	3,177	86	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.144716	151,400	21,910	54.00
56.00	05600 RADIOISOTOPE	0.082433	11,611	957	56.00
56.01	03630 ULTRA SOUND	0.061160	48,333	2,956	56.01
56.02	03440 MAMMOGRAPHY	0.082827	0	0	56.02
57.00	05700 CT SCAN	0.019510	44,281	864	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.035971	3,748	135	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056316	0	0	59.00
59.01	05901 GASTROINTESTINAL	0.150245	0	0	59.01
60.00	06000 LABORATORY	0.115178	861,787	99,259	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.378564	6,444	2,439	63.00
65.00	06500 RESPIRATORY THERAPY	0.254879	158,438	40,383	65.00
66.00	06600 PHYSICAL THERAPY	0.207069	0	0	66.00
66.01	06601 TCU REHAB	0.928215	1,176,504	1,092,049	66.01
68.00	06800 SPEECH PATHOLOGY	0.365421	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.042497	56,409	2,397	69.00
69.01	06901 CARDIAC REHAB	0.550035	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.218327	49,108	10,722	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.368428	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.151552	2,196,425	332,873	73.00
74.00	07400 RENAL DIALYSIS	0.620917	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0.122453	0	0	91.00
91.01	09101 FAMILY PRACTICES	0.468998	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.307613	0	0	91.02
91.03	09103 WOUND CARE	0.106202	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.180089	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,797,781	1,610,489	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		4,797,781		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		31,678,116		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		39,053		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		12,910,259		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		238.90		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		60.12		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.		36.08		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)		0.32		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)		96.52		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		105.13		10.00
11.00	FTE count for residents in dental and podiatric programs.		1.14		11.00
12.00	Current year allowable FTE (see instructions)		97.66		12.00
13.00	Total allowable FTE count for the prior year.		97.13		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.		69.44		14.00
15.00	Sum of lines 12 through 14 divided by 3.		88.08		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		88.08		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.368690		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.385356		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.368690		21.00
22.00	IME payment adjustment (see instructions)		8,158,915		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.61		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)		8,158,915		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.89		30.00
31.00	Percentage of Medicaid patient days (see instructions)		34.12		31.00
32.00	Sum of lines 30 and 31		39.01		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		21.40	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,694,779		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		0		9,046,380,143 35.00
35.01	Factor 3 (see instructions)		0.000000000		0.000581997 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		5,264,965 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		5,264,965 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,264,965		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		46,835,828		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)		46,835,828		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,171,880		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		4,528,980		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		54,536,688		59.00
60.00	Primary payer payments		102,733		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		54,433,955		61.00
62.00	Deductibles billed to program beneficiaries		3,191,040		62.00
63.00	Coinurance billed to program beneficiaries		112,288		63.00
64.00	Allowable bad debts (see instructions)		1,888,049		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,227,232		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Hospital	PPS

		Prior to October 1		On/After October 1	
	0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,510,118		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		52,357,859		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		26,168		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-6,336		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)		52,377,691		71.00
71.01	Sequestration adjustment (see instructions)		1,047,554		71.01
72.00	Interim payments		48,542,086		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		2,788,051		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		468,774		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		5,339	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,424,931	2.00
3.00	PPS payments		14,723,706	3.00
4.00	Outlier payment (see instructions)		13,621	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)		5,339	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		35,226	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)		35,226	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		35,226	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		29,887	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)		5,339	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		14,737,327	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,091,156	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)		11,651,510	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,354,677	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)		13,006,187	30.00
31.00	Primary payer payments		16,700	31.00
32.00	Subtotal (line 30 minus line 31)		12,989,487	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,029,752	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		669,339	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		856,180	36.00
37.00	Subtotal (see instructions)		13,658,826	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)		13,658,826	40.00
40.01	Sequestration adjustment (see instructions)		273,177	40.01
41.00	Interim payments		13,092,949	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		292,700	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/19/2015 1:02 pm
		Component CCN: 14S054	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,300	2.00
3.00	PPS payments		1,401	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,401	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		269	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,132	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,132	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,132	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,132	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,132	40.00
40.01	Sequestration adjustment (see instructions)		23	40.01
41.00	Interim payments		1,109	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140054

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 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		47,225,986		12,766,002	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	05/13/2014	862,683	05/13/2014	294,518	3.01	
3.02		09/22/2014	453,417	09/22/2014	32,429	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)		1,316,100		326,947	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)		48,542,086		13,092,949	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		2,788,051		292,700	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		51,330,137		13,385,649	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: 140054  
Component CCN: 14S054

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm

Title XVIII

Subprovider -  
IPF

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					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		3,733,134		1,109	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)		3,733,134		1,109	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		42		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,733,176		1,109	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: 140054  
Component CCN: 145848

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 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		3,255,243		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)		3,255,243		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,255,243		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: 140054

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			14,211 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,136 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			7,183 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			58,019 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,038,349,297 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			32,749,191 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)			1,558,760 8.00
9.00	Sequestration adjustment amount (see instructions)			31,175 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,527,585 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,681,315 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)			-153,730 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054 Component CCN: 14S054	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part II Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,313,922 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			6,717 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			21,194521 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,320,639 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,320,639 16.00
17.00	Primary payer payments			1,028 17.00
18.00	Subtotal (line 16 less line 17).			4,319,611 18.00
19.00	Deductibles			390,880 19.00
20.00	Subtotal (line 18 minus line 19)			3,928,731 20.00
21.00	Coinsurance			119,368 21.00
22.00	Subtotal (line 20 minus line 21)			3,809,363 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,809,363 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,809,363 31.00
31.01	Sequestration adjustment (see instructions)			76,187 31.01
32.00	Interim payments			3,733,134 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			42 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140054 Component CCN: 145848	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 2/19/2015 1:02 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)		3,597,909	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)		3,597,909	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		276,232	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)		3,321,677	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)		3,321,677	15.00
15.01	Sequestration adjustment (see instructions)		66,434	15.01
16.00	Interim payments		3,255,243	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/19/2015 1:02 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			62.07	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))			36.97	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)			0.32	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)			99.36	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			105.31	6.00
7.00	Enter the lesser of line 5 or line 6			99.36	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.	79.51	23.88	103.39	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.	75.02	22.53	97.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.01		10.00
11.00	Total weighted FTE count	75.02	23.54		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.69	23.73		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	47.38	22.93		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	65.70	23.40		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	65.70	23.40		17.00
18.00	Per resident amount	148,626.67	147,436.83		18.00
19.00	Approved amount for resident costs	9,764,772	3,450,022	13,214,794	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)			5.95	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)			13,214,794	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	23,326	7,183		26.00
27.00	Total Inpatient Days (see instructions)	66,244	66,244		27.00
28.00	Ratio of inpatient days to total inpatient days	0.352122	0.108432		28.00
29.00	Program direct GME amount	4,653,220	1,432,907		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		202,470		30.00
31.00	Net Program direct GME amount			5,883,657	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		983,127	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		41,609,468	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		103,761	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		41,505,707	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		12,431,570	42.00
43.00	Primary payer payments (see instructions)		16,700	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		12,414,870	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		53,920,577	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.769756	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.230244	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		5,883,657	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,528,980	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,354,677	50.00

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

Provider CCN: 140054

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

Worksheet G

Date/Time Prepared:  
2/19/2015 1:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-388,413	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	42,882,808	0	0	0	4.00
5.00	Other receivable	1,263,048	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,173,616	0	0	0	6.00
7.00	Inventory	4,116,994	0	0	0	7.00
8.00	Prepaid expenses	3,015,910	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)	42,716,731	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,377,656	0	0	0	12.00
13.00	Land improvements	930,000	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	95,644,480	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	95,300	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	36,180,034	0	0	0	23.00
24.00	Accumulated depreciation	-21,556,324	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	1,704,013	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	119,375,159	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,418,233	0	0	0	31.00
32.00	Deposits on leases	15,333	0	0	0	32.00
33.00	Due from owners/officers	4,528,571	0	0	0	33.00
34.00	Other assets	-41,184,057	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-35,221,920	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	126,869,970	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	14,402,223	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,826,719	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-2,432,661	0	0	0	43.00
44.00	Other current liabilities	101,973	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,898,254	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	207,044,275	0	0	0	46.00
47.00	Notes payable	-6,317,505	0	0	0	47.00
48.00	Unsecured loans	243,356	0	0	0	48.00
49.00	Other long term liabilities	2,780,443	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	203,750,569	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	230,648,823	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-103,778,853				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-103,778,853	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	126,869,970	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140054

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

Worksheet G-1

Date/Time Prepared:  
2/19/2015 1:02 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		-159,445,263		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,302,051			2.00
3.00	Total (sum of line 1 and line 2)		-135,143,212		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	RECONCILING ITEM	31,364,359		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)		31,364,359		0	10.00
11.00	Subtotal (line 3 plus line 10)		-103,778,853		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)		-103,778,853		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: 140054

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	81,634,715		81,634,715	1.00
2.00	SUBPROVIDER - IPF	10,856,802		10,856,802	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	5,635,423		5,635,423	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)	98,126,940		98,126,940	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,219,204		19,219,204	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)	19,219,204		19,219,204	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	117,346,144		117,346,144	17.00
18.00	Ancillary services	343,339,329	448,956,284	792,295,613	18.00
19.00	Outpatient services	23,897,514	92,766,802	116,664,316	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		12,043,223	12,043,223	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	DIETARY	13,838	63,664	77,502	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	484,596,825	553,829,973	1,038,426,798	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		236,613,316		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)		236,613,316		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140054

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

Worksheet G-3

Date/Time Prepared:  
2/19/2015 1:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,038,426,798	1.00
2.00	Less contractual allowances and discounts on patients' accounts	783,269,853	2.00
3.00	Net patient revenues (line 1 minus line 2)	255,156,945	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	236,613,316	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,543,629	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	234,715	7.00
8.00	Revenues from telephone and other miscellaneous communication services	217,226	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	670,527	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	3,506	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	18,376	21.00
22.00	Rental of hospital space	217,817	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,396,255	24.00
25.00	Total other income (sum of lines 6-24)	5,758,422	25.00
26.00	Total (line 5 plus line 25)	24,302,051	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)	24,302,051	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140054

Period: From 10/01/2013

Worksheet H

HHA CCN: 147285

To 09/30/2014

Date/Time Prepared: 2/19/2015 1:02 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,518,786	308,253	0	49,159	668,137	2,544,335	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	2,662,996	540,481	0	156,959	0	3,360,436	6.00
7.00	1,355,780	275,169	0	0	0	1,630,949	7.00
8.00	255,422	51,840	0	0	0	307,262	8.00
9.00	14,112	2,864	0	0	0	16,976	9.00
10.00	32,485	6,593	0	0	0	39,078	10.00
11.00	22,356	4,537	0	0	0	26,893	11.00
12.00	0	0	0	0	165,235	165,235	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	5,861,937	1,189,737	0	206,118	833,372	8,091,164	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-278,389	2,265,946	-98,987	2,166,959			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	3,360,436	0	3,360,436			6.00
7.00	0	1,630,949	0	1,630,949			7.00
8.00	0	307,262	0	307,262			8.00
9.00	0	16,976	0	16,976			9.00
10.00	0	39,078	0	39,078			10.00
11.00	0	26,893	0	26,893			11.00
12.00	0	165,235	0	165,235			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-278,389	7,812,775	-98,987	7,713,788			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part I Date/Time Prepared: 2/19/2015 1:02 pm
		HHA CCN: 147285	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	2,166,959	0	0	0	2,166,959	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	3,360,436	0	0	0	3,360,436	6.00	
7.00	Physical Therapy	1,630,949	0	0	0	1,630,949	7.00	
8.00	Occupational Therapy	307,262	0	0	0	307,262	8.00	
9.00	Speech Pathology	16,976	0	0	0	16,976	9.00	
10.00	Medical Social Services	39,078	0	0	0	39,078	10.00	
11.00	Home Health Aide	26,893	0	0	0	26,893	11.00	
12.00	Supplies (see instructions)	165,235	0	0	0	165,235	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	7,713,788	0	0	0	7,713,788	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	2,166,959					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	1,312,810	4,673,246				6.00	
7.00	Physical Therapy	637,156	2,268,105				7.00	
8.00	Occupational Therapy	120,037	427,299				8.00	
9.00	Speech Pathology	6,632	23,608				9.00	
10.00	Medical Social Services	15,266	54,344				10.00	
11.00	Home Health Aide	10,506	37,399				11.00	
12.00	Supplies (see instructions)	64,552	229,787				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		7,713,788				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part II Date/Time Prepared: 2/19/2015 1:02 pm PPS
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,166,959	5,546,829
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	3,360,436
7.00	Physical Therapy	0	0	0	0	0	1,630,949
8.00	Occupational Therapy	0	0	0	0	0	307,262
9.00	Speech Pathology	0	0	0	0	0	16,976
10.00	Medical Social Services	0	0	0	0	0	39,078
11.00	Home Health Aide	0	0	0	0	0	26,893
12.00	Supplies (see instructions)	0	0	0	0	0	165,235
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,166,959	5,546,829
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,166,959
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.390666

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054  
HHA CCN: 147285

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
2/19/2015 1:02 pm  
PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	78,219	77,062	1,045,998	1,201,279	235,448	1.00
2.00 Skilled Nursing Care	4,673,246	0	0	0	4,673,246	915,947	2.00
3.00 Physical Therapy	2,268,105	0	0	0	2,268,105	444,544	3.00
4.00 Occupational Therapy	427,299	0	0	0	427,299	83,750	4.00
5.00 Speech Pathology	23,608	0	0	0	23,608	4,627	5.00
6.00 Medical Social Services	54,344	0	0	0	54,344	10,651	6.00
7.00 Home Health Aide	37,399	0	0	0	37,399	7,330	7.00
8.00 Supplies (see instructions)	229,787	0	0	0	229,787	45,038	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,713,788	78,219	77,062	1,045,998	8,915,067	1,747,335	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	6.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	328,916	0	74,879	0	93,035	5,794	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	328,916	0	74,879	0	93,035	5,794	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140054

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147285

To 09/30/2014

Part I  
Date/Time Prepared: 2/19/2015 1:02 pm

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	
				SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM COSTS		
				14.00	15.00		
1.00 Administrative and General	0	0	43,741	0	0	1,983,092	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	5,589,193	2.00
3.00 Physical Therapy	0	0	0	0	0	2,712,649	3.00
4.00 Occupational Therapy	0	0	0	0	0	511,049	4.00
5.00 Speech Pathology	0	0	0	0	0	28,235	5.00
6.00 Medical Social Services	0	0	0	0	0	64,995	6.00
7.00 Home Health Aide	0	0	0	0	0	44,729	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	274,825	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	43,741	0	0	11,208,767	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
	25.00	26.00	27.00	28.00			
1.00 Administrative and General	0	1,983,092					1.00
2.00 Skilled Nursing Care	0	5,589,193	1,201,415	6,790,608			2.00
3.00 Physical Therapy	0	2,712,649	583,095	3,295,744			3.00
4.00 Occupational Therapy	0	511,049	109,852	620,901			4.00
5.00 Speech Pathology	0	28,235	6,069	34,304			5.00
6.00 Medical Social Services	0	64,995	13,971	78,966			6.00
7.00 Home Health Aide	0	44,729	9,615	54,344			7.00
8.00 Supplies (see instructions)	0	274,825	59,075	333,900			8.00
9.00 Drugs	0	0	0	0			9.00
10.00 DME	0	0	0	0			10.00
11.00 Home Dialysis Aide Services	0	0	0	0			11.00
12.00 Respiratory Therapy	0	0	0	0			12.00
13.00 Private Duty Nursing	0	0	0	0			13.00
14.00 Clinic	0	0	0	0			14.00
15.00 Health Promotion Activities	0	0	0	0			15.00
16.00 Day Care Program	0	0	0	0			16.00
17.00 Home Delivered Meals Program	0	0	0	0			17.00
18.00 Homemaker Service	0	0	0	0			18.00
19.00 All Others (specify)	0	0	0	0			19.00
20.00 Total (sum of lines 1-19) (2)	0	11,208,767	1,983,092	11,208,767			20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.214954				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054  
HHA CCN: 147285

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	6,174	6,174	5,861,937	0	1,201,279	6,174	1.00
2.00 Skilled Nursing Care	0	0	0	0	4,673,246	0	2.00
3.00 Physical Therapy	0	0	0	0	2,268,105	0	3.00
4.00 Occupational Therapy	0	0	0	0	427,299	0	4.00
5.00 Speech Pathology	0	0	0	0	23,608	0	5.00
6.00 Medical Social Services	0	0	0	0	54,344	0	6.00
7.00 Home Health Aide	0	0	0	0	37,399	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	229,787	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	6,174	6,174	5,861,937		8,915,067	6,174	20.00
21.00 Total cost to be allocated	78,219	77,062	1,045,998		1,747,335	328,916	21.00
22.00 Unit cost multiplier	12.669096	12.481697	0.178439		0.195998	53.274376	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	6,174	0	4,605	1,807	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	6,174	0	4,605	1,807	0	20.00
21.00 Total cost to be allocated	0	74,879	0	93,035	5,794	0	21.00
22.00 Unit cost multiplier	0.000000	12.128118	0.000000	20.203040	3.206419	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140054  
HHA CCN: 147285

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm  
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			15.00	16.00		
1.00 Administrative and General	0	12,043,223	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	12,043,223	0	0		20.00
21.00 Total cost to be allocated	0	43,741	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.003632	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/19/2015 1:02 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	6,790,608		6,790,608	38,960	174.30	1.00
2.00	Physical Therapy	3.00	3,295,744	0	3,295,744	20,565	160.26	2.00
3.00	Occupational Therapy	4.00	620,901	0	620,901	4,524	137.25	3.00
4.00	Speech Pathology	5.00	34,304	0	34,304	361	95.02	4.00
5.00	Medical Social Services	6.00	78,966		78,966	505	156.37	5.00
6.00	Home Health Aide	7.00	54,344		54,344	919	59.13	6.00
7.00	Total (sum of lines 1-6)		10,874,867	0	10,874,867	65,834		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	1,498	19,289			8.00
9.00	Physical Therapy		16974	588	8,844			9.00
10.00	Occupational Therapy		16974	187	2,287			10.00
11.00	Speech Pathology		16974	1	191			11.00
12.00	Medical Social Services		16974	31	257			12.00
13.00	Home Health Aide		16974	55	704			13.00
14.00	Total (sum of lines 8-13)			2,360	31,572			14.00
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	333,900	0	333,900	170,792	1.955010	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,498	19,289		261,101	3,362,073		1.00
2.00	Physical Therapy	588	8,844		94,233	1,417,339		2.00
3.00	Occupational Therapy	187	2,287		25,666	313,891		3.00
4.00	Speech Pathology	1	191		95	18,149		4.00
5.00	Medical Social Services	31	257		4,847	40,187		5.00
6.00	Home Health Aide	55	704		3,252	41,628		6.00
7.00	Total (sum of lines 1-6)	2,360	31,572		389,194	5,193,267		7.00
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140054 HHA CCN: 147285		Period: From 10/01/2013 To 09/30/2014		Worksheet H-3 Part I Date/Time Prepared: 2/19/2015 1:02 pm		
		Title XVII I		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>								
15.00	Cost of Medical Supplies		0			0	15.00	
16.00	Cost of Drugs		0			0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>								
<b>Cost Per Visit Computation</b>								
1.00	Skilled Nursing Care	3,623,174					1.00	
2.00	Physical Therapy	1,511,572					2.00	
3.00	Occupational Therapy	339,557					3.00	
4.00	Speech Pathology	18,244					4.00	
5.00	Medical Social Services	45,034					5.00	
6.00	Home Health Aide	44,880					6.00	
7.00	Total (sum of lines 1-6)	5,582,461					7.00	
Cost Center Description								
		12.00						
<b>Limitation Cost Computation</b>								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140054

Period:

Worksheet H-3

HHA CCN: 147285

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

Part II  
Date/Time Prepared:  
2/19/2015 1:02 pm

Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.207069	0	0	0col. 2, line 2.00		1.00
1.01 Physical Therapy 1	66.01	0.928215	0	0	0col. 2, line 2.01		1.01
2.00 Occupational Therapy							2.00
3.00 Speech Pathology	68.00	0.365421	0	0	0col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.218327	0	0	0col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.151552	0	0	0col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140054 HHA CCN: 147285	Period: From 10/01/2013 To 09/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		377,762	5,245,769
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		3,312	147,744
14.00	Total PPS Reimbursement - PEP Episodes		6,075	95,550
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		387,149	5,489,063
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		387,149	5,489,063
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		387,149	5,489,063
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		387,149	5,489,063
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		387,149	5,489,063
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		387,149	5,489,063
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet H-5
	HHA CCN: 147285	Home Health Agency I	Date/Time Prepared: 2/19/2015 1:02 pm 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					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		387,149		5,489,063	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		387,149		5,489,063	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		387,149		5,489,063	7.00
			0	Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140054	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/19/2015 1:02 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,531,478	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		3,736	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)		158.96	3.00
4.00	Number of interns & residents (see instructions)		88.08	4.00
5.00	Indirect medical education percentage (see instructions)		16.93	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		428,579	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.12	8.00
9.00	Sum of lines 7 and 8		39.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.22	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		208,087	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,171,880	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00