

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: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/20/2014 3:22 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/20/2014 Time: 3:22 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 OAK PARK HOSPITAL (140063) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-91,666	-5,171	-28,723	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-1,809	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	6,040	17	0	0	7.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-87,435	-5,154	-28,723	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: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/20/2014 3:09 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 PO Box:	3.00 Zip Code: 60603-	4.00 County: COOK	1.00
1.00 Street: 520 SOUTH MAPLE	2.00 State: IL			2.00
2.00 City: OAK PARK				

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:									
3.00 Hospital	OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	OAK PARK HOSPITAL REHABILITATION UNIT	14T063	16974	5	01/01/1992	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF									7.00
8.00 Swing Beds - NF									8.00
9.00 Hospital-Based SNF	SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N	P	N	9.00
10.00 Hospital-Based NF									10.00
11.00 Hospital-Based OLTC									11.00
12.00 Hospital-Based HHA									12.00
13.00 Separately Certified ASC									13.00
14.00 Hospital-Based Hospice									14.00
15.00 Hospital-Based Health Clinic - RHC									15.00
16.00 Hospital-Based Health Clinic - FQHC									16.00
17.00 Hospital-Based (CMHC) I									17.00
17.10 Hospital-Based (CORF) I									17.10
18.00 Renal Dialysis									18.00
19.00 Other									19.00

		From:	To:	
		1.00	2.00	
20.00 Cost Reporting Period (mm/dd/yyyy)		07/01/2013	06/30/2014	20.00
21.00 Type of Control (see instructions)		2		21.00

Inpatient PPS Information				
22.00 Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N		22.00
22.01 Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y		22.01
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		1	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,990	751	0	2	25	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.	60	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/20/2014 3:09 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00

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		V	XIX				
		1.00	2.00				
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00	97.00			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	0			118.01
		1.00	2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

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		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				0.00
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		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)	10/01/2012		09/30/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/20/2014 3:09 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/29/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/20/2014 3:09 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ELVY		YAP	41.00
42.00	Enter the employer/company name of the cost report preparer.	ROPH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(708) 660-2030		ELVYLENE L YAP [ELVYLENE_L_YAP@RUSH.	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140063

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

Worksheet S-2
Part II
Date/Time Prepared:
11/20/2014 3:09 pm

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/29/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE	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: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	36	13,140		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,716	2,331	15,176			1.00
2.00 HMO and other (see instructions)	978	25				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,716	2,331	15,176			7.00
8.00 INTENSIVE CARE UNIT	1,509	412	2,655			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)	10,225	2,743	17,831	4.86	671.55	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	907	60	1,291	0.00	9.97	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	3,716	0	4,586	0.00	20.60	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				4.86	702.12	27.00
28.00 Observation Bed Days		0	1,208			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-3
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,075	322	4,074	1.00
2.00 HMO and other (see instructions)			207	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	2,075	322	4,074	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	79	3	108	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part II Date/Time Prepared: 11/20/2014 3:09 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	46,803,808	0	46,803,808	1,433,927.00	32.64	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		186,971	0	186,971	2,848.00	65.65	3.00
4.00	Physician-Part A - Administrative		212,320	0	212,320	1,768.00	120.09	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,672,154	0	2,672,154	25,383.00	105.27	5.00
6.00	Non-physician-Part B		279,340	0	279,340	5,692.00	49.08	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		243,068	0	243,068	11,398.00	21.33	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,083,840	0	1,083,840	42,765.00	25.34	9.00
10.00	Excluded area salaries (see instructions)		6,596,858	0	6,596,858	166,800.00	39.55	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		616,725	0	616,725	21,018.00	29.34	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		139,875	0	139,875	1,336.00	104.70	13.00
14.00	Home office salaries & wage-related costs		405,899	0	405,899	2,080.00	195.14	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,862,858	0	7,862,858			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,464,087	0	1,464,087			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		30,175	0	30,175			21.00
22.00	Physician Part A - Administrative		22,624	0	22,624			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		342,047	0	342,047			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	373,953	0	373,953	11,482.00	32.57	26.00
27.00	Administrative & General	5.00	4,709,335	0	4,709,335	135,398.00	34.78	27.00
28.00	Administrative & General under contract (see inst.)		90,631	0	90,631	432.40	209.60	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	776,426	0	776,426	24,626.00	31.53	30.00
31.00	Laundry & Linen Service	8.00	70,010	0	70,010	4,443.00	15.76	31.00
32.00	Housekeeping	9.00	638,024	0	638,024	46,997.00	13.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	808,344	-519,744	288,600	21,198.00	13.61	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	519,744	519,744	38,176.00	13.61	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,403,415	0	1,403,415	37,394.00	37.53	38.00
39.00	Central Services and Supply	14.00	376,434	0	376,434	18,609.00	20.23	39.00
40.00	Pharmacy	15.00	1,169,423	0	1,169,423	27,633.00	42.32	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3
Part II
Date/Time Prepared:
11/20/2014 3:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 591,045	0	591,045	25,362.00	23.30	41.00
42.00	Social Service	17.00 464,692	0	464,692	11,087.00	41.91	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140063

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

Worksheet S-3
Part III
Date/Time Prepared:
11/20/2014 3:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	43,512,906	0	43,512,906	1,389,038.40	31.33	1.00
2.00	Excluded area salaries (see instructions)	7,680,698	0	7,680,698	209,565.00	36.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,832,208	0	35,832,208	1,179,473.40	30.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,162,499	0	1,162,499	24,434.00	47.58	4.00
5.00	Subtotal wage-related costs (see inst.)	7,885,482	0	7,885,482	0.00	22.01	5.00
6.00	Total (sum of lines 3 thru 5)	44,880,189	0	44,880,189	1,203,907.40	37.28	6.00
7.00	Total overhead cost (see instructions)	11,471,732	0	11,471,732	402,837.40	28.48	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/20/2014 3:09 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			431,963 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,654,366 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			3,450,255 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			162,041 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			37,325 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			120,186 14.00
15.00	'Workers' Compensation Insurance			316,589 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,314,509 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			102,122 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			132,435 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,721,791 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140063

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

Worksheet S-3
Part V
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	616,725	0	1.00
2.00	Hospital	616,725	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140063

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

Worksheet S-7

Date/Time Prepared:
11/20/2014 3:09 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	508	0	508	12.00
13.00	RUB	761	0	761	13.00
14.00	RUA	1,816	0	1,816	14.00
15.00	RVC	76	0	76	15.00
16.00	RVB	55	0	55	16.00
17.00	RVA	329	0	329	17.00
18.00	RHC	5	0	5	18.00
19.00	RHB	5	0	5	19.00
20.00	RHA	15	0	15	20.00
21.00	RMC	9	0	9	21.00
22.00	RMB	15	0	15	22.00
23.00	RMA	25	0	25	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	9	0	9	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	7	0	7	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	3	0	3	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	7	0	7	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	4	0	4	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	3	0	3	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	1	0	1	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	6	0	6	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	18	0	18	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	32	0	32	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: 140063

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

Worksheet S-7

Date/Time Prepared:
11/20/2014 3:09 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	3	0	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	4	0	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,716	0	3,716	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			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)		3,078,892			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/20/2014 3:09 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.245265		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,820,621		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		5,115,146		5.00
6.00	Medicaid charges		39,033,123		6.00
7.00	Medicaid cost (line 1 times line 6)		9,573,459		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,082,443	232,380	11,314,823	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,718,135	56,995	2,775,130	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,718,135	56,995	2,775,130	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		2,813,164		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		744,128		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,069,036		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		507,462		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,282,592		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,282,592		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet A Date/Time Prepared: 11/20/2014 3:09 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,703,858	3,703,858	-1,462,526	2,241,332
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,936,454	1,936,454
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	373,953	9,344,018	9,717,971	-4,740	9,713,231
5.01 00541 NONPATIENT TELEPHONES	0	244,126	244,126	0	244,126
5.02 00551 DATA PROCESSING	428,726	745,275	1,174,001	-1,000	1,173,001
5.03 00561 PURCHASING RECEIVING AND STORES	278,021	54,554	332,575	24,420	356,995
5.04 00570 ADMIN TTING	794,531	136,641	931,172	-10,920	920,252
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	3,208,057	12,085,126	15,293,183	-69,972	15,223,211
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700 OPERATION OF PLANT	776,426	4,844,819	5,621,245	-780	5,620,465
8.00 00800 LAUNDRY & LINEN SERVICE	70,010	30,548	100,558	0	100,558
9.00 00900 HOUSEKEEPING	638,024	624,738	1,262,762	0	1,262,762
10.00 01000 DIETARY	808,344	1,150,551	1,958,895	-1,276,555	682,340
11.00 01100 CAFETERIA	0	0	0	1,259,519	1,259,519
13.00 01300 NURSING ADMINISTRATION	1,403,415	143,818	1,547,233	-6,936	1,540,297
14.00 01400 CENTRAL SERVICES & SUPPLY	376,434	863,885	1,240,319	-733,199	507,120
15.00 01500 PHARMACY	1,169,423	2,868,594	4,038,017	-2,395,230	1,642,787
16.00 01600 MEDICAL RECORDS & LIBRARY	591,045	263,328	854,373	-5,640	848,733
17.00 01700 SOCIAL SERVICE	464,692	108,170	572,862	0	572,862
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	348,693	348,693	0	348,693
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	6,127,147	739,561	6,866,708	-91,078	6,775,630
31.00 03100 INTENSIVE CARE UNIT	2,125,279	344,573	2,469,852	-37,050	2,432,802
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I RF	620,239	350,344	970,583	-5,511	965,072
42.00 04200 SUBPROVIDER	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	1,083,840	170,071	1,253,911	-32,470	1,221,441
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	3,178,900	9,987,885	13,166,785	-6,907,754	6,259,031
50.01 05001 ENDOSCOPY	587,474	451,119	1,038,593	-97,150	941,443
51.00 05100 RECOVERY ROOM	783,497	38,343	821,840	0	821,840
53.00 05300 ANESTHESIOLOGY	255,992	381,353	637,345	0	637,345
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,108,288	2,104,842	4,213,130	-388,139	3,824,991
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIO SOTOPE	437,269	375,351	812,620	0	812,620
56.01 05602 ULTRASOUND/VASC LAB	441,680	55,878	497,558	0	497,558
57.00 05700 CT SCAN	581,775	265,712	847,487	0	847,487
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	1,591,394	1,276,000	2,867,394	-4,260	2,863,134
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	157,757	477,246	635,003	0	635,003
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	485,890	134,207	620,097	-12,448	607,649
66.00 06600 PHYSICAL THERAPY	945,629	255,348	1,200,977	-3,803	1,197,174
67.00 06700 OCCUPATIONAL THERAPY	505,160	32,685	537,845	0	537,845
68.00 06800 SPEECH PATHOLOGY	104,000	3,545	107,545	0	107,545
69.00 06900 ELECTROCARDIOLOGY	358,962	234,554	593,516	-282	593,234
70.00 07000 ELECTROENCEPHALOGRAPHY	54,457	20,199	74,656	0	74,656
70.01 07001 SLEEP LAB	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	718,101	718,101
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,260,896	7,260,896
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	2,390,670	2,390,670
74.00 07400 RENAL DIALYSIS	0	442,961	442,961	0	442,961
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	948,519	628,245	1,576,764	-4,020	1,572,744
90.01 09001 WOUND CARE	432,830	286,178	719,008	-2,830	716,178
90.02 09002 PULMONARY REHAB	70,606	10,054	80,660	0	80,660
90.03 09003 SPINE CENTER	0	0	0	0	0
90.04 09004 RUSH HEART CENTER	0	193,218	193,218	-1,218	192,000
91.00 09100 EMERGENCY	5,459,504	857,260	6,316,764	-13,823	6,302,941
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,827,189	57,677,474	98,504,663	20,726	98,525,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,976,619	2,381,653	8,358,272	-20,726	8,337,546	192.00
200.00		TOTAL (SUM OF LINES 118-199)	46,803,808	60,059,127	106,862,935	0	106,862,935	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-349,260	1,892,072	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-321,175	1,615,279	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-410	9,712,821	4.00
5.01	00541	NONPATIENT TELEPHONES	-118,938	125,188	5.01
5.02	00551	DATA PROCESSING	0	1,173,001	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	-38,182	318,813	5.03
5.04	00570	ADMINISTRATIVE	0	920,252	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-5,659,651	9,563,560	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	5,620,465	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	100,558	8.00
9.00	00900	HOUSEKEEPING	0	1,262,762	9.00
10.00	01000	DIETARY	0	682,340	10.00
11.00	01100	CAFETERIA	-363,958	895,561	11.00
13.00	01300	NURSING ADMINISTRATION	-8,795	1,531,502	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	507,120	14.00
15.00	01500	PHARMACY	0	1,642,787	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	848,733	16.00
17.00	01700	SOCIAL SERVICE	-3,643	569,219	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-176,201	172,492	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	6,775,630	30.00
31.00	03100	INTENSIVE CARE UNIT	-512	2,432,290	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-263,060	702,012	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	-9,636	1,211,805	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13,777	6,245,254	50.00
50.01	05001	ENDOSCOPY	-70,000	871,443	50.01
51.00	05100	RECOVERY ROOM	0	821,840	51.00
53.00	05300	ANESTHESIOLOGY	-50,000	587,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,531	3,814,460	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-6,659	805,961	56.00
56.01	05602	ULTRASOUND/VASC LAB	-2,616	494,942	56.01
57.00	05700	CT SCAN	0	847,487	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-91,111	2,772,023	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-1,397	633,606	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-512	607,137	65.00
66.00	06600	PHYSICAL THERAPY	0	1,197,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	537,845	67.00
68.00	06800	SPEECH PATHOLOGY	-1,013	106,532	68.00
69.00	06900	ELECTROCARDIOLOGY	-50,190	543,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-12,500	62,156	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	718,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,260,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,390,670	73.00
74.00	07400	RENAL DIALYSIS	0	442,961	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-849,299	723,445	90.00
90.01	09001	WOUND CARE	-24,000	692,178	90.01
90.02	09002	PULMONARY REHAB	-6,705	73,955	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09004	RUSH HEART CENTER	-192,000	0	90.04
91.00	09100	EMERGENCY	-2,059,059	4,243,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,754,790	87,770,599	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140063

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

Worksheet A
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,337,546	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-10,754,790	96,108,145	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - POSTAGE						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	28,740	1.00	
	TOTALS		0	28,740		
B - CAPITAL RELATED INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,271	1.00	
	TOTALS		0	6,271		
C - CLINITRON BEDS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,549	1.00	
	TOTALS		0	7,549		
D - CHARGEABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	718,101	1.00	
	TOTALS		0	718,101		
E - CAFETERIA						
1.00	CAFETERIA	11.00	519,744	739,775	1.00	
	TOTALS		519,744	739,775		
F - RENTALS						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	460,108	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	460,108		
G - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,468,797	1.00	
	TOTALS		0	1,468,797		
H - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,390,670	1.00	
	TOTALS		0	2,390,670		
I - HEART CENTER RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	0	1,218	1.00	
	TOTALS		0	1,218		
J - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,260,896	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	7,260,896		
500.00	Grand Total : Increases		519,744	13,082,125	500.00	

RECLASSIFICATIONS

Provider CCN: 140063

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

Worksheet A-6
Date/Time Prepared:
11/20/2014 3:09 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - POSTAGE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	28,740	0		1.00
	TOTALS		0	28,740			
B - CAPITAL RELATED INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,271	9		1.00
	TOTALS		0	6,271			
C - CLINIC BEDS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,549	9		1.00
	TOTALS		0	7,549			
D - CHARGEABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	718,101	0		1.00
	TOTALS		0	718,101			
E - CAFETERIA							
1.00	DIETARY	10.00	519,744	739,775	0		1.00
	TOTALS		519,744	739,775			
F - RENTALS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,740	9		1.00
2.00	DATA PROCESSING	5.02	0	1,000	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	4,320	0		3.00
4.00	ADMINISTRATIVE	5.04	0	10,920	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34,961	0		5.00
6.00	OPERATION OF PLANT	7.00	0	780	0		6.00
7.00	DIETARY	10.00	0	17,036	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	6,936	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,549	0		9.00
10.00	PHARMACY	15.00	0	4,560	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,640	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	91,078	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	37,050	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	5,511	0		14.00
15.00	SKILLED NURSING FACILITY	44.00	0	32,470	0		15.00
16.00	OPERATING ROOM	50.00	0	33,269	0		16.00
17.00	ENDOSCOPY	50.01	0	97,150	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,728	0		18.00
19.00	LABORATORY	60.00	0	4,260	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	12,448	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	3,803	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	1,500	0		22.00
23.00	CLINIC	90.00	0	4,020	0		23.00
24.00	WOUND CARE	90.01	0	2,830	0		24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	20,726	0		25.00
26.00	EMERGENCY	91.00	0	13,823	0		26.00
	TOTALS		0	460,108			
G - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,468,797	9		1.00
	TOTALS		0	1,468,797			
H - DRUGS SOLD							
1.00	PHARMACY	15.00	0	2,390,670	0		1.00
	TOTALS		0	2,390,670			
I - HEART CENTER RECLASS							
1.00	RUSH HEART CENTER	90.04	0	1,218	0		1.00
	TOTALS		0	1,218			
J - IMPLANTS							
1.00	OPERATING ROOM	50.00	0	6,874,485	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	386,411	0		2.00
	TOTALS		0	7,260,896			
500.00	Grand Total: Decreases		519,744	13,082,125			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,478,706	8,454,014	0	8,454,014	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	56,751,859	12,599,679	0	12,599,679	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	42,608,883	4,416,647	0	4,416,647	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	101,839,448	25,470,340	0	25,470,340	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	101,839,448	25,470,340	0	25,470,340	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	10,932,720	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	69,351,538	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	47,025,530	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	127,309,788	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	127,309,788	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part II
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,703,858	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,703,858	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,703,858				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	3,703,858				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140063

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

Worksheet A-7
Part III
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	80,284,258	0	80,284,258	0.630621	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	47,025,530	0	47,025,530	0.369379	0	2.00
3.00	Total (sum of lines 1-2)	127,309,788	0	127,309,788	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,892,072	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,615,279	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,507,351	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,892,072	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,615,279	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,507,351	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140063

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

Worksheet A-8

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-38,182	PURCHASING RECEIVING AND STORES	5.03	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-9,062	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,204,994			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-363,958	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-349,260	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-321,175	NEW 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	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 OTHER MISC	B	-2,500	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.00	
33.01 LAB OTHER REVENUE	B	-630	LABORATORY	60.00	0 33.01	
33.02 SALE OF SILVER	B	-7,790	LABORATORY	60.00	0 33.02	
33.03 LAB CLIENT REVENUE	B	-32,699	LABORATORY	60.00	0 33.03	
33.05 PHYSICIAN RECRUITING	B	-82,550	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 33.05	
34.00 JURY DUTY	B	-749	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 34.00	
34.01 INFO CENTER	B	-48	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 34.01	
35.00 EMPLOYEE IDS	B	-410	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.00	
36.00 PROVIDER ASSESSMENT TAX	B	-4,128,760	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 36.00	
38.00 EMERGENCY MEDICAL OTHER INCOME	A	-6,975	EMERGENCY	91.00	0 38.00	
40.00 INTEREST INCOME	B	-1,196	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 40.00	
41.00 MEDICAL EXEC INCOME	B	-135,907	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 41.00	
42.00 VOLUNTEERS	B	-126,080	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 42.00	
43.00 PULMONARY REHAB PROGRAM REVENUE	B	-5,772	PULMONARY REHAB	90.02	0 43.00	
44.00 NSGO REVENUE	B	-8,795	NURSING ADMIN STRATION	13.00	0 44.00	
45.00 DIABETES ENDOCRINE OPERATING INCOME	B	-100	CLINIC	90.00	0 45.00	
45.01 BREAST CENTER CLIENT REVENUE	B	-6,364	RADIOISOTOPE	56.00	0 45.01	
45.02 BLOOD BANK CLIENT REVENUE	B	-1,397	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 45.02	
45.03 SPEECH THERAPY CLIENTE REVENUE	B	-1,013	SPEECH PATHOLOGY	68.00	0 45.03	
45.04 NUCLEAR MED CLIENT REVNU	B	-295	RADIOISOTOPE	56.00	0 45.04	
45.05 DIAGNOSTIC CLIENT REVENUE	B	-10,531	RADIOLOGY-DIAGNOSTIC	54.00	0 45.05	
45.06 ULTRA/VAS CLIENT REVENUE	B	-2,616	ULTRASOUND/VASC LAB	56.01	0 45.06	
45.07 OTHER OPERATING INCOME	B	-786,044	OTHER ADMIN STRATIVE AND GENERAL	5.06	0 45.07	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,754,790			50.00	

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140063

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

Worksheet A-8-2

Date/Time Prepared:
11/20/2014 3:09 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	431,737	371,737	60,000	177,200	528	1.00
2.00	17.00	SOCIAL SERVICE	20,000	0	20,000	177,200	192	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	206,201	176,201	30,000	177,200	450	3.00
4.00	31.00	INTENSIVE CARE UNIT	938	0	938	177,200	5	4.00
5.00	41.00	SUBPROVIDER - IRF	263,060	263,060	0	0	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	9,636	9,636	0	0	0	6.00
7.00	50.00	OPERATING ROOM	24,000	0	24,000	177,200	120	7.00
8.00	50.01	ENDOSCOPY	70,000	70,000	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	50,000	50,000	0	0	0	9.00
10.00	60.00	LABORATORY	49,992	49,992	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	938	0	938	177,200	5	11.00
12.00	69.00	ELECTROCARDIOLOGY	50,190	50,190	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	12,500	12,500	0	0	0	13.00
14.00	90.00	CLINIC	884,199	849,199	35,000	177,200	520	14.00
15.00	90.01	WOUND CARE	24,000	24,000	0	0	0	15.00
16.00	90.02	PULMONARY REHAB	4,000	0	4,000	177,200	36	16.00
17.00	90.04	RUSH HEART CENTER	192,000	192,000	0	0	0	17.00
18.00	91.00	EMERGENCY	2,158,404	1,981,084	177,320	177,200	1,248	18.00
200.00			4,451,795	4,099,599	352,196		3,104	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	44,982	2,249	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	16,357	818	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,337	1,917	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	426	21	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	10,223	511	0	0	0	7.00
8.00	50.01	ENDOSCOPY	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	9.00
10.00	60.00	LABORATORY	0	0	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	426	21	0	0	0	11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	90.00	CLINIC	44,300	2,215	0	0	0	14.00
15.00	90.01	WOUND CARE	0	0	0	0	0	15.00
16.00	90.02	PULMONARY REHAB	3,067	153	0	0	0	16.00
17.00	90.04	RUSH HEART CENTER	0	0	0	0	0	17.00
18.00	91.00	EMERGENCY	106,320	5,316	0	0	0	18.00
200.00			264,438	13,221	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	44,982	15,018	386,755		1.00
2.00	17.00	SOCIAL SERVICE	0	16,357	3,643	3,643		2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	38,337	0	176,201		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	426	512	512		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	263,060		5.00
6.00	44.00	SKILLED NURSING FACILITY	0	0	0	9,636		6.00
7.00	50.00	OPERATING ROOM	0	10,223	13,777	13,777		7.00
8.00	50.01	ENDOSCOPY	0	0	0	70,000		8.00
9.00	53.00	ANESTHESIOLOGY	0	0	0	50,000		9.00
10.00	60.00	LABORATORY	0	0	0	49,992		10.00
11.00	65.00	RESPIRATORY THERAPY	0	426	512	512		11.00
12.00	69.00	ELECTROCARDIOLOGY	0	0	0	50,190		12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	12,500		13.00
14.00	90.00	CLINIC	0	44,300	0	849,199		14.00
15.00	90.01	WOUND CARE	0	0	0	24,000		15.00
16.00	90.02	PULMONARY REHAB	0	3,067	933	933		16.00
17.00	90.04	RUSH HEART CENTER	0	0	0	192,000		17.00
18.00	91.00	EMERGENCY	0	106,320	71,000	2,052,084		18.00
200.00			0	264,438	105,395	4,204,994		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B Part I Date/Time Prepared: 11/20/2014 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,892,072	1,892,072			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,615,279		1,615,279		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,712,821	24,297	2,319	9,739,437	4.00
5.01 00541	NONPATIENT TELEPHONES	125,188	2,096	1,299	0	128,583 5.01
5.02 00551	DATA PROCESSING	1,173,001	19,348	121,147	89,933	2,559 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	318,813	57,210	6,418	58,320	3,412 5.03
5.04 00570	ADMINISTRATIVE	920,252	14,599	6,800	166,666	2,772 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	21,644	31,451	0	5,118 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	9,563,560	83,626	47,340	672,944	15,353 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	5,620,465	698,616	39,283	162,869	6,824 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	100,558	8,154	291	14,686	0 8.00
9.00 00900	HOUSEKEEPING	1,262,762	15,075	5,940	133,836	853 9.00
10.00 01000	DIETARY	682,340	71,933	10,126	60,539	5,331 10.00
11.00 01100	CAFETERIA	895,561	0	0	109,025	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,531,502	17,118	27,470	294,390	2,772 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	507,120	36,617	25,177	78,963	1,493 14.00
15.00 01500	PHARMACY	1,642,787	10,713	9,553	245,306	2,132 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	848,733	28,926	36,752	123,982	7,677 16.00
17.00 01700	SOCIAL SERVICE	569,219	2,822	166	97,477	640 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	172,492	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,775,630	121,150	59,972	1,285,259	10,875 30.00
31.00 03100	INTENSIVE CARE UNIT	2,432,290	33,327	69,912	445,813	4,052 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	702,012	50,401	9,728	130,106	6,824 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	1,211,805	69,922	10,166	227,354	3,838 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,245,254	88,486	129,143	666,828	6,397 50.00
50.01 05001	ENDOSCOPY	871,443	18,115	48,148	123,233	3,838 50.01
51.00 05100	RECOVERY ROOM	821,840	7,188	5,654	164,352	0 51.00
53.00 05300	ANESTHESIOLOGY	587,345	1,705	29,001	53,699	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,814,460	64,260	274,809	442,249	6,397 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	805,961	62,578	226,759	91,725	5,118 56.00
56.01 05602	ULTRASOUND/VASC LAB	494,942	2,653	50,090	92,650	853 56.01
57.00 05700	CT SCAN	847,487	2,212	115,114	122,037	640 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	2,772,023	43,244	46,281	333,822	7,890 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	633,606	2,430	47	33,092	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	607,137	7,433	42,995	101,924	2,132 65.00
66.00 06600	PHYSICAL THERAPY	1,197,174	43,653	7,308	198,362	1,706 66.00
67.00 06700	OCCUPATIONAL THERAPY	537,845	5,741	1,011	105,966	426 67.00
68.00 06800	SPEECH PATHOLOGY	106,532	1,041	118	21,816	640 68.00
69.00 06900	ELECTROCARDIOLOGY	543,044	5,354	29,192	75,298	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	62,156	1,082	1,377	11,423	213 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	718,101	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,260,896	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,390,670	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	442,961	0	83	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	723,445	81,249	16,354	198,968	4,904 90.00
90.01 09001	WOUND CARE	692,178	18,742	4,973	90,793	426 90.01
90.02 09002	PULMONARY REHAB	73,955	0	3,979	14,811	0 90.02
90.03 09003	SPINE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	4,243,882	41,201	31,099	1,145,224	4,052 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,770,599	1,885,961	1,584,845	8,485,740	128,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,687	42	0	426	190.00
190.01	19001	ADC	0	0	6,659	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,337,546	1,424	23,733	1,253,697	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	96,108,145	1,892,072	1,615,279	9,739,437	128,583	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING	1,405,988				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5,092	449,265			5.03
5.04	00570	ADMINITTING	14,257	1,560	1,126,906		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,012	0	60,225	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	234,134	3,820	0	0	10,620,777
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	86,067	576	0	0	6,614,700
8.00	00800	LAUNDRY & LINEN SERVICE	1,540	35	0	0	125,264
9.00	00900	HOUSEKEEPING	19,334	34	0	0	1,437,834
10.00	01000	DIETARY	29,993	1,207	0	0	861,469
11.00	01100	CAFETERIA	0	0	0	0	1,004,586
13.00	01300	NURSING ADMINISTRATION	23,690	557	0	0	1,897,499
14.00	01400	CENTRAL SERVICES & SUPPLY	18,991	37,549	0	0	705,910
15.00	01500	PHARMACY	61,826	11,328	0	0	1,983,645
16.00	01600	MEDICAL RECORDS & LIBRARY	13,081	1,144	0	0	1,060,295
17.00	01700	SOCIAL SERVICE	8,771	67	0	0	679,162
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,339	42	0	0	177,873
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	105,136	14,893	74,555	3,976	8,451,446
31.00	03100	INTENSIVE CARE UNIT	37,816	6,440	23,321	1,244	3,054,215
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	14,861	2,242	5,445	290	921,909
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	19,199	2,243	10,046	536	1,555,109
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	201,597	186,367	173,000	9,225	7,706,297
50.01	05001	ENDOSCOPY	15,902	13,039	37,610	2,006	1,133,334
51.00	05100	RECOVERY ROOM	12,583	294	25,327	1,351	1,038,589
53.00	05300	ANESTHESIOLOGY	9,758	24,957	51,169	2,729	760,363
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,507	62,511	72,867	3,886	4,805,946
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	12,442	3,293	12,078	644	1,220,598
56.01	05602	ULTRASOUND/VASC LAB	7,618	1,416	19,761	1,054	671,037
57.00	05700	CT SCAN	12,976	2,729	60,455	3,224	1,166,874
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	43,903	17,659	195,090	10,534	3,470,446
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,723	720	8,478	452	688,548
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,494	6,810	13,429	716	792,070
66.00	06600	PHYSICAL THERAPY	18,388	2,818	27,070	1,444	1,497,923
67.00	06700	OCCUPATIONAL THERAPY	8,235	2,028	12,582	671	674,505
68.00	06800	SPEECH PATHOLOGY	1,647	103	2,639	141	134,677
69.00	06900	ELECTROCARDIOLOGY	9,087	1,946	23,028	1,228	688,177
70.00	07000	ELECTROENCEPHALOGRAPHY	1,143	136	537	29	78,096
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,415	75	719,591
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	63,694	3,396	7,327,986
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	78,049	4,162	2,472,881
74.00	07400	RENAL DIALYSIS	6,782	0	10,072	537	460,435
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,142	2,542	17,553	936	1,070,093
90.01	09001	WOUND CARE	11,009	6,156	11,426	609	836,312
90.02	09002	PULMONARY REHAB	1,235	80	810	43	94,913
90.03	09003	SPIRE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	96,716	19,853	95,400	5,087	5,682,514
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

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Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,278,014	441,206	1,126,906	60,225	86,343,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0	5,157	190.00
190.01	19001 ADC	0	394	0	0	7,053	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	127,974	7,663	0	0	9,752,037	192.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,405,988	449,265	1,126,906	60,225	96,108,145	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
From 07/01/2013
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Part I
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	10,620,777				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	821,797	0	7,436,497		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,563	0	62,470	203,297	8.00
9.00	00900	HOUSEKEEPING	178,634	0	115,495	0	1,731,963
10.00	01000	DIETARY	107,027	0	551,117	0	53,745
11.00	01100	CAFETERIA	124,808	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	235,741	0	131,147	0	15,654
14.00	01400	CENTRAL SERVICES & SUPPLY	87,701	0	280,537	1,258	26,090
15.00	01500	PHARMACY	246,444	0	82,078	160	13,647
16.00	01600	MEDICAL RECORDS & LIBRARY	131,729	0	221,613	0	36,726
17.00	01700	SOCIAL SERVICE	84,378	0	21,619	0	3,693
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,099	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,049,991	0	928,193	40,355	352,651
31.00	03100	INTENSIVE CARE UNIT	379,450	0	255,337	8,354	87,903
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	114,536	0	386,143	8,969	92,519
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	193,204	0	535,704	11,965	125,231
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	957,415	0	677,933	37,739	210,806
50.01	05001	ENDOSCOPY	140,803	0	138,785	5,198	15,654
51.00	05100	RECOVERY ROOM	129,032	0	55,071	5,368	10,436
53.00	05300	ANESTHESIOLOGY	94,466	0	13,060	0	26,090
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,081	0	492,329	14,509	124,589
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	151,645	0	479,440	3,523	39,737
56.01	05602	ULTRASOUND/VASC LAB	83,368	0	20,323	0	10,436
57.00	05700	CT SCAN	144,970	0	16,947	0	5,218
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	431,161	0	331,311	0	104,359
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	85,544	0	18,618	0	5,218
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	98,405	0	56,946	0	14,129
66.00	06600	PHYSICAL THERAPY	186,099	0	334,448	6,474	62,616
67.00	06700	OCCUPATIONAL THERAPY	83,799	0	43,988	3,009	17,059
68.00	06800	SPEECH PATHOLOGY	16,732	0	7,979	0	3,693
69.00	06900	ELECTROCARDIOLOGY	85,498	0	41,022	1,531	62,616
70.00	07000	ELECTROENCEPHALOGRAPHY	9,702	0	8,286	782	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,401	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	910,414	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	307,226	0	0	0	0
74.00	07400	RENAL DIALYSIS	57,204	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	132,946	0	622,487	1,305	70,001
90.01	09001	WOUND CARE	103,902	0	143,593	692	62,616
90.02	09002	PULMONARY REHAB	11,792	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	705,984	0	315,659	52,106	73,613
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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To 06/30/2014

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,407,691	0	7,389,678	203,297	1,726,745	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	641	0	35,907	0	5,218	190.00
190.01	19001 ADC	876	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,211,569	0	10,912	0	0	192.00
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)	10,620,777	0	7,436,497	203,297	1,731,963	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,573,358					10.00
11.00	01100	CAFETERIA	0	1,129,394				11.00
13.00	01300	NURSING ADMINISTRATION	0	35,291	2,315,332			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,065	0	1,119,561		14.00
15.00	01500	PHARMACY	0	26,612	0	0	2,352,586	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,558	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	10,645	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,066,871	210,728	746,816	31,345	0	30.00
31.00	03100	INTENSIVE CARE UNIT	93,335	61,417	221,956	15,374	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	90,757	20,119	71,185	4,823	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	322,395	40,878	147,044	4,664	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	85,400	296,051	325,985	0	50.00
50.01	05001	ENDOSCOPY	0	17,800	0	34,444	0	50.01
51.00	05100	RECOVERY ROOM	0	17,314	62,829	735	0	51.00
53.00	05300	ANESTHESIOLOGY	0	5,654	20,045	66,645	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	70,029	0	155,531	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	12,389	0	6,587	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	10,424	0	3,668	0	56.01
57.00	05700	CT SCAN	0	15,415	0	6,825	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	61,196	0	39,939	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,079	0	1,960	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,001	0	18,045	0	65.00
66.00	06600	PHYSICAL THERAPY	0	25,353	91,872	6,417	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,831	46,408	5,202	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,407	8,700	200	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,197	39,335	4,591	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	950	0	268	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	101,445	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	183,269	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,621	2,352,586	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	26,744	97,603	3,260	0	90.00
90.01	09001	WOUND CARE	0	12,367	44,596	15,693	0	90.01
90.02	09002	PULMONARY REHAB	0	2,319	8,257	199	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	118,659	412,635	45,949	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	93	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	153,553	0	8,784	0	192.00
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)	1,573,358	1,129,394	2,315,332	1,119,561	2,352,586	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00541 NONPATIENT TELEPHONES					5.01
5.02 00551 DATA PROCESSING					5.02
5.03 00561 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,474,921				16.00
17.00 01700 SOCIAL SERVICE	0	799,497			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	199,972	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	97,564	736,817	0	199,972	13,912,749
31.00 03100 INTENSIVE CARE UNIT	30,518	0	0	0	4,207,859
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	7,125	62,680	0	0	1,780,765
42.00 04200 SUBPROVIDER	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	13,147	0	0	0	2,949,341
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	226,390	0	0	0	10,524,016
50.01 05001 ENDOSCOPY	49,217	0	0	0	1,535,235
51.00 05100 RECOVERY ROOM	33,143	0	0	0	1,352,517
53.00 05300 ANESTHESIOLOGY	66,960	0	0	0	1,053,283
54.00 05400 RADIOLOGY-DIAGNOSTIC	95,354	0	0	0	6,355,368
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIOISOTOPE	15,805	0	0	0	1,929,724
56.01 05602 ULTRASOUND/VASC LAB	25,860	0	0	0	825,116
57.00 05700 CT SCAN	79,112	0	0	0	1,435,361
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000 LABORATORY	255,538	0	0	0	4,693,950
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,095	0	0	0	816,062
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	17,573	0	0	0	1,011,169
66.00 06600 PHYSICAL THERAPY	35,424	0	0	0	2,246,626
67.00 06700 OCCUPATIONAL THERAPY	16,465	0	0	0	903,266
68.00 06800 SPEECH PATHOLOGY	3,453	0	0	0	177,841
69.00 06900 ELECTROCARDIOLOGY	30,134	0	0	0	964,101
70.00 07000 ELECTROENCEPHALOGRAPHY	703	0	0	0	98,787
70.01 07001 SLEEP LAB	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,852	0	0	0	912,289
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	83,350	0	0	0	8,505,019
73.00 07300 DRUGS CHARGED TO PATIENTS	102,136	0	0	0	5,262,450
74.00 07400 RENAL DIALYSIS	13,180	0	0	0	530,819
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000 CLINIC	22,970	0	0	0	2,047,409
90.01 09001 WOUND CARE	14,952	0	0	0	1,234,723
90.02 09002 PULMONARY REHAB	1,059	0	0	0	118,539
90.03 09003 SPINE CENTER	0	0	0	0	0
90.04 09004 RUSH HEART CENTER	0	0	0	0	0
91.00 09100 EMERGENCY	124,842	0	0	0	7,531,961
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,474,921	799,497	0	199,972	84,916,345 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	46,923 190.00
190.01 19001	ADC	0	0	0	0	8,022 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,136,855 192.00
200.00	Cross Foot Adjustments			0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,474,921	799,497	0	199,972	96,108,145 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

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

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00541	NONPATIENT TELEPHONES		5.01
5.02	00551	DATA PROCESSING		5.02
5.03	00561	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-199,972	13,712,777
31.00	03100	INTENSIVE CARE UNIT	0	4,207,859
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	1,780,765
42.00	04200	SUBPROVIDER	0	0
44.00	04400	SKILLED NURSING FACILITY	0	2,949,341
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	10,524,016
50.01	05001	ENDOSCOPY	0	1,535,235
51.00	05100	RECOVERY ROOM	0	1,352,517
53.00	05300	ANESTHESIOLOGY	0	1,053,283
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,355,368
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	1,929,724
56.01	05602	ULTRASOUND/VASC LAB	0	825,116
57.00	05700	CT SCAN	0	1,435,361
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	4,693,950
60.01	06001	BLOOD LABORATORY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	816,062
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,011,169
66.00	06600	PHYSICAL THERAPY	0	2,246,626
67.00	06700	OCCUPATIONAL THERAPY	0	903,266
68.00	06800	SPEECH PATHOLOGY	0	177,841
69.00	06900	ELECTROCARDIOLOGY	0	964,101
70.00	07000	ELECTROENCEPHALOGRAPHY	0	98,787
70.01	07001	SLEEP LAB	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	912,289
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,505,019
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,262,450
74.00	07400	RENAL DIALYSIS	0	530,819
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	2,047,409
90.01	09001	WOUND CARE	0	1,234,723
90.02	09002	PULMONARY REHAB	0	118,539
90.03	09003	SPINE CENTER	0	0
90.04	09004	RUSH HEART CENTER	0	0
91.00	09100	EMERGENCY	0	7,531,961
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140063

Period:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-199,972	84,716,373	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,923	190.00
190.01	19001	ADC	0	8,022	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,136,855	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-199,972	95,908,173	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	24,297	2,319	26,616	26,616 4.00
5.01 00541	NONPATIENT TELEPHONES	0	2,096	1,299	3,395	0 5.01
5.02 00551	DATA PROCESSING	0	19,348	121,147	140,495	246 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	57,210	6,418	63,628	159 5.03
5.04 00570	ADMITTING	0	14,599	6,800	21,399	455 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	21,644	31,451	53,095	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	83,626	47,340	130,966	1,838 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	698,616	39,283	737,899	445 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	8,154	291	8,445	40 8.00
9.00 00900	HOUSEKEEPING	0	15,075	5,940	21,015	366 9.00
10.00 01000	DIETARY	0	71,933	10,126	82,059	165 10.00
11.00 01100	CAFETERIA	0	0	0	0	298 11.00
13.00 01300	NURSING ADMINISTRATION	0	17,118	27,470	44,588	804 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	36,617	25,177	61,794	216 14.00
15.00 01500	PHARMACY	0	10,713	9,553	20,266	670 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	28,926	36,752	65,678	339 16.00
17.00 01700	SOCIAL SERVICE	0	2,822	166	2,988	266 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	121,150	59,972	181,122	3,522 30.00
31.00 03100	INTENSIVE CARE UNIT	0	33,327	69,912	103,239	1,218 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	50,401	9,728	60,129	355 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
44.00 04400	SKILLED NURSING FACILITY	0	69,922	10,166	80,088	621 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	88,486	129,143	217,629	1,822 50.00
50.01 05001	ENDOSCOPY	0	18,115	48,148	66,263	337 50.01
51.00 05100	RECOVERY ROOM	0	7,188	5,654	12,842	449 51.00
53.00 05300	ANESTHESIOLOGY	0	1,705	29,001	30,706	147 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	64,260	274,809	339,069	1,208 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	62,578	226,759	289,337	251 56.00
56.01 05602	ULTRASOUND/VASC LAB	0	2,653	50,090	52,743	253 56.01
57.00 05700	CT SCAN	0	2,212	115,114	117,326	333 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	43,244	46,281	89,525	912 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,430	47	2,477	90 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	7,433	42,995	50,428	278 65.00
66.00 06600	PHYSICAL THERAPY	0	43,653	7,308	50,961	542 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	5,741	1,011	6,752	289 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,041	118	1,159	60 68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,354	29,192	34,546	206 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,082	1,377	2,459	31 70.00
70.01 07001	SLEEP LAB	0	0	0	0	0 70.01
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	83	83	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	81,249	16,354	97,603	544 90.00
90.01 09001	WOUND CARE	0	18,742	4,973	23,715	248 90.01
90.02 09002	PULMONARY REHAB	0	0	3,979	3,979	40 90.02
90.03 09003	SPI NE CENTER	0	0	0	0	0 90.03
90.04 09004	RUSH HEART CENTER	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	0	41,201	31,099	72,300	3,128 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:
From 07/01/2013
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,885,961	1,584,845	3,470,806	23,191
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,687	42	4,729	190.00
190.01 19001	ADC	0	0	6,659	6,659	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,424	23,733	25,157	192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,892,072	1,615,279	3,507,351	26,616

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/20/2014 3:09 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES	3,395					5.01
5.02	00551	DATA PROCESSING	68	140,809				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	90		510	64,387		5.03
5.04	00570	ADMINISTRATIVE	73	1,427		224	23,578	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	135			288		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	407	23,478		548		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	180	8,617	83	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	154	5	0	0	8.00
9.00	00900	HOUSEKEEPING	23	1,936	5	0	0	9.00
10.00	01000	DIETARY	141	3,003	173	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	73	2,372	80	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	39	1,901	5,381	0	0	14.00
15.00	01500	PHARMACY	56	6,190	1,623	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	203	1,310	164	0	0	16.00
17.00	01700	SOCIAL SERVICE	17	878	10	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	535	6	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	287	10,527	2,134	1,554	3,542	30.00
31.00	03100	INTENSIVE CARE UNIT	107	3,786	923	486	1,108	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	180	1,488	321	113	259	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	101	1,922	321	209	477	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	169	20,185	26,710	3,605	8,218	50.00
50.01	05001	ENDOSCOPY	101	1,592	1,869	784	1,787	50.01
51.00	05100	RECOVERY ROOM	0	1,260	42	528	1,203	51.00
53.00	05300	ANESTHESIOLOGY	0	977	3,577	1,066	2,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	169	6,459	8,959	1,519	3,461	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	135	1,246	472	252	574	56.00
56.01	05602	ULTRASOUND/VASC LAB	23	763	203	412	939	56.01
57.00	05700	CT SCAN	17	1,299	391	1,260	2,872	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	208	4,396	2,531	4,159	9,251	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	973	103	177	403	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	56	951	976	280	638	65.00
66.00	06600	PHYSICAL THERAPY	45	1,841	404	564	1,286	66.00
67.00	06700	OCCUPATIONAL THERAPY	11	825	291	262	598	67.00
68.00	06800	SPEECH PATHOLOGY	17	165	15	55	125	68.00
69.00	06900	ELECTROCARDIOLOGY	0	910	279	480	1,094	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6	114	20	11	26	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	29	67	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,327	3,026	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,627	3,708	73.00
74.00	07400	RENAL DIALYSIS	0	679	0	210	478	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	129	2,417	364	366	834	90.00
90.01	09001	WOUND CARE	11	1,102	882	238	543	90.01
90.02	09002	PULMONARY REHAB	0	124	11	17	38	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	107	9,684	2,845	1,988	4,532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/20/2014 3:09 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,384	127,996	63,233	23,578	53,518		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11	0	0	0	0		190.00
190.01	19001 ADC	0	0	56	0	0		190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	12,813	1,098	0	0		192.00
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)	3,395	140,809	64,387	23,578	53,518		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	157,237				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	12,164	0	759,388		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	230	0	6,379	15,253	8.00
9.00	00900	HOUSEKEEPING	2,644	0	11,794	0	37,783
10.00	01000	DIETARY	1,584	0	56,278	0	1,172
11.00	01100	CAFETERIA	1,847	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,490	0	13,392	0	341
14.00	01400	CENTRAL SERVICES & SUPPLY	1,298	0	28,647	94	569
15.00	01500	PHARMACY	3,648	0	8,381	12	298
16.00	01600	MEDICAL RECORDS & LIBRARY	1,950	0	22,630	0	801
17.00	01700	SOCIAL SERVICE	1,249	0	2,208	0	81
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	327	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,542	0	94,784	3,028	7,692
31.00	03100	INTENSIVE CARE UNIT	5,617	0	26,074	627	1,918
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,695	0	39,432	673	2,018
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	2,860	0	54,704	898	2,732
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,172	0	69,228	2,832	4,599
50.01	05001	ENDOSCOPY	2,084	0	14,172	390	341
51.00	05100	RECOVERY ROOM	1,910	0	5,624	403	228
53.00	05300	ANESTHESIOLOGY	1,398	0	1,334	0	569
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,838	0	50,275	1,089	2,718
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,245	0	48,959	264	867
56.01	05602	ULTRASOUND/VASC LAB	1,234	0	2,075	0	228
57.00	05700	CT SCAN	2,146	0	1,731	0	114
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,382	0	33,832	0	2,277
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,266	0	1,901	0	114
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,457	0	5,815	0	308
66.00	06600	PHYSICAL THERAPY	2,755	0	34,153	486	1,366
67.00	06700	OCCUPATIONAL THERAPY	1,240	0	4,492	226	372
68.00	06800	SPEECH PATHOLOGY	248	0	815	0	81
69.00	06900	ELECTROCARDIOLOGY	1,266	0	4,189	115	1,366
70.00	07000	ELECTROENCEPHALOGRAPHY	144	0	846	59	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,323	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,476	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,548	0	0	0	0
74.00	07400	RENAL DIALYSIS	847	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,968	0	63,566	98	1,527
90.01	09001	WOUND CARE	1,538	0	14,663	52	1,366
90.02	09002	PULMONARY REHAB	175	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	10,450	0	32,234	3,907	1,606
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/20/2014 3:09 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	139,255	0	754,607	15,253	37,669	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9	0	3,667	0	114	190.00
190.01	19001 ADC	13	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	17,960	0	1,114	0	0	192.00
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)	157,237	0	759,388	15,253	37,783	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140063		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/20/2014 3:09 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	144,575					10.00
11.00	01100	CAFETERIA	0	2,145				11.00
13.00	01300	NURSING ADMINISTRATION	0	67	65,207			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34	0	99,973		14.00
15.00	01500	PHARMACY	0	51	0	0	41,195	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	47	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	20	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	98,034	399	21,032	2,799	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,576	117	6,251	1,373	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,340	38	2,005	431	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
44.00	04400	SKILLED NURSING FACILITY	29,625	78	4,141	416	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	162	8,338	29,111	0	50.00
50.01	05001	ENDOSCOPY	0	34	0	3,076	0	50.01
51.00	05100	RECOVERY ROOM	0	33	1,769	66	0	51.00
53.00	05300	ANESTHESIOLOGY	0	11	565	5,951	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133	0	13,888	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	24	0	588	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	20	0	328	0	56.01
57.00	05700	CT SCAN	0	29	0	609	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	116	0	3,566	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10	0	175	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	27	0	1,611	0	65.00
66.00	06600	PHYSICAL THERAPY	0	48	2,587	573	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	24	1,307	465	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5	245	18	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21	1,108	410	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2	0	24	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,059	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,365	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,466	41,195	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	51	2,749	291	0	90.00
90.01	09001	WOUND CARE	0	23	1,256	1,401	0	90.01
90.02	09002	PULMONARY REHAB	0	4	233	18	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	225	11,621	4,103	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

Period:
From 07/01/2013
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)						118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	8	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	292	0	784	0	192.00
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)	144,575	2,145	65,207	99,973	41,195	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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To 06/30/2014

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00541	NONPATIENT TELEPHONES					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	93,122				16.00
17.00 01700	SOCIAL SERVICE	0	7,717			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		868	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,169	7,112		459,279	30.00
31.00 03100	INTENSIVE CARE UNIT	1,930	0		163,350	31.00
40.00 04000	SUBPROVIDER - IPF	0	0		0	40.00
41.00 04100	SUBPROVIDER - IRF	451	605		118,533	41.00
42.00 04200	SUBPROVIDER	0	0		0	42.00
44.00 04400	SKILLED NURSING FACILITY	831	0		180,024	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,315	0		421,095	50.00
50.01 05001	ENDOSCOPY	3,112	0		95,942	50.01
51.00 05100	RECOVERY ROOM	2,096	0		28,453	51.00
53.00 05300	ANESTHESIOLOGY	4,234	0		52,966	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,029	0		443,814	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0	55.00
56.00 05600	RADIOISOTOPE	999	0		346,213	56.00
56.01 05602	ULTRASOUND/VASC LAB	1,635	0		60,856	56.01
57.00 05700	CT SCAN	5,002	0		133,129	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		0	59.00
60.00 06000	LABORATORY	16,022	0		173,177	60.00
60.01 06001	BLOOD LABORATORY	0	0		0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	702	0		8,391	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0		0	64.00
65.00 06500	RESPIRATORY THERAPY	1,111	0		63,936	65.00
66.00 06600	PHYSICAL THERAPY	2,240	0		99,851	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,041	0		18,195	67.00
68.00 06800	SPEECH PATHOLOGY	218	0		3,226	68.00
69.00 06900	ELECTROCARDIOLOGY	1,905	0		47,895	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	44	0		3,786	70.00
70.01 07001	SLEEP LAB	0	0		0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	117	0		10,595	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,270	0		39,464	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,458	0		60,002	73.00
74.00 07400	RENAL DIALYSIS	833	0		3,130	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0		0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	89.00
90.00 09000	CLINIC	1,452	0		173,959	90.00
90.01 09001	WOUND CARE	945	0		47,983	90.01
90.02 09002	PULMONARY REHAB	67	0		4,706	90.02
90.03 09003	SPINE CENTER	0	0		0	90.03
90.04 09004	RUSH HEART CENTER	0	0		0	90.04
91.00 09100	EMERGENCY	7,894	0		166,624	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0		0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0		0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	24.00	
110.00 11000	0	0			0	110.00
111.00 11100	0	0			0	111.00
118.00	93,122	7,717	0	0	3,428,574	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0			8,530	190.00
190.01 19001	0	0			6,736	190.01
192.00 19200	0	0			62,643	192.00
200.00			0	868	868	200.00
201.00	0	0	0	0	0	201.00
202.00	93,122	7,717	0	868	3,507,351	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/20/2014 3:09 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00541	NONPATIENT TELEPHONES		5.01
5.02	00551	DATA PROCESSING		5.02
5.03	00561	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	459,279
31.00	03100	INTENSIVE CARE UNIT	0	163,350
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	118,533
42.00	04200	SUBPROVIDER	0	0
44.00	04400	SKILLED NURSING FACILITY	0	180,024
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	421,095
50.01	05001	ENDOSCOPY	0	95,942
51.00	05100	RECOVERY ROOM	0	28,453
53.00	05300	ANESTHESIOLOGY	0	52,966
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	443,814
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
56.00	05600	RADIOISOTOPE	0	346,213
56.01	05602	ULTRASOUND/VASC LAB	0	60,856
57.00	05700	CT SCAN	0	133,129
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	173,177
60.01	06001	BLOOD LABORATORY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,391
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	63,936
66.00	06600	PHYSICAL THERAPY	0	99,851
67.00	06700	OCCUPATIONAL THERAPY	0	18,195
68.00	06800	SPEECH PATHOLOGY	0	3,226
69.00	06900	ELECTROCARDIOLOGY	0	47,895
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,786
70.01	07001	SLEEP LAB	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,595
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,464
73.00	07300	DRUGS CHARGED TO PATIENTS	0	60,002
74.00	07400	RENAL DIALYSIS	0	3,130
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	173,959
90.01	09001	WOUND CARE	0	47,983
90.02	09002	PULMONARY REHAB	0	4,706
90.03	09003	SPINE CENTER	0	0
90.04	09004	RUSH HEART CENTER	0	0
91.00	09100	EMERGENCY	0	166,624
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140063

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

Worksheet B
Part II
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,428,574	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,530	190.00
190.01	19001	ADC	0	6,736	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,643	192.00
200.00		Cross Foot Adjustments	0	868	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,507,351	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	425,111				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		1,902,083			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,459	2,731	46,429,855		4.00
5.01	00541	NONPATIENT TELEPHONES	471	1,530	0	603	5.01
5.02	00551	DATA PROCESSING	4,347	142,657	428,726	12	91,829,761
5.03	00561	PURCHASING RECEIVING AND STORES	12,854	7,558	278,021	16	332,575
5.04	00570	ADMINISTRATIVE	3,280	8,007	794,531	13	931,172
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,863	37,035	0	24	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	18,789	55,745	3,208,057	72	15,293,183
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	156,966	46,258	776,426	32	5,621,245
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	70,010	8	100,558
9.00	00900	HOUSEKEEPING	3,387	6,995	638,024	4	1,262,762
10.00	01000	DIETARY	16,162	11,924	288,600	25	1,958,895
11.00	01100	CAFETERIA	0	0	519,744	0	0
13.00	01300	NURSING ADMINISTRATION	3,846	32,347	1,403,415	13	1,547,233
14.00	01400	CENTRAL SERVICES & SUPPLY	8,227	29,647	376,434	7	1,240,319
15.00	01500	PHARMACY	2,407	11,249	1,169,423	10	4,038,017
16.00	01600	MEDICAL RECORDS & LIBRARY	6,499	43,278	591,045	36	854,373
17.00	01700	SOCIAL SERVICE	634	196	464,692	3	572,862
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	348,693
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,220	70,620	6,127,147	51	6,866,708
31.00	03100	INTENSIVE CARE UNIT	7,488	82,325	2,125,279	19	2,469,852
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,324	11,455	620,239	32	970,583
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	15,710	11,971	1,083,840	18	1,253,911
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,881	152,073	3,178,900	30	13,166,785
50.01	05001	ENDOSCOPY	4,070	56,697	587,474	18	1,038,593
51.00	05100	RECOVERY ROOM	1,615	6,658	783,497	0	821,840
53.00	05300	ANESTHESIOLOGY	383	34,150	255,992	0	637,345
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,438	323,605	2,108,288	30	4,213,130
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	14,060	267,022	437,269	24	812,620
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	441,680	4	497,558
57.00	05700	CT SCAN	497	135,553	581,775	3	847,487
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,716	54,498	1,591,394	37	2,867,394
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	546	55	157,757	0	635,003
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,670	50,629	485,890	10	620,097
66.00	06600	PHYSICAL THERAPY	9,808	8,606	945,629	8	1,200,977
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	505,160	2	537,845
68.00	06800	SPEECH PATHOLOGY	234	139	104,000	3	107,545
69.00	06900	ELECTROCARDIOLOGY	1,203	34,375	358,962	0	593,516
70.00	07000	ELECTROENCEPHALOGRAPHY	243	1,621	54,457	1	74,656
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	98	0	0	442,961
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	18,255	19,258	948,519	23	1,576,764
90.01	09001	WOUND CARE	4,211	5,856	432,830	2	719,008
90.02	09002	PULMONARY REHAB	0	4,686	70,606	0	80,660
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	9,257	36,621	5,459,504	19	6,316,764
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NBR OF PHONES)	DATA PROCESSING (# OF TERM)			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,738	1,866,246	40,453,236	601	83,471,489	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	27,947	5,976,619	0	8,358,272	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,892,072	1,615,279	9,739,437	128,583	1,405,988	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.450772	0.849216	0.209767	213.238806	0.015311	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,616	3,395	140,809	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000573	5.630182	0.001533	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	4,351,639				5.03
5.04	00570	ADMITTING	15,115	345,407,856			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	345,407,856		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,006	0	0	-10,620,777	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	85,487,368	6.00
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	6,614,700
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	125,264
9.00	00900	HOUSEKEEPING	330	0	0	0	1,437,834
10.00	01000	DIETARY	11,690	0	0	0	861,469
11.00	01100	CAFETERIA	0	0	0	0	1,004,586
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	1,897,499
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	705,910
15.00	01500	PHARMACY	109,723	0	0	0	1,983,645
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,060,295
17.00	01700	SOCIAL SERVICE	652	0	0	0	679,162
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	402	0	0	0	177,873
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144,260	22,848,637	22,848,637	0	8,451,446
31.00	03100	INTENSIVE CARE UNIT	62,380	7,147,134	7,147,134	0	3,054,215
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	21,717	1,668,707	1,668,707	0	921,909
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	21,726	3,078,892	3,078,892	0	1,555,109
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,805,163	53,018,748	53,018,748	0	7,706,297
50.01	05001	ENDOSCOPY	126,302	11,526,222	11,526,222	0	1,133,334
51.00	05100	RECOVERY ROOM	2,852	7,761,907	7,761,907	0	1,038,589
53.00	05300	ANESTHESIOLOGY	241,735	15,681,530	15,681,530	0	760,363
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	22,331,156	22,331,156	0	4,805,946
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	31,892	3,701,489	3,701,489	0	1,220,598
56.01	05602	ULTRASOUND/VASC LAB	13,715	6,056,135	6,056,135	0	671,037
57.00	05700	CT SCAN	26,435	18,527,440	18,527,440	0	1,166,874
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	171,045	59,837,866	59,837,866	0	3,470,446
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,973	2,598,306	2,598,306	0	688,548
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,959	4,115,520	4,115,520	0	792,070
66.00	06600	PHYSICAL THERAPY	27,292	8,296,025	8,296,025	0	1,497,923
67.00	06700	OCCUPATIONAL THERAPY	19,641	3,856,024	3,856,024	0	674,505
68.00	06800	SPEECH PATHOLOGY	999	808,618	808,618	0	134,677
69.00	06900	ELECTROCARDIOLOGY	18,854	7,057,159	7,057,159	0	688,177
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	164,678	164,678	0	78,096
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	433,610	433,610	0	719,591
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,519,932	19,519,932	0	7,327,986
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,919,355	23,919,355	0	2,472,881
74.00	07400	RENAL DIALYSIS	0	3,086,648	3,086,648	0	460,435
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	24,619	5,379,458	5,379,458	0	1,070,093
90.01	09001	WOUND CARE	59,627	3,501,622	3,501,622	0	836,312
90.02	09002	PULMONARY REHAB	774	248,100	248,100	0	94,913
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	192,301	29,236,938	29,236,938	0	5,682,514
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,273,584	345,407,856	345,407,856	-10,620,777	75,723,121
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18	0	0	5,157	190.00
190.01	19001	ADC	3,813	0	0	7,053	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	74,224	0	0	9,752,037	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	449,265	1,126,906	60,225	10,620,777	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.103240	0.003263	0.000174	0.124238	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	64,387	23,578	53,518	157,237	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.014796	0.000068	0.000155	0.001839	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT		218,082			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,832	838,002		8.00
9.00	00900	HOUSEKEEPING	0	3,387	0	43,150	9.00
10.00	01000	DIETARY	0	16,162	0	1,339	67,142
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,846	0	390	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,227	5,187	650	0
15.00	01500	PHARMACY	0	2,407	660	340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,499	0	915	0
17.00	01700	SOCIAL SERVICE	0	634	0	92	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	27,220	166,345	8,786	45,528
31.00	03100	INTENSIVE CARE UNIT	0	7,488	34,434	2,190	3,983
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	11,324	36,971	2,305	3,873
42.00	04200	SUBPROVIDER	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	15,710	49,321	3,120	13,758
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	19,881	155,562	5,252	0
50.01	05001	ENDOSCOPY	0	4,070	21,427	390	0
51.00	05100	RECOVERY ROOM	0	1,615	22,126	260	0
53.00	05300	ANESTHESIOLOGY	0	383	0	650	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,438	59,805	3,104	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	14,060	14,521	990	0
56.01	05602	ULTRASOUND/VASC LAB	0	596	0	260	0
57.00	05700	CT SCAN	0	497	0	130	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	9,716	0	2,600	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	546	0	130	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,670	0	352	0
66.00	06600	PHYSICAL THERAPY	0	9,808	26,687	1,560	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,290	12,404	425	0
68.00	06800	SPEECH PATHOLOGY	0	234	0	92	0
69.00	06900	ELECTROCARDIOLOGY	0	1,203	6,310	1,560	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	243	3,222	0	0
70.01	07001	SLEEP LAB	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	18,255	5,378	1,744	0
90.01	09001	WOUND CARE	0	4,211	2,851	1,560	0
90.02	09002	PULMONARY REHAB	0	0	0	0	0
90.03	09003	SPINE CENTER	0	0	0	0	0
90.04	09004	RUSH HEART CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	0	9,257	214,791	1,834	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
111.00	11100						
		0	0	0	0	0	111.00
118.00		0	216,709	838,002	43,020	67,142	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		1,053	0	130	0	190.00
		0	0	0	0	0	190.01
190.01	19001						
		0	320	0	0	0	192.00
192.00	19200						
		0					200.00
200.00							
		0					201.00
201.00							
		0	7,436,497	203,297	1,731,963	1,573,358	202.00
202.00							
		0.000000	34.099545	0.242597	40.138192	23.433291	203.00
203.00							
		0	759,388	15,253	37,783	144,575	204.00
204.00							
		0.000000	3.482121	0.018202	0.875620	2.153272	205.00
205.00							

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	51,140					11.00
13.00	01300	1,598	674,678				13.00
14.00	01400	818	0	3,983,910			14.00
15.00	01500	1,205	0	0	1,000		15.00
16.00	01600	1,112	0	0	0	345,407,856	16.00
17.00	01700	482	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,542	217,620	111,539	0	22,848,637	30.00
31.00	03100	2,781	64,677	54,708	0	7,147,134	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	911	20,743	17,162	0	1,668,707	41.00
42.00	04200	0	0	0	0	0	42.00
44.00	04400	1,851	42,848	16,595	0	3,078,892	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,867	86,268	1,160,014	0	53,018,748	50.00
50.01	05001	806	0	122,569	0	11,526,222	50.01
51.00	05100	784	18,308	2,614	0	7,761,907	51.00
53.00	05300	256	5,841	237,153	0	15,681,530	53.00
54.00	05400	3,171	0	553,448	0	22,331,156	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	561	0	23,441	0	3,701,489	56.00
56.01	05602	472	0	13,054	0	6,056,135	56.01
57.00	05700	698	0	24,288	0	18,527,440	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,771	0	142,121	0	59,837,866	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	230	0	6,973	0	2,598,306	62.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	634	0	64,211	0	4,115,520	65.00
66.00	06600	1,148	26,771	22,835	0	8,296,025	66.00
67.00	06700	581	13,523	18,511	0	3,856,024	67.00
68.00	06800	109	2,535	710	0	808,618	68.00
69.00	06900	507	11,462	16,337	0	7,057,159	69.00
70.00	07000	43	0	952	0	164,678	70.00
70.01	07001	0	0	0	0	0	70.01
71.00	07100	0	0	360,988	0	433,610	71.00
72.00	07200	0	0	652,153	0	19,519,932	72.00
73.00	07300	0	0	98,288	1,000	23,919,355	73.00
74.00	07400	0	0	0	0	3,086,648	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,211	28,441	11,599	0	5,379,458	90.00
90.01	09001	560	12,995	55,844	0	3,501,622	90.01
90.02	09002	105	2,406	708	0	248,100	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	5,373	120,240	163,507	0	29,236,938	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1

Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		CAFETERIA (PROD FTE'S)	NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		44,187	674,678	3,952,322	1,000	345,407,856	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	330	0	0	190.01
192.00	19200	6,953	0	31,258	0	0	192.00
200.00							200.00
201.00							201.00
202.00		1,129,394	2,315,332	1,119,561	2,352,586	1,474,921	202.00
203.00		22.084357	3.431759	0.281021	2,352.586000	0.004270	203.00
204.00		2,145	65,207	99,973	41,195	93,122	204.00
205.00		0.041944	0.096649	0.025094	41.195000	0.000270	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00541 NONPATIENT TELEPHONES					5.01
5.02 00551 DATA PROCESSING					5.02
5.03 00561 PURCHASING RECEIVING AND STORES					5.03
5.04 00570 ADMITTING					5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	16,467				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		100		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	15,176	0	100		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	1,291	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 05001 ENDOSCOPY	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01 07001 SLEEP LAB	0	0	0		70.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE	0	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0	0		90.02
90.03 09003 SPINE CENTER	0	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0	0		90.04
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140063

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

Worksheet B-1
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description	SOCIAL SERVICE (DAYS)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		17.00	21.00		
SPECIAL PURPOSE COST CENTERS					
109.00 10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,467	0	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	ADC	0	0	0	190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	799,497	0	199,972	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	48.551467	0.000000	1,999.720000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,717	0	868	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.468634	0.000000	8.680000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2014 3:09 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,712,777	13,712,777	0	13,712,777	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,207,859	4,207,859	512	4,208,371	31.00	
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - I/RF	1,780,765	1,780,765	0	1,780,765	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY	2,949,341	2,949,341	0	2,949,341	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,524,016	10,524,016	13,777	10,537,793	50.00	
50.01	05001 ENDOSCOPY	1,535,235	1,535,235	0	1,535,235	50.01	
51.00	05100 RECOVERY ROOM	1,352,517	1,352,517	0	1,352,517	51.00	
53.00	05300 ANESTHESIOLOGY	1,053,283	1,053,283	0	1,053,283	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,355,368	6,355,368	0	6,355,368	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	1,929,724	1,929,724	0	1,929,724	56.00	
56.01	05602 ULTRASOUND/VASC LAB	825,116	825,116	0	825,116	56.01	
57.00	05700 CT SCAN	1,435,361	1,435,361	0	1,435,361	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000 LABORATORY	4,693,950	4,693,950	0	4,693,950	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	816,062	816,062	0	816,062	62.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	1,011,169	1,011,169	512	1,011,681	65.00	
66.00	06600 PHYSICAL THERAPY	2,246,626	2,246,626	0	2,246,626	66.00	
67.00	06700 OCCUPATIONAL THERAPY	903,266	903,266	0	903,266	67.00	
68.00	06800 SPEECH PATHOLOGY	177,841	177,841	0	177,841	68.00	
69.00	06900 ELECTROCARDIOLOGY	964,101	964,101	0	964,101	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	98,787	98,787	0	98,787	70.00	
70.01	07001 SLEEP LAB	0	0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	912,289	912,289	0	912,289	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,505,019	8,505,019	0	8,505,019	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	5,262,450	5,262,450	0	5,262,450	73.00	
74.00	07400 RENAL DIALYSIS	530,819	530,819	0	530,819	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	2,047,409	2,047,409	0	2,047,409	90.00	
90.01	09001 WOUND CARE	1,234,723	1,234,723	0	1,234,723	90.01	
90.02	09002 PULMONARY REHAB	118,539	118,539	933	119,472	90.02	
90.03	09003 SPINE CENTER	0	0	0	0	90.03	
90.04	09004 RUSH HEART CENTER	0	0	0	0	90.04	
91.00	09100 EMERGENCY	7,531,961	7,531,961	71,000	7,602,961	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,011,048	1,011,048	0	1,011,048	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	85,727,421	85,727,421	86,734	85,814,155	200.00	
201.00	Less Observation Beds	1,011,048	1,011,048	0	1,011,048	201.00	
202.00	Total (see instructions)	84,716,373	84,716,373	86,734	84,803,107	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2014 3:09 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,449,472		21,449,472		30.00
31.00	03100	INTENSIVE CARE UNIT	7,147,134		7,147,134		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,668,707		1,668,707		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,078,892		3,078,892		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,269,918	38,748,830	53,018,748	0.198496	50.00
50.01	05001	ENDOSCOPY	1,761,317	9,764,905	11,526,222	0.133195	50.01
51.00	05100	RECOVERY ROOM	1,847,037	5,914,870	7,761,907	0.174251	51.00
53.00	05300	ANESTHESIOLOGY	3,877,956	11,803,574	15,681,530	0.067167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,026,710	12,304,446	22,331,156	0.284596	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	674,360	3,027,129	3,701,489	0.521337	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,734,764	4,321,371	6,056,135	0.136245	56.01
57.00	05700	CT SCAN	5,231,786	13,295,654	18,527,440	0.077472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	21,354,633	38,483,233	59,837,866	0.078444	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,988,029	610,277	2,598,306	0.314075	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,667,187	448,333	4,115,520	0.245697	65.00
66.00	06600	PHYSICAL THERAPY	4,102,262	4,193,763	8,296,025	0.270808	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,798,675	1,057,349	3,856,024	0.234248	67.00
68.00	06800	SPEECH PATHOLOGY	522,729	285,889	808,618	0.219932	68.00
69.00	06900	ELECTROCARDIOLOGY	2,827,956	4,229,203	7,057,159	0.136613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,374	63,304	164,678	0.599880	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	397,918	35,692	433,610	2.103939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,702,127	10,817,805	19,519,932	0.435709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,822,038	7,097,317	23,919,355	0.220008	73.00
74.00	07400	RENAL DIALYSIS	3,086,648	0	3,086,648	0.171973	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	6,838	5,372,620	5,379,458	0.380598	90.00
90.01	09001	WOUND CARE	42,835	3,458,787	3,501,622	0.352615	90.01
90.02	09002	PULMONARY REHAB	898	247,202	248,100	0.477787	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	6,284,226	22,952,712	29,236,938	0.257618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	113,184	1,285,981	1,399,165	0.722608	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	145,587,610	199,820,246	345,407,856		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	145,587,610	199,820,246	345,407,856		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/20/2014 3:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.198756		50.00
50.01	05001 ENDOSCOPY	0.133195		50.01
51.00	05100 RECOVERY ROOM	0.174251		51.00
53.00	05300 ANESTHESIOLOGY	0.067167		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284596		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.521337		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.136245		56.01
57.00	05700 CT SCAN	0.077472		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.078444		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.245821		65.00
66.00	06600 PHYSICAL THERAPY	0.270808		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.234248		67.00
68.00	06800 SPEECH PATHOLOGY	0.219932		68.00
69.00	06900 ELECTROCARDIOLOGY	0.136613		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.599880		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220008		73.00
74.00	07400 RENAL DIALYSIS	0.171973		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.380598		90.00
90.01	09001 WOUND CARE	0.352615		90.01
90.02	09002 PULMONARY REHAB	0.481548		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.260046		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
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		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Dissallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	13,712,777	13,712,777	0	13,712,777	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,207,859	4,207,859	512	4,208,371	31.00	
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF	1,780,765	1,780,765	0	1,780,765	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
44.00	04400 SKILLED NURSING FACILITY	2,949,341	2,949,341	0	2,949,341	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,524,016	10,524,016	13,777	10,537,793	50.00	
50.01	05001 ENDOSCOPY	1,535,235	1,535,235	0	1,535,235	50.01	
51.00	05100 RECOVERY ROOM	1,352,517	1,352,517	0	1,352,517	51.00	
53.00	05300 ANESTHESIOLOGY	1,053,283	1,053,283	0	1,053,283	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,355,368	6,355,368	0	6,355,368	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	1,929,724	1,929,724	0	1,929,724	56.00	
56.01	05602 ULTRASOUND/VASC LAB	825,116	825,116	0	825,116	56.01	
57.00	05700 CT SCAN	1,435,361	1,435,361	0	1,435,361	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000 LABORATORY	4,693,950	4,693,950	0	4,693,950	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	816,062	816,062	0	816,062	62.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	1,011,169	1,011,169	512	1,011,681	65.00	
66.00	06600 PHYSICAL THERAPY	2,246,626	2,246,626	0	2,246,626	66.00	
67.00	06700 OCCUPATIONAL THERAPY	903,266	903,266	0	903,266	67.00	
68.00	06800 SPEECH PATHOLOGY	177,841	177,841	0	177,841	68.00	
69.00	06900 ELECTROCARDIOLOGY	964,101	964,101	0	964,101	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	98,787	98,787	0	98,787	70.00	
70.01	07001 SLEEP LAB	0	0	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	912,289	912,289	0	912,289	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,505,019	8,505,019	0	8,505,019	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	5,262,450	5,262,450	0	5,262,450	73.00	
74.00	07400 RENAL DIALYSIS	530,819	530,819	0	530,819	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	2,047,409	2,047,409	0	2,047,409	90.00	
90.01	09001 WOUND CARE	1,234,723	1,234,723	0	1,234,723	90.01	
90.02	09002 PULMONARY REHAB	118,539	118,539	933	119,472	90.02	
90.03	09003 SPINE CENTER	0	0	0	0	90.03	
90.04	09004 RUSH HEART CENTER	0	0	0	0	90.04	
91.00	09100 EMERGENCY	7,531,961	7,531,961	71,000	7,602,961	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,011,048	1,011,048	0	1,011,048	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
200.00	Subtotal (see instructions)	85,727,421	85,727,421	86,734	85,814,155	200.00	
201.00	Less Observation Beds	1,011,048	1,011,048	0	1,011,048	201.00	
202.00	Total (see instructions)	84,716,373	84,716,373	86,734	84,803,107	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140063

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

Worksheet C
Part I
Date/Time Prepared:
11/20/2014 3:09 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,449,472		21,449,472		30.00
31.00	03100	INTENSIVE CARE UNIT	7,147,134		7,147,134		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	1,668,707		1,668,707		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
44.00	04400	SKILLED NURSING FACILITY	3,078,892		3,078,892		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,269,918	38,748,830	53,018,748	0.198496	50.00
50.01	05001	ENDOSCOPY	1,761,317	9,764,905	11,526,222	0.133195	50.01
51.00	05100	RECOVERY ROOM	1,847,037	5,914,870	7,761,907	0.174251	51.00
53.00	05300	ANESTHESIOLOGY	3,877,956	11,803,574	15,681,530	0.067167	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,026,710	12,304,446	22,331,156	0.284596	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	674,360	3,027,129	3,701,489	0.521337	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,734,764	4,321,371	6,056,135	0.136245	56.01
57.00	05700	CT SCAN	5,231,786	13,295,654	18,527,440	0.077472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	21,354,633	38,483,233	59,837,866	0.078444	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,988,029	610,277	2,598,306	0.314075	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,667,187	448,333	4,115,520	0.245697	65.00
66.00	06600	PHYSICAL THERAPY	4,102,262	4,193,763	8,296,025	0.270808	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,798,675	1,057,349	3,856,024	0.234248	67.00
68.00	06800	SPEECH PATHOLOGY	522,729	285,889	808,618	0.219932	68.00
69.00	06900	ELECTROCARDIOLOGY	2,827,956	4,229,203	7,057,159	0.136613	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,374	63,304	164,678	0.599880	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	397,918	35,692	433,610	2.103939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,702,127	10,817,805	19,519,932	0.435709	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,822,038	7,097,317	23,919,355	0.220008	73.00
74.00	07400	RENAL DIALYSIS	3,086,648	0	3,086,648	0.171973	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	6,838	5,372,620	5,379,458	0.380598	90.00
90.01	09001	WOUND CARE	42,835	3,458,787	3,501,622	0.352615	90.01
90.02	09002	PULMONARY REHAB	898	247,202	248,100	0.477787	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	90.03
90.04	09004	RUSH HEART CENTER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	6,284,226	22,952,712	29,236,938	0.257618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	113,184	1,285,981	1,399,165	0.722608	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	145,587,610	199,820,246	345,407,856		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	145,587,610	199,820,246	345,407,856		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/20/2014 3:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05602 ULTRASOUND/VASC LAB	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 SLEEP LAB	0.000000		70.01
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
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	0.000000		90.01
90.02	09002 PULMONARY REHAB	0.000000		90.02
90.03	09003 SPINE CENTER	0.000000		90.03
90.04	09004 RUSH HEART CENTER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/20/2014 3:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	459,279	0	459,279	16,384	28.03	30.00
31.00	INTENSIVE CARE UNIT	163,350		163,350	2,655	61.53	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	118,533	0	118,533	1,291	91.81	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
44.00	SKILLED NURSING FACILITY	180,024		180,024	4,586	39.26	44.00
200.00	Total (Lines 30-199)	921,186		921,186	24,916		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	8,716	244,309				
31.00	INTENSIVE CARE UNIT	1,509	92,849				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	907	83,272				
42.00	SUBPROVIDER	0	0				
44.00	SKILLED NURSING FACILITY	3,716	145,890				
200.00	Total (Lines 30-199)	14,848	566,320				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/20/2014 3:09 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	Inpatient Program Charges		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	421,095	53,018,748	0.007942	6,651,952	52,830	50.00
50.01	05001	ENDOSCOPY	95,942	11,526,222	0.008324	960,078	7,992	50.01
51.00	05100	RECOVERY ROOM	28,453	7,761,907	0.003666	872,054	3,197	51.00
53.00	05300	ANESTHESIOLOGY	52,966	15,681,530	0.003378	1,864,148	6,297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	443,814	22,331,156	0.019874	5,677,454	112,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	346,213	3,701,489	0.093533	385,508	36,058	56.00
56.01	05602	ULTRASOUND/VASC LAB	60,856	6,056,135	0.010049	909,512	9,140	56.01
57.00	05700	CT SCAN	133,129	18,527,440	0.007186	2,600,256	18,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	173,177	59,837,866	0.002894	11,209,544	32,440	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,391	2,598,306	0.003229	1,112,248	3,591	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	63,936	4,115,520	0.015535	2,208,812	34,314	65.00
66.00	06600	PHYSICAL THERAPY	99,851	8,296,025	0.012036	887,604	10,683	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,195	3,856,024	0.004719	198,299	936	67.00
68.00	06800	SPEECH PATHOLOGY	3,226	808,618	0.003990	206,465	824	68.00
69.00	06900	ELECTROCARDIOLOGY	47,895	7,057,159	0.006787	1,488,837	10,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,786	164,678	0.022990	56,729	1,304	70.00
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,595	433,610	0.024434	221,602	5,415	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	39,464	19,519,932	0.002022	3,956,939	8,001	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	60,002	23,919,355	0.002509	8,872,398	22,261	73.00
74.00	07400	RENAL DIALYSIS	3,130	3,086,648	0.001014	2,329,575	2,362	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	173,959	5,379,458	0.032338	3,943	128	90.00
90.01	09001	WOUND CARE	47,983	3,501,622	0.013703	25,356	347	90.01
90.02	09002	PULMONARY REHAB	4,706	248,100	0.018968	179	3	90.02
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004	RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	166,624	29,236,938	0.005699	3,208,275	18,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,863	1,399,165	0.024202	77,272	1,870	92.00
200.00		Total (lines 50-199)	2,541,251	312,063,651		55,985,039	399,901	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/20/2014 3:09 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
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	16,384	0.00	8,716	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,655	0.00	1,509	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,291	0.00	907	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
44.00	04400	SKILLED NURSING FACILITY	4,586	0.00	3,716	0		44.00
200.00		Total (lines 30-199)	24,916		14,848	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140063

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

Worksheet D
Part IV
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,018,748	0.000000	0.000000	6,651,952	50.00
50.01	05001 ENDOSCOPY	0	11,526,222	0.000000	0.000000	960,078	50.01
51.00	05100 RECOVERY ROOM	0	7,761,907	0.000000	0.000000	872,054	51.00
53.00	05300 ANESTHESIOLOGY	0	15,681,530	0.000000	0.000000	1,864,148	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,331,156	0.000000	0.000000	5,677,454	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,701,489	0.000000	0.000000	385,508	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,056,135	0.000000	0.000000	909,512	56.01
57.00	05700 CT SCAN	0	18,527,440	0.000000	0.000000	2,600,256	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,837,866	0.000000	0.000000	11,209,544	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,598,306	0.000000	0.000000	1,112,248	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,115,520	0.000000	0.000000	2,208,812	65.00
66.00	06600 PHYSICAL THERAPY	0	8,296,025	0.000000	0.000000	887,604	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,856,024	0.000000	0.000000	198,299	67.00
68.00	06800 SPEECH PATHOLOGY	0	808,618	0.000000	0.000000	206,465	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,057,159	0.000000	0.000000	1,488,837	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	164,678	0.000000	0.000000	56,729	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	433,610	0.000000	0.000000	221,602	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,519,932	0.000000	0.000000	3,956,939	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,919,355	0.000000	0.000000	8,872,398	73.00
74.00	07400 RENAL DIALYSIS	0	3,086,648	0.000000	0.000000	2,329,575	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,379,458	0.000000	0.000000	3,943	90.00
90.01	09001 WOUND CARE	0	3,501,622	0.000000	0.000000	25,356	90.01
90.02	09002 PULMONARY REHAB	0	248,100	0.000000	0.000000	179	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	29,236,938	0.000000	0.000000	3,208,275	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,399,165	0.000000	0.000000	77,272	92.00
200.00	Total (lines 50-199)	0	312,063,651			55,985,039	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 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	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,299,033	0	50.00
50.01	05001 ENDOSCOPY	0	2,659,225	0	50.01
51.00	05100 RECOVERY ROOM	0	1,485,690	0	51.00
53.00	05300 ANESTHESIOLOGY	0	3,104,806	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,393,433	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	1,050,444	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	1,147,381	0	56.01
57.00	05700 CT SCAN	0	4,749,536	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	3,200,591	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	115,442	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	121,565	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,844,606	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	16,071	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,808	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,514,965	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,689,168	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	1,280,937	0	90.00
90.01	09001 WOUND CARE	0	1,781,751	0	90.01
90.02	09002 PULMONARY REHAB	0	142,409	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	3,679,191	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	497,704	0	92.00
200.00	Total (lines 50-199)	0	45,789,756	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 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	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.198496	9,299,033	0	0	1,845,821 50.00
50.01	05001 ENDOSCOPY	0.133195	2,659,225	0	0	354,195 50.01
51.00	05100 RECOVERY ROOM	0.174251	1,485,690	0	0	258,883 51.00
53.00	05300 ANESTHESIOLOGY	0.067167	3,104,806	0	0	208,541 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284596	5,393,433	0	0	1,534,949 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0 55.00
56.00	05600 RADIOISOTOPE	0.521337	1,050,444	0	0	547,635 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.136245	1,147,381	0	0	156,325 56.01
57.00	05700 CT SCAN	0.077472	4,749,536	0	0	367,956 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.078444	3,200,591	6,322	0	251,067 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	115,442	0	0	36,257 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.245697	121,565	0	0	29,868 65.00
66.00	06600 PHYSICAL THERAPY	0.270808	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.234248	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.219932	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.136613	1,844,606	0	0	251,997 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.599880	16,071	0	0	9,641 70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	15,808	10,675	0	33,259 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709	2,514,965	0	0	1,095,793 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220008	1,689,168	0	129,076	371,630 73.00
74.00	07400 RENAL DIALYSIS	0.171973	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.380598	1,280,937	179	0	487,522 90.00
90.01	09001 WOUND CARE	0.352615	1,781,751	0	0	628,272 90.01
90.02	09002 PULMONARY REHAB	0.477787	142,409	0	0	68,041 90.02
90.03	09003 SPI NE CENTER	0.000000	0	0	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.257618	3,679,191	0	0	947,826 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	497,704	0	0	359,645 92.00
200.00	Subtotal (see instructions)		45,789,756	17,176	129,076	9,845,123 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		45,789,756	17,176	129,076	9,845,123 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	496	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,460	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28,398		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	68	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	23,024	28,398		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	23,024	28,398		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/20/2014 3:09 pm
		Component CCN: 14T063	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	421,095	53,018,748	0.007942	9,036	72	50.00
50.01	05001 ENDOSCOPY	95,942	11,526,222	0.008324	105	1	50.01
51.00	05100 RECOVERY ROOM	28,453	7,761,907	0.003666	3,702	14	51.00
53.00	05300 ANESTHESIOLOGY	52,966	15,681,530	0.003378	4,898	17	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	443,814	22,331,156	0.019874	16,361	325	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	346,213	3,701,489	0.093533	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	60,856	6,056,135	0.010049	5,607	56	56.01
57.00	05700 CT SCAN	133,129	18,527,440	0.007186	19,852	143	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	173,177	59,837,866	0.002894	171,515	496	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,391	2,598,306	0.003229	7,409	24	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	63,936	4,115,520	0.015535	23,633	367	65.00
66.00	06600 PHYSICAL THERAPY	99,851	8,296,025	0.012036	659,815	7,942	66.00
67.00	06700 OCCUPATIONAL THERAPY	18,195	3,856,024	0.004719	593,888	2,803	67.00
68.00	06800 SPEECH PATHOLOGY	3,226	808,618	0.003990	140,159	559	68.00
69.00	06900 ELECTROCARDIOLOGY	47,895	7,057,159	0.006787	2,307	16	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,786	164,678	0.022990	776	18	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,595	433,610	0.024434	1,494	37	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	39,464	19,519,932	0.002022	1,278	3	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	60,002	23,919,355	0.002509	251,946	632	73.00
74.00	07400 RENAL DIALYSIS	3,130	3,086,648	0.001014	90,540	92	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	173,959	5,379,458	0.032338	0	0	90.00
90.01	09001 WOUND CARE	47,983	3,501,622	0.013703	0	0	90.01
90.02	09002 PULMONARY REHAB	4,706	248,100	0.018968	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	166,624	29,236,938	0.005699	3,091	18	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,399,165	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,507,388	312,063,651		2,007,412	13,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND CARE	0	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,018,748	0.000000	0.000000	9,036	50.00
50.01	05001 ENDOSCOPY	0	11,526,222	0.000000	0.000000	105	50.01
51.00	05100 RECOVERY ROOM	0	7,761,907	0.000000	0.000000	3,702	51.00
53.00	05300 ANESTHESIOLOGY	0	15,681,530	0.000000	0.000000	4,898	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,331,156	0.000000	0.000000	16,361	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,701,489	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,056,135	0.000000	0.000000	5,607	56.01
57.00	05700 CT SCAN	0	18,527,440	0.000000	0.000000	19,852	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,837,866	0.000000	0.000000	171,515	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,598,306	0.000000	0.000000	7,409	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,115,520	0.000000	0.000000	23,633	65.00
66.00	06600 PHYSICAL THERAPY	0	8,296,025	0.000000	0.000000	659,815	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,856,024	0.000000	0.000000	593,888	67.00
68.00	06800 SPEECH PATHOLOGY	0	808,618	0.000000	0.000000	140,159	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,057,159	0.000000	0.000000	2,307	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	164,678	0.000000	0.000000	776	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	433,610	0.000000	0.000000	1,494	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,519,932	0.000000	0.000000	1,278	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,919,355	0.000000	0.000000	251,946	73.00
74.00	07400 RENAL DIALYSIS	0	3,086,648	0.000000	0.000000	90,540	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,379,458	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,501,622	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	248,100	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	29,236,938	0.000000	0.000000	3,091	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,399,165	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	312,063,651			2,007,412	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm PPS
		Title XVIII	Subprovider - IRF

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
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	81	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	394	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	475	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.198496	0	0	0	0	50.00
50.01 05001 ENDOSCOPY	0.133195	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.174251	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.067167	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.284596	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.521337	0	0	0	0	56.00
56.01 05602 ULTRASOUND/VASC LAB	0.136245	0	0	0	0	56.01
57.00 05700 CT SCAN	0.077472	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.078444	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.245697	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.270808	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.234248	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.219932	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.136613	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.599880	0	0	0	0	70.00
70.01 07001 SLEEP LAB	0.000000	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.220008	81	0	653	18	73.00
74.00 07400 RENAL DIALYSIS	0.171973	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.380598	394	0	0	150	90.00
90.01 09001 WOUND CARE	0.352615	0	0	0	0	90.01
90.02 09002 PULMONARY REHAB	0.477787	0	0	0	0	90.02
90.03 09003 SPINE CENTER	0.000000	0	0	0	0	90.03
90.04 09004 RUSH HEART CENTER	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.257618	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	0	0	0	0	92.00
200.00	Subtotal (see instructions)		475	0	653	168
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		475	0	653	168

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
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	144		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	144		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	144		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,018,748	0.000000	0.000000	10,835	50.00
50.01	05001 ENDOSCOPY	0	11,526,222	0.000000	0.000000	16	50.01
51.00	05100 RECOVERY ROOM	0	7,761,907	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	15,681,530	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,331,156	0.000000	0.000000	43,911	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	3,701,489	0.000000	0.000000	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	6,056,135	0.000000	0.000000	28,793	56.01
57.00	05700 CT SCAN	0	18,527,440	0.000000	0.000000	23,979	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,837,866	0.000000	0.000000	722,189	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,598,306	0.000000	0.000000	15,503	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,115,520	0.000000	0.000000	154,228	65.00
66.00	06600 PHYSICAL THERAPY	0	8,296,025	0.000000	0.000000	2,261,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,856,024	0.000000	0.000000	1,960,603	67.00
68.00	06800 SPEECH PATHOLOGY	0	808,618	0.000000	0.000000	171,668	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,057,159	0.000000	0.000000	8,675	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	164,678	0.000000	0.000000	3,055	70.00
70.01	07001 SLEEP LAB	0	0	0.000000	0.000000	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	433,610	0.000000	0.000000	9,373	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,519,932	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,919,355	0.000000	0.000000	812,279	73.00
74.00	07400 RENAL DIALYSIS	0	3,086,648	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	5,379,458	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE	0	3,501,622	0.000000	0.000000	0	90.01
90.02	09002 PULMONARY REHAB	0	248,100	0.000000	0.000000	0	90.02
90.03	09003 SPINE CENTER	0	0	0.000000	0.000000	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	29,236,938	0.000000	0.000000	19,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,399,165	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	312,063,651			6,245,609	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/20/2014 3:09 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 SLEEP LAB	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	0	90.02
90.03	09003 SPINE CENTER	0	0	0	90.03
90.04	09004 RUSH HEART CENTER	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 pm	
		Component CCN: 145583	Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.198496	0	0	0
50.01	05001 ENDOSCOPY	0.133195	0	0	0
51.00	05100 RECOVERY ROOM	0.174251	0	0	0
53.00	05300 ANESTHESIOLOGY	0.067167	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284596	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0
56.00	05600 RADIOISOTOPE	0.521337	0	0	0
56.01	05602 ULTRASOUND/VASC LAB	0.136245	0	0	0
57.00	05700 CT SCAN	0.077472	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0
60.00	06000 LABORATORY	0.078444	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.245697	0	0	0
66.00	06600 PHYSICAL THERAPY	0.270808	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.234248	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.219932	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.136613	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.599880	0	0	0
70.01	07001 SLEEP LAB	0.000000	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220008	0	0	1,669
74.00	07400 RENAL DIALYSIS	0.171973	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0
90.00	09000 CLINIC	0.380598	0	0	0
90.01	09001 WOUND CARE	0.352615	0	0	0
90.02	09002 PULMONARY REHAB	0.477787	0	0	0
90.03	09003 SPINE CENTER	0.000000	0	0	0
90.04	09004 RUSH HEART CENTER	0.000000	0	0	0
91.00	09100 EMERGENCY	0.257618	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	0	0	0
200.00	Subtotal (see instructions)		0	0	1,669
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		0	0	1,669

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/20/2014 3:09 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05602 ULTRASOUND/VASC LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP LAB	0	0		70.01
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	367		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
90.02 09002 PULMONARY REHAB	0	0		90.02
90.03 09003 SPINE CENTER	0	0		90.03
90.04 09004 RUSH HEART CENTER	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	367		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	367		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		16,384	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		16,384	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)		15,176	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,716	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		13,712,777	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)		13,712,777	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,712,777	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		836.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,294,943	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)		7,294,943	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	4,208,371	2,655	1,585.07	1,509	2,391,871		
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,654,156	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,340,970	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)					337,158	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					399,901	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					737,059	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					20,603,911	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,208	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					836.96	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,011,048	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 pm	
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	459,279	13,712,777	0.033493	1,011,048	33,863	90.00
91.00	Nursing School cost	0	13,712,777	0.000000	1,011,048	0	91.00
92.00	Allied health cost	0	13,712,777	0.000000	1,011,048	0	92.00
93.00	All other Medical Education	0	13,712,777	0.000000	1,011,048	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14T063		Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,291	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,291	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)		1,291	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)		907	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,780,765	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)		1,780,765	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,780,765	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,379.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,251,089	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)		1,251,089	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T063				Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						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)						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)						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 14T063		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	118,533	1,780,765	0.066563	0	0	90.00
91.00	Nursing School cost	0	1,780,765	0.000000	0	0	91.00
92.00	Allied health cost	0	1,780,765	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,780,765	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,586	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,586	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,586	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,716	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,949,341	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)		2,949,341	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,949,341	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1	
		Component CCN: 145583		Date/Time Prepared: 11/20/2014 3:09 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)				2,949,341 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				643.12 71.00
72.00	Program routine service cost (line 9 x line 71)				2,389,834 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)				2,389,834 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)				2,389,834 83.00
84.00	Program inpatient ancillary services (see instructions)				1,435,633 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)				3,825,467 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: 140063 Component CCN: 145583		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/20/2014 3:09 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: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/20/2014 3:09 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		12,375,889		30.00
31.00	03100 INTENSIVE CARE UNIT		4,066,461		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.198756	6,651,952	1,322,115	50.00
50.01	05001 ENDOSCOPY	0.133195	960,078	127,878	50.01
51.00	05100 RECOVERY ROOM	0.174251	872,054	151,956	51.00
53.00	05300 ANESTHESIOLOGY	0.067167	1,864,148	125,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284596	5,677,454	1,615,781	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.521337	385,508	200,980	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.136245	909,512	123,916	56.01
57.00	05700 CT SCAN	0.077472	2,600,256	201,447	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.078444	11,209,544	879,321	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	1,112,248	349,329	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.245821	2,208,812	542,972	65.00
66.00	06600 PHYSICAL THERAPY	0.270808	887,604	240,370	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.234248	198,299	46,451	67.00
68.00	06800 SPEECH PATHOLOGY	0.219932	206,465	45,408	68.00
69.00	06900 ELECTROCARDIOLOGY	0.136613	1,488,837	203,394	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.599880	56,729	34,031	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	221,602	466,237	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709	3,956,939	1,724,074	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220008	8,872,398	1,951,999	73.00
74.00	07400 RENAL DIALYSIS	0.171973	2,329,575	400,624	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.380598	3,943	1,501	90.00
90.01	09001 WOUND CARE	0.352615	25,356	8,941	90.01
90.02	09002 PULMONARY REHAB	0.481548	179	86	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.260046	3,208,275	834,299	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	77,272	55,837	92.00
200.00	Total (sum of lines 50-94 and 96-98)		55,985,039	11,654,156	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)		55,985,039		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
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
41.00	04100 SUBPROVIDER - IRF		1,165,736	41.00
42.00	04200 SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.198756	9,036	1,796 50.00
50.01	05001 ENDOSCOPY	0.133195	105	14 50.01
51.00	05100 RECOVERY ROOM	0.174251	3,702	645 51.00
53.00	05300 ANESTHESIOLOGY	0.067167	4,898	329 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284596	16,361	4,656 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600 RADIOISOTOPE	0.521337	0	0 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.136245	5,607	764 56.01
57.00	05700 CT SCAN	0.077472	19,852	1,538 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.078444	171,515	13,454 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	7,409	2,327 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.245821	23,633	5,809 65.00
66.00	06600 PHYSICAL THERAPY	0.270808	659,815	178,683 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.234248	593,888	139,117 67.00
68.00	06800 SPEECH PATHOLOGY	0.219932	140,159	30,825 68.00
69.00	06900 ELECTROCARDIOLOGY	0.136613	2,307	315 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.599880	776	466 70.00
70.01	07001 SLEEP LAB	0.000000	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	1,494	3,143 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435709	1,278	557 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220008	251,946	55,430 73.00
74.00	07400 RENAL DIALYSIS	0.171973	90,540	15,570 74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.380598	0	0 90.00
90.01	09001 WOUND CARE	0.352615	0	0 90.01
90.02	09002 PULMONARY REHAB	0.481548	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0 90.03
90.04	09004 RUSH HEART CENTER	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.260046	3,091	804 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,007,412	456,242 200.00
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)		2,007,412	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.198496	10,835	50.00
50.01	05001	ENDOSCOPY	0.133195	16	50.01
51.00	05100	RECOVERY ROOM	0.174251	0	51.00
53.00	05300	ANESTHESIOLOGY	0.067167	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284596	43,911	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.521337	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.136245	28,793	56.01
57.00	05700	CT SCAN	0.077472	23,979	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.078444	722,189	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.314075	15,503	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.245697	154,228	65.00
66.00	06600	PHYSICAL THERAPY	0.270808	2,261,011	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.234248	1,960,603	67.00
68.00	06800	SPEECH PATHOLOGY	0.219932	171,668	68.00
69.00	06900	ELECTROCARDIOLOGY	0.136613	8,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.599880	3,055	70.00
70.01	07001	SLEEP LAB	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.103939	9,373	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435709	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220008	812,279	73.00
74.00	07400	RENAL DIALYSIS	0.171973	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.380598	0	90.00
90.01	09001	WOUND CARE	0.352615	0	90.01
90.02	09002	PULMONARY REHAB	0.477787	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	90.03
90.04	09004	RUSH HEART CENTER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.257618	19,491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.722608	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,245,609	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,245,609	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		4,222,090		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		11,966,474		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)		360,935		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		1,511,321		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		161.69		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		1.23		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		1.23		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.70		10.00
11.00	FTE count for residents in dental and podiatric programs.		2.16		11.00
12.00	Current year allowable FTE (see instructions)		3.39		12.00
13.00	Total allowable FTE count for the prior year.		3.22		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.		3.16		14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.26		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		3.26		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.020162		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019808		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019808		21.00
22.00	IME payment adjustment (see instructions)		190,557		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.47		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)		190,557		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.83		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.52		31.00
32.00	Sum of lines 30 and 31		22.35		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		7.65	1.01	
34.00	Disproportionate share adjustment (see instructions)		551,849		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000091519
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				827,916
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				619,236
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		619,236		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		17,911,141		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		17,911,141		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,380,508		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		111,442		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		0		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		19,403,091		
60.00	Primary payer payments		5,033		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,398,058		
62.00	Deductibles billed to program beneficiaries		1,674,720		
63.00	Coinurance billed to program beneficiaries		107,800		
64.00	Allowable bad debts (see instructions)		578,187		
65.00	Adjusted reimbursable bad debts (see instructions)		375,822		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Hospital	PPS

		0	Prior to October 1 1.00	1.01	On/After October 1 2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		524,200			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,991,360			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)		9,485			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-24,846			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)		17,975,999			71.00
71.01	Sequestration adjustment (see instructions)		359,520			71.01
72.00	Interim payments		17,708,145			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		-91,666			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		818,830			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		51,422	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,845,123	2.00
3.00	PPS payments		8,091,171	3.00
4.00	Outlier payment (see instructions)		38,185	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)		51,422	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		146,252	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)		146,252	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		146,252	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		94,830	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)		51,422	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)		8,129,356	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,135	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,722,019	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)		6,456,624	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		40,303	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)		6,496,927	30.00
31.00	Primary payer payments		818	31.00
32.00	Subtotal (line 30 minus line 31)		6,496,109	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		547,670	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		355,986	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		471,171	36.00
37.00	Subtotal (see instructions)		6,852,095	37.00
38.00	MSP-LCC reconciliation amount from PS&R		23	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)		6,852,072	40.00
40.01	Sequestration adjustment (see instructions)		137,041	40.01
41.00	Interim payments		6,720,202	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5,171	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		182,981	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/20/2014 3:09 pm
		Component CCN: 14T063	Title XVII I	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		168	2.00
3.00	PPS payments		194	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)		144	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		653	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)		653	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		653	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		509	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)		144	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)		194	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		338	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)		338	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		338	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		338	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)		338	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		331	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		367	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		367	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,669	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,669	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,669	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,302	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)		367	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		367	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)		367	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		367	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		367	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		367	40.00
40.01	Sequestration adjustment (see instructions)		7	40.01
41.00	Interim payments		343	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		17	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2014 3:09 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		17,085,660		6,296,068	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		409,341		327,310	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	02/04/2014	213,144	02/04/2014	96,824	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)		213,144		96,824	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)		17,708,145		6,720,202	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		91,666		5,171	6.02
7.00	Total Medicare program liability (see instructions)		17,616,479		6,715,031	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: 140063
Component CCN: 14T063

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2014 3:09 pm

Title XVIII

Subprovider -
IRF

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		1,326,565		331	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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)		1,326,565		331	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		1,809		0	6.02
7.00	Total Medicare program liability (see instructions)		1,324,756		331	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: 140063
Component CCN: 145583

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

Worksheet E-1
Part I
Date/Time Prepared:
11/20/2014 3:09 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		1,853,026		343	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		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)		1,853,026		343	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		6,040		17	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,859,066		360	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: 140063

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

Worksheet E-1
Part II
Date/Time Prepared:
11/20/2014 3:09 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,074 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,225 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			978 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			17,831 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			345,407,856 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,314,823 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)			839,608 8.00
9.00	Sequestration adjustment amount (see instructions)			16,792 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			822,816 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			851,539 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)			-28,723 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 14T063	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVII	Subprovider - IRF	PPS
			Prior to 10/01 1.00	On/After 10/01 1.01
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		390,617	881,396
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0683	
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		20,078	30,937
4.00	Outlier Payments		34,543	
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	
6.00	New Teaching program adjustment. (see instructions)		0.00	
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	
10.00	Average Daily Census (see instructions)		3.536986	
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000
12.00	Teaching Adjustment (see instructions)		0	0
13.00	Total PPS Payment (see instructions)		1,357,571	
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	
15.00	Organ acquisition (DO NOT USE THIS LINE)			
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
17.00	Subtotal (see instructions)		1,357,571	
18.00	Primary payer payments		0	
19.00	Subtotal (line 17 less line 18).		1,357,571	
20.00	Deductibles		11,936	
21.00	Subtotal (line 19 minus line 20)		1,345,635	
22.00	Coinsurance		0	
23.00	Subtotal (line 21 minus line 22)		1,345,635	
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		9,472	
25.00	Adjusted reimbursable bad debts (see instructions)		6,157	
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,184	
27.00	Subtotal (sum of lines 23 and 25)		1,351,792	
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	
29.00	Other pass through costs (see instructions)		0	
30.00	Outlier payments reconciliation		0	
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
31.99	Recovery of Accelerated Depreciation		0	
32.00	Total amount payable to the provider (see instructions)		1,351,792	
32.01	Sequestration adjustment (see instructions)		27,036	
33.00	Interim payments		1,326,565	
34.00	Tentative settlement (for contractor use only)		0	
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-1,809	
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		115	
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		34,543	
51.00	Outlier reconciliation adjustment amount (see instructions)		0	
52.00	The rate used to calculate the Time Value of Money		0.00	
53.00	Time Value of Money (see instructions)		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140063 Component CCN: 145583	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 11/20/2014 3:09 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)		1,931,847	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)		1,931,847	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		41,004	7.00
8.00	Allowable bad debts (see instructions)		9,481	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		6,163	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)		1,897,006	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)		1,897,006	15.00
15.01	Sequestration adjustment (see instructions)		37,940	15.01
16.00	Interim payments		1,853,026	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		6,040	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: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/20/2014 3:09 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.42	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			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			2.70	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	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.	0.00	1.35	1.35	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.	0.00	0.53	0.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.86		10.00
11.00	Total weighted FTE count	0.00	2.39		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	2.24		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	1.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	2.19		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	0.00	2.19		17.00
18.00	Per resident amount	110,674.00	110,674.00		18.00
19.00	Approved amount for resident costs	0	242,376	242,376	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)			1.64	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)			242,376	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,132	978		26.00
27.00	Total Inpatient Days (see instructions)	19,122	19,122		27.00
28.00	Ratio of inpatient days to total inpatient days	0.582157	0.051145		28.00
29.00	Program direct GME amount	141,101	12,396		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		1,752		30.00
31.00	Net Program direct GME amount			151,745	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from 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)		3,086,648	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		27,369,982	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)		5,033	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		27,364,949	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,897,224	42.00
43.00	Primary payer payments (see instructions)		818	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,896,406	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		37,261,355	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.734406	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.265594	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		151,745	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		111,442	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		40,303	50.00

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

Provider CCN: 140063

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

Worksheet G

Date/Time Prepared:
11/20/2014 3:09 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,287,753	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	13,428,871	0	0	0	4.00
5.00	Other receivable	622,802	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,711,287	0	0	0	7.00
8.00	Prepaid expenses	562,256	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	138,405	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	22,751,374	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,932,720	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	36,365,717	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	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	34,259,027	0	0	0	23.00
24.00	Accumulated depreciation	-44,395,631	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,161,833	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	11,030,488	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,817,713	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	19,848,201	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	79,761,408	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,831,445	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,592,795	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	11,117,396	0	0	0	43.00
44.00	Other current liabilities	2,490,288	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,031,924	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	12,986,782	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,986,782	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	39,018,706	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	40,742,702				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)	40,742,702	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	79,761,408	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140063

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

Worksheet G-1

Date/Time Prepared:
11/20/2014 3:09 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		29,746,589			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,135,827				2.00
3.00	Total (sum of line 1 and line 2)		35,882,416			0	3.00
4.00	INCREASE TEMP RESTRICTED NET ASSETS	27,035		0		0	4.00
5.00	INCREASE GENERAL FUND	4,833,251		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,860,286			0	10.00
11.00	Subtotal (line 3 plus line 10)		40,742,702			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		40,742,702			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	INCREASE TEMP RESTRICTED NET ASSETS		0				4.00
5.00	INCREASE GENERAL FUND		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: 140063

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/20/2014 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	22,515,674		22,515,674	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,668,707		1,668,707	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,078,892		3,078,892	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)	27,263,273		27,263,273	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,169,425		7,169,425	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)	7,169,425		7,169,425	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	34,432,698		34,432,698	17.00
18.00	Ancillary services	111,774,324	206,405,830	318,180,154	18.00
19.00	Outpatient services	0	5,372,620	5,372,620	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSEABLE	0	13,323,789	13,323,789	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	146,207,022	225,102,239	371,309,261	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		106,862,935		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)		106,862,935		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140063

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

Worksheet G-3

Date/Time Prepared:
11/20/2014 3:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	371,309,261	1.00
2.00	Less contractual allowances and discounts on patients' accounts	258,286,663	2.00
3.00	Net patient revenues (line 1 minus line 2)	113,022,598	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	106,862,935	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,159,663	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	349,939	14.00
15.00	Revenue from rental of living quarters	9,795	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC	704,488	24.00
24.01	OTHER OPERATING INCOME	1,700,225	24.01
25.00	Total other income (sum of lines 6-24)	2,764,447	25.00
26.00	Total (line 5 plus line 25)	8,924,110	26.00
27.00	BAD DEBTS	2,788,283	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,788,283	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,135,827	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140063	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/20/2014 3:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,292,030	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		4,108	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)		48.85	3.00
4.00	Number of interns & residents (see instructions)		3.26	4.00
5.00	Indirect medical education percentage (see instructions)		1.90	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		24,549	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.52	8.00
9.00	Sum of lines 7 and 8		22.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.63	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		59,821	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,380,508	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00