

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: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 10:39 am
--	----------------------	---	---

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2015 Time: 10:39 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST LAGRANGE MEMORIAL HOSPITAL ( 140065 ) for the cost reporting period beginning 11/01/2013 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-149,085	77,307	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	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
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-149,085	77,307	0	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: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60525- County: COOK				
1.00 Street: 5101 S. WILLOW SPRINGS ROAD		2.00 City: LAGRANGE		3.00 State: IL		4.00 Zip Code: 60525-		5.00 County: COOK		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									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)					11/01/2013	12/31/2014		20.00	
21.00	Type of Control (see instructions)					1		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.					N	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	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,358	130	0	0	761	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N		48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. 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, § 2148? If yes, complete Wkst. D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<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 Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der 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 nonprovider 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)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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)	FAMILY PRACTICE	1350	1.08	21.00	0.048913 67.00	
				1.00	2.00	3.00	
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0		76.00
				1.00			
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N			81.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am	
		V	XIX				
		1.00	2.00				
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00			
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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00	2.00	3.00			
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is 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 hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,870,808	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			
<b>DO NOT USE THIS LINE</b>							
119.00	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	119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00			
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
<b>All Providers</b>							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013			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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00	
142.00	Street: 900 HOPE WAY	PO Box:				142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						166.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 10:32 am
				1.00
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25 169.00
		Beginning	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)			170.00
		10/01/2013	09/30/2014	
				1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 10:32 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		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	04/01/2015	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: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 10:32 am
	Description	Part A		Part B
		Y/N	Date	Y/N
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 2.00	3.00 N
				21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARLIN	THOMPSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM SUNBELT		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338	MI KE. THOMPSON3@AHSS.ORG	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-2  
Part V  
Date/Time Prepared:  
5/27/2015 10:32 am

		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	HARLIN	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT, INC	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MIKE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRING	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2015 10:32 am	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	154	65,604	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)		154	65,604	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	11,502	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		181	77,106	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		181				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)		5	2,130			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: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	21,031	1,816	34,875			1.00
2.00 HMO and other (see instructions)	3,363	761				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)	21,031	1,816	34,875			7.00
8.00 INTENSIVE CARE UNIT	2,277	162	3,850			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		510	1,289			13.00
14.00 Total (see instructions)	23,308	2,488	40,014	22.08	938.97	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	1	0	358			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						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)				22.08	938.97	27.00
28.00 Observation Bed Days		181	2,465			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	33	94			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			206			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	4,682	816	8,954	1.00
2.00 HMO and other (see instructions)				651	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		4,682	816	8,954	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC							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: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	72,054,840	15,843	72,070,683	1,991,131.00	36.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		1,032,611	0	1,032,611	11,725.00	88.07
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		105,492	0	105,492	2,296.00	45.95
7.00	Interns & residents (in an approved program)	21.00	1,297,037	0	1,297,037	49,432.00	26.24
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		2,128,717	0	2,128,717	31,375.00	67.85
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,749,105	5,000	1,754,105	53,105.00	33.03
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		32,941	0	32,941	189.52	173.81
13.00	Contract labor: Physician-Part A - Administrative		391,217	0	391,217	4,041.00	96.81
14.00	Home office salaries & wage-related costs		7,705,185	0	7,705,185	113,566.00	67.85
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		106,119	0	106,119	1,360.00	78.03
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		14,024,088	0	14,024,088		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		373,402	0	373,402		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		96,407	0	96,407		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		31,602	0	31,602		
25.00	Interns & residents (in an approved program)		125,754	0	125,754		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,238,680	117,820	1,356,500	26,567.00	51.06
27.00	Administrative & General	5.00	9,518,315	-1,414,907	8,103,408	230,615.00	35.14
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,045,659	166,469	2,212,128	72,846.00	30.37
31.00	Laundry & Linen Service	8.00	83,784	0	83,784	4,668.00	17.95
32.00	Housekeeping	9.00	1,627,278	0	1,627,278	112,501.00	14.46
33.00	Housekeeping under contract (see instructions)		255,150	0	255,150	4,000.00	63.79
34.00	Dietary	10.00	1,215,497	-996,371	219,126	14,628.00	14.98
35.00	Dietary under contract (see instructions)		610,087	0	610,087	8,640.00	70.61
36.00	Cafeteria	11.00	0	996,371	996,371	66,560.00	14.97
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,965,460	501,412	2,466,872	45,993.00	53.64
39.00	Central Services and Supply	14.00	846,674	113,302	959,976	43,319.00	22.16
40.00	Pharmacy	15.00	2,854,689	3,604	2,858,293	60,083.00	47.57

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,653,353	367,169	2,020,522	75,620.00	26.72	41.00
42.00	Social Service	17.00 1,420,423	0	1,420,423	36,921.00	38.47	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2015 10:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	68,356,220	15,843	68,372,063	1,908,943.00	35.82	1.00
2.00	Excluded area salaries (see instructions)	1,749,105	5,000	1,754,105	53,105.00	33.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,607,115	10,843	66,617,958	1,855,838.00	35.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,129,343	0	8,129,343	117,796.52	69.01	4.00
5.00	Subtotal wage-related costs (see inst.)	14,024,088	0	14,024,088	0.00	21.05	5.00
6.00	Total (sum of lines 3 thru 5)	88,760,546	10,843	88,771,389	1,973,634.52	44.98	6.00
7.00	Total overhead cost (see instructions)	25,335,049	-145,131	25,189,918	802,961.00	31.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 10:32 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		2,136,804	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		6,537,467	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		45,718	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)		0	14.00
15.00	'Workers' Compensation Insurance		637,063	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,696,385	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		252,748	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		345,068	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,651,253	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	14,651,253	1.00
2.00	Hospital	0	14,651,253	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 10:32 am
---	----------------------	---	---

			1.00	
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.236168	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		7,915,067	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		54,066,546	6.00
7.00	Medicaid cost (line 1 times line 6)		12,768,788	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)		4,853,721	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		238,893	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,579,385	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		609,168	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)		370,275	16.00
<b>Uncompensated care (see instructions for each line)</b>				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,223,996	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	10,821,681	0	10,821,681
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,555,735	0	2,555,735
22.00	Partial payment by patients approved for charity care	14,930	0	14,930
23.00	Cost of charity care (line 21 minus line 22)	2,540,805	0	2,540,805
				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?		Y	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		20,624	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,209,498	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		566,627	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,642,871	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,332,666	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,873,471	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		9,097,467	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/27/2015 10:32 am							
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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		0	0	14,362,722	14,362,722	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,268,359	5,268,359	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,238,680	10,175,162	11,413,842	667,889	12,081,731	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	9,518,315	26,746,254	36,264,569	2,034,974	38,299,543	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	2,045,659	6,053,207	8,098,866	239,673	8,338,539	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	83,784	495,160	578,944	0	578,944	8.00
9.00 00900	HOUSEKEEPING	1,627,278	907,759	2,535,037	-1,940	2,533,097	9.00
10.00 01000	DIETARY	1,215,497	1,248,596	2,464,093	-2,030,780	433,313	10.00
11.00 01100	CAFETERIA	0	0	0	2,019,874	2,019,874	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,965,460	508,738	2,474,198	643,834	3,118,032	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	846,674	82,512	929,186	269,354	1,198,540	14.00
15.00 01500	PHARMACY	2,854,689	7,014,559	9,869,248	-7,268,952	2,600,296	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,653,353	422,200	2,075,553	562,892	2,638,445	16.00
17.00 01700	SOCIAL SERVICE	1,420,423	459,176	1,879,599	-280	1,879,319	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,297,037	96,051	1,393,088	0	1,393,088	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,744,942	798,930	2,543,872	-5,660	2,538,212	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	13,546,588	1,861,791	15,408,379	-577,115	14,831,264	30.00
31.00 03100	INTENSIVE CARE UNIT	3,229,320	780,574	4,009,894	-477,865	3,532,029	31.00
41.00 04100	SUBPROVIDER - IRF	37,196	9,644	46,840	0	46,840	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	346,206	346,206	175,535	521,741	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	5,277,370	3,267,389	8,544,759	-203,876	8,340,883	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	750,738	81,809	832,547	-881	831,666	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,343,049	1,343,049	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,369,196	1,410,319	4,779,515	-891,661	3,887,854	54.00
54.01 05401	NUCLEAR MEDICINE	285,975	417,437	703,412	52,012	755,424	54.01
54.02 05402	ULTRASOUND	0	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	522,030	622,071	1,144,101	90,555	1,234,656	55.00
57.00 05700	CT SCAN	646,828	121,820	768,648	487,782	1,256,430	57.00
58.00 05800	MRI	363,786	35,080	398,866	154,030	552,896	58.00
59.00 05900	CARDIAC CATHETERIZATION	678,495	90,400	768,895	-2,220	766,675	59.00
60.00 06000	LABORATORY	2,546,007	3,086,109	5,632,116	162,679	5,794,795	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,137,453	382,740	1,520,193	-22,643	1,497,550	65.00
66.00 06600	PHYSICAL THERAPY	3,267,543	926,667	4,194,210	-346,131	3,848,079	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	552,933	41,031	593,964	-479	593,485	67.00
68.00 06800	SPEECH PATHOLOGY	132,206	12,094	144,300	-280	144,020	68.00
69.00 06900	ELECTROCARDIOLOGY	876,846	691,099	1,567,945	-804	1,567,141	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	521,693	54,703	576,396	-280	576,116	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	44,919	324,968	369,887	-140	369,747	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,469,431	5,469,431	-1,403	5,468,028	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,390,228	10,390,228	21,201	10,411,429	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,002,950	7,002,950	73.00
76.00 03020	HEMODIALYSIS	0	419,591	419,591	0	419,591	76.00
76.01 03952	LI THOTRI PSY	2,875	21,000	23,875	0	23,875	76.01
76.02 03950	WOUND CARE	741,971	1,158,515	1,900,486	-40	1,900,446	76.02
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	3,068,382	1,294,078	4,362,460	-820	4,361,640	91.00
91.01 09101	OP DEPARTMENT	202,940	41,281	244,221	-200	244,021	91.01
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,027,850	123,087	1,150,937	-478,393	672,544	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet A Date/Time Prepared: 5/27/2015 10:32 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		23,026,795	23,026,795	-22,862,481	164,314	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,342,931	111,516,261	181,859,192	384,040	182,243,232	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	252,999	412,750	665,749	0	665,749	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	333,187	5,803,409	6,136,596	0	6,136,596	192.00
192.01	19201	CFPC CLINIC	606,901	502,732	1,109,633	0	1,109,633	192.01
194.00	07950	OFFICE BUILDINGS	0	846,798	846,798	-384,040	462,758	194.00
194.01	07951	MARKETING	67,908	1,428,096	1,496,004	0	1,496,004	194.01
194.02	07952	FOUNDATION	230,970	75,498	306,468	0	306,468	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	219,944	8,870	228,814	0	228,814	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	72,054,840	120,594,414	192,649,254	0	192,649,254	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-140,842	14,221,880	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	453,912	5,722,271	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-903,824	11,177,907	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,610,894	27,688,649	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-121,974	8,216,565	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	578,944	8.00
9.00	00900	HOUSEKEEPING	0	2,533,097	9.00
10.00	01000	DIETARY	-460,128	-26,815	10.00
11.00	01100	CAFETERIA	0	2,019,874	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,549	3,111,483	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,198,540	14.00
15.00	01500	PHARMACY	26,939	2,627,235	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,143	2,643,588	16.00
17.00	01700	SOCIAL SERVICE	-57,887	1,821,432	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,393,088	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-491,945	2,046,267	22.00
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-363,373	14,467,891	30.00
31.00	03100	INTENSIVE CARE UNIT	-237,180	3,294,849	31.00
41.00	04100	SUBPROVIDER - I RF	0	46,840	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-332,025	189,716	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-680,193	7,660,690	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	831,666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,343,049	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-5,711	3,882,143	54.00
54.01	05401	NUCLEAR MEDICINE	0	755,424	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-139,852	1,094,804	55.00
57.00	05700	CT SCAN	0	1,256,430	57.00
58.00	05800	MRI	0	552,896	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	766,675	59.00
60.00	06000	LABORATORY	-3,574	5,791,221	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-8,445	1,489,105	65.00
66.00	06600	PHYSICAL THERAPY	-139,148	3,708,931	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	593,485	67.00
68.00	06800	SPEECH PATHOLOGY	0	144,020	68.00
69.00	06900	ELECTROCARDIOLOGY	-626,242	940,899	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	-81,699	494,417	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	369,747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-686	5,467,342	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,411,429	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-34,298	6,968,652	73.00
76.00	03020	HEMODIALYSIS	-478	419,113	76.00
76.01	03952	LI THOTRI PSY	0	23,875	76.01
76.02	03950	WOUND CARE	-275	1,900,171	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-631,542	3,730,098	91.00
91.01	09101	OP DEPARTMENT	0	244,021	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	672,544	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-164,314	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,757,084	166,486,148	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	665,749	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,136,596	192.00
192.01	19201	CFPC CLINIC	-74,270	1,035,363	192.01
194.00	07950	OFFICE BUILDINGS	0	462,758	194.00
194.01	07951	MARKETING	0	1,496,004	194.01
194.02	07952	FOUNDATION	0	306,468	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	228,814	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-15,831,354	176,817,900	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
50.01	ENDOSCOPY	05001		50.01
50.02	DAY SURGERY	05002		50.02
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE	05401		54.01
54.02	ULTRASOUND	05402		54.02
54.03	GRANT SQUARE IMAGING	05405		54.03
54.04	WINDSOR MEDICAL RADIOLOGY	05406		54.04
54.05	PET SCAN	05407		54.05
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	FAIRVIEW REHAB CTR	06601		66.01
66.02	WESTCHESTER REHAB CTR	06602		66.02
66.03	LAGRANGE REHAB CTR	06603		66.03
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	VASCULAR LAB	06901		69.01
69.02	CARDIAC REHAB	06902		69.02
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	HEMODIALYSIS	03020	ACUPUNCTURE	76.00
76.01	LI THOTRIPSY	03952		76.01
76.02	WOUND CARE	03950		76.02
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.01	PAIN MGMT CLINIC	09001		90.01
91.00	EMERGENCY	09100		91.00
91.01	OP DEPARTMENT	09101		91.01
91.02	MEDICAL ONCOLOGY	09102		91.02
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	09201		92.01

COST CENTERS USED IN COST REPORT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet Non-CMS W Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	CFPC CLINIC	19201		192.01
194.00	OFFICE BUILDINGS	07950		194.00
194.01	MARKETING	07951		194.01
194.02	FOUNDATION	07952		194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS	07953		194.03
194.04	HHA TRANSITIONAL CARE	07954		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - RENT AND LEASES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	830,856	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	772,928	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
TOTALS			0	1,603,784	
<b>B - PROPERTY TAXES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	574,671	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	574,671	
<b>C - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,080	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	43	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	7,123	
<b>D - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,002,950	1.00
2.00		0.00	0	0	2.00
TOTALS			0	7,002,950	
<b>E - IMPLANTABLES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,158	1.00
2.00		0.00	0	0	2.00
TOTALS			0	21,158	
<b>F - RECRUITMENT</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,700	0	1.00
2.00	OPERATING ROOM	50.00	143	0	2.00
3.00	MARKETING	194.01	5,000	0	3.00
TOTALS			15,843	0	
<b>G - NURSING ADMINISTRATION</b>					
1.00	NURSING ADMINISTRATION	13.00	347,382	130,616	1.00
TOTALS			347,382	130,616	
<b>H - RADIOLOGY SALARIES</b>					
1.00	NUCLEAR MEDICINE	54.01	34,449	18,081	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	59,451	31,204	2.00
3.00	CT SCAN	57.00	321,118	168,544	3.00
4.00	MRI	58.00	101,196	53,114	4.00
TOTALS			516,214	270,943	

RECLASSIFICATIONS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-6

Date/Time Prepared:  
5/27/2015 10:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>I - NURSERY</b>					
1.00	NURSERY	43.00	403,694	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,038,909	304,140	2.00
	TOTALS		1,442,603	304,140	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	996,371	1,023,503	1.00
	TOTALS		996,371	1,023,503	
<b>K - ROUTINE AND ICU CARE</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	546,843	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	77,558	2.00
	TOTALS		0	624,401	
<b>L - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,059,461	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,840,227	2.00
	TOTALS		0	14,899,688	
<b>M - OBSERVATION TO ROUTINE</b>					
1.00	ADULTS & PEDIATRICS	30.00	427,231	51,162	1.00
	TOTALS		427,231	51,162	
<b>N - SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	107,120	560,769	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,914,703	4,204,742	2.00
3.00	OPERATION OF PLANT	7.00	166,469	88,212	3.00
4.00	NURSING ADMINISTRATION	13.00	154,030	12,951	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	113,302	276,994	5.00
6.00	PHARMACY	15.00	3,604	404	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	367,169	196,253	7.00
8.00	LABORATORY	60.00	155,831	111,783	8.00
	TOTALS		4,982,228	5,452,108	
<b>O - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,897,734	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	655,204	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	5,440,496	3.00
	TOTALS		0	7,993,434	
500.00	Grand Total: Increases		8,727,872	39,959,681	500.00

RECLASSIFICATIONS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 10:32 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - RENT AND LEASES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	421,196	10		1.00
2.00	OPERATION OF PLANT	7.00	0	15,008	10		2.00
3.00	HOUSEKEEPING	9.00	0	1,940	0		3.00
4.00	DIETARY	10.00	0	10,906	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,145	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	120,286	0		6.00
7.00	PHARMACY	15.00	0	272,538	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	530	0		8.00
9.00	SOCIAL SERVICE	17.00	0	280	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,660	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	6,075	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	8,580	0		12.00
13.00	NURSERY	43.00	0	134	0		13.00
14.00	OPERATING ROOM	50.00	0	183,355	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	104,457	0		15.00
16.00	NUCLEAR MEDICINE	54.01	0	518	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	100	0		17.00
18.00	CT SCAN	57.00	0	1,880	0		18.00
19.00	MRI	58.00	0	280	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	2,220	0		20.00
21.00	LABORATORY	60.00	0	104,935	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	22,643	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	316,134	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	420	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	280	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	804	0		26.00
27.00	CARDIAC REHAB	69.02	0	280	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	140	0		28.00
29.00	WOUND CARE	76.02	0	40	0		29.00
30.00	EMERGENCY	91.00	0	820	0		30.00
31.00	OP DEPARTMENT	91.01	0	200	0		31.00
<b>TOTALS</b>			0	1,603,784			
<b>B - PROPERTY TAXES</b>							
1.00	INTEREST EXPENSE	113.00	0	160,796	13		1.00
2.00	PHYSICAL THERAPY	66.00	0	29,835	0		2.00
3.00	OFFICE BUILDINGS	194.00	0	384,040	0		3.00
<b>TOTALS</b>			0	574,671			
<b>C - MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	656	0		1.00
2.00	OPERATING ROOM	50.00	0	5,318	0		2.00
3.00	RECOVERY ROOM	51.00	0	881	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	162	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	59	0		6.00
<b>TOTALS</b>			0	7,123			
<b>D - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	7,000,422	0		1.00
2.00	OPERATING ROOM	50.00	0	2,528	0		2.00
<b>TOTALS</b>			0	7,002,950			
<b>E - IMPLANTABLES</b>							
1.00	OPERATING ROOM	50.00	0	12,675	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,483	0		2.00
<b>TOTALS</b>			0	21,158			
<b>F - RECRUITMENT</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,700	0		1.00
2.00	OPERATING ROOM	50.00	0	143	0		2.00
3.00	MARKETING	194.01	0	5,000	0		3.00
<b>TOTALS</b>			0	15,843			
<b>G - NURSING ADMINISTRATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	347,382	130,616	0		1.00
<b>TOTALS</b>			347,382	130,616			
<b>H - RADIOLOGY SALARIES</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	516,214	270,943	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
<b>TOTALS</b>			516,214	270,943			
<b>I - NURSERY</b>							
1.00	NURSERY	43.00	0	228,025	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,442,603	76,115	0		2.00
<b>TOTALS</b>			1,442,603	304,140			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	996,371	1,023,503	0		1.00
	TOTALS		996,371	1,023,503			
<b>K - ROUTINE AND ICU CARE</b>							
1.00	INTENSIVE CARE UNIT	31.00	0	546,843	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	77,558	0		2.00
	TOTALS		0	624,401			
<b>L - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	191,437	9		1.00
2.00	INTEREST EXPENSE	113.00	0	14,708,251	9		2.00
	TOTALS		0	14,899,688			
<b>M - OBSERVATION TO ROUTINE</b>							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	427,231	51,162	0		1.00
	TOTALS		427,231	51,162			
<b>N - SHARED SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	4,982,228	5,452,108	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		4,982,228	5,452,108			
<b>O - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	7,993,434	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	7,993,434			
500.00	Grand Total: Decreases		8,712,029	39,975,524			500.00

RECLASSIFICATIONS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/27/2015 10:32 am

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - RENT AND LEASES</b>									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	830,856	ADMINISTRATIVE & GENERAL	5.00	0	421,196	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	772,928	OPERATION OF PLANT	7.00	0	15,008	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	1,940	3.00
4.00		0.00	0	0	DIETARY	10.00	0	10,906	4.00
5.00		0.00	0	0	NURSING	13.00	0	1,145	5.00
6.00		0.00	0	0	ADMINISTRATION				
7.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	120,286	6.00
8.00		0.00	0	0	PHARMACY	15.00	0	272,538	7.00
9.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	530	8.00
10.00		0.00	0	0	SOCIAL SERVICE	17.00	0	280	9.00
11.00		0.00	0	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,660	10.00
12.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	6,075	11.00
13.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	8,580	12.00
14.00		0.00	0	0	NURSERY	43.00	0	134	13.00
15.00		0.00	0	0	OPERATING ROOM	50.00	0	183,355	14.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	104,457	15.00
17.00		0.00	0	0	NUCLEAR MEDICINE	54.01	0	518	16.00
18.00		0.00	0	0	RADIOLOGY-THERAPEUTIC	55.00	0	100	17.00
19.00		0.00	0	0	CT SCAN	57.00	0	1,880	18.00
20.00		0.00	0	0	MRI	58.00	0	280	19.00
21.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	2,220	20.00
22.00		0.00	0	0	LABORATORY	60.00	0	104,935	21.00
23.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	22,643	22.00
24.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	316,134	23.00
25.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	420	24.00
26.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	280	25.00
27.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	804	26.00
28.00		0.00	0	0	CARDIAC REHAB	69.02	0	280	27.00
29.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	140	28.00
30.00		0.00	0	0	WOUND CARE	76.02	0	40	29.00
31.00		0.00	0	0	EMERGENCY	91.00	0	820	30.00
		0.00	0	0	OP DEPARTMENT	91.01	0	200	31.00
<b>TOTALS</b>				<b>1,603,784</b>	<b>TOTALS</b>				<b>1,603,784</b>
<b>B - PROPERTY TAXES</b>									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	574,671	INTEREST EXPENSE	113.00	0	160,796	1.00
2.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	29,835	2.00
3.00		0.00	0	0	OFFICE BUILDINGS	194.00	0	384,040	3.00
<b>TOTALS</b>				<b>574,671</b>	<b>TOTALS</b>				<b>574,671</b>
<b>C - MEDICAL SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,080	CENTRAL SERVICES & SUPPLY	14.00	0	656	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	43	OPERATING ROOM	50.00	0	5,318	2.00
3.00		0.00	0	0	RECOVERY ROOM	51.00	0	881	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	47	4.00
5.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	162	5.00
6.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	59	6.00
<b>TOTALS</b>				<b>7,123</b>	<b>TOTALS</b>				<b>7,123</b>
<b>D - DRUGS CHARGED TO PATIENTS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,002,950	PHARMACY	15.00	0	7,000,422	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	2,528	2.00
<b>TOTALS</b>				<b>7,002,950</b>	<b>TOTALS</b>				<b>7,002,950</b>
<b>E - IMPLANTABLES</b>									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	21,158	OPERATING ROOM	50.00	0	12,675	1.00
2.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,483	2.00
<b>TOTALS</b>				<b>21,158</b>	<b>TOTALS</b>				<b>21,158</b>
<b>F - RECRUITMENT</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	10,700	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,700	1.00
2.00	OPERATING ROOM	50.00	143	0	OPERATING ROOM	50.00	0	143	2.00
3.00	MARKETING	194.01	5,000	0	MARKETING	194.01	0	5,000	3.00
<b>TOTALS</b>				<b>15,843</b>	<b>TOTALS</b>				<b>15,843</b>

RECLASSIFICATIONS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/27/2015 10:32 am

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
<b>G - NURSING ADMINISTRATION</b>									
1.00	NURSING ADMINISTRATION	13.00	347,382	130,616	ADMINISTRATIVE & GENERAL	5.00	347,382	130,616	1.00
	TOTALS		347,382	130,616	TOTALS		347,382	130,616	
<b>H - RADIOLOGY SALARIES</b>									
1.00	NUCLEAR MEDICINE	54.01	34,449	18,081	RADIOLOGY-DIAGNOSTIC	54.00	516,214	270,943	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	59,451	31,204		0.00	0	0	2.00
3.00	CT SCAN	57.00	321,118	168,544		0.00	0	0	3.00
4.00	MRI	58.00	101,196	53,114		0.00	0	0	4.00
	TOTALS		516,214	270,943	TOTALS		516,214	270,943	
<b>I - NURSERY</b>									
1.00	NURSERY	43.00	403,694	0	NURSERY	43.00	0	228,025	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,038,909	304,140	ADULTS & PEDIATRICS	30.00	1,442,603	76,115	2.00
	TOTALS		1,442,603	304,140	TOTALS		1,442,603	304,140	
<b>J - CAFETERIA</b>									
1.00	CAFETERIA	11.00	996,371	1,023,503	DIETARY	10.00	996,371	1,023,503	1.00
	TOTALS		996,371	1,023,503	TOTALS		996,371	1,023,503	
<b>K - ROUTINE AND ICU CARE</b>									
1.00	ADULTS & PEDIATRICS	30.00	0	546,843	INTENSIVE CARE UNIT	31.00	0	546,843	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	77,558	ADULTS & PEDIATRICS	30.00	0	77,558	2.00
	TOTALS		0	624,401	TOTALS		0	624,401	
<b>L - DEPRECIATION</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,059,461	ADMINISTRATIVE & GENERAL	5.00	0	191,437	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,840,227	INTEREST EXPENSE	113.00	0	14,708,251	2.00
	TOTALS		0	14,899,688	TOTALS		0	14,899,688	
<b>M - OBSERVATION TO ROUTINE</b>									
1.00	ADULTS & PEDIATRICS	30.00	427,231	51,162	OBSERVATION BEDS (DISTINCT PART)	92.01	427,231	51,162	1.00
	TOTALS		427,231	51,162	TOTALS		427,231	51,162	
<b>N - SHARED SERVICES</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	107,120	560,769	ADMINISTRATIVE & GENERAL	5.00	4,982,228	5,452,108	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,914,703	4,204,742		0.00	0	0	2.00
3.00	OPERATION OF PLANT	7.00	166,469	88,212		0.00	0	0	3.00
4.00	NURSING	13.00	154,030	12,951		0.00	0	0	4.00
5.00	ADMINISTRATION CENTRAL SERVICES & SUPPLY	14.00	113,302	276,994		0.00	0	0	5.00
6.00	PHARMACY	15.00	3,604	404		0.00	0	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	367,169	196,253		0.00	0	0	7.00
8.00	LABORATORY	60.00	155,831	111,783		0.00	0	0	8.00
	TOTALS		4,982,228	5,452,108	TOTALS		4,982,228	5,452,108	
<b>O - INTEREST EXPENSE</b>									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,897,734	INTEREST EXPENSE	113.00	0	7,993,434	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	655,204		0.00	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	5,440,496		0.00	0	0	3.00
	TOTALS		0	7,993,434	TOTALS		0	7,993,434	
500.00	Grand Total : Increases		8,727,872	39,959,681	Grand Total : Decreases		8,712,029	39,975,524	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0	0	0	1.00
2.00	Land Improvements	6,283,497	387,998	0	387,998	2.00
3.00	Buildings and Fixtures	207,257,387	2,366,445	0	2,366,445	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	29,915,204	191,638	0	191,638	5.00
6.00	Movable Equipment	51,545,093	3,805,953	0	3,805,953	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	304,780,610	6,752,034	0	6,752,034	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	304,780,610	6,752,034	0	6,752,034	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,779,429	0			1.00
2.00	Land Improvements	6,671,495	0			2.00
3.00	Buildings and Fixtures	209,623,832	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	30,106,842	0			5.00
6.00	Movable Equipment	55,351,046	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	311,532,644	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	311,532,644	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	256,181,598	0	256,181,598	0.044236	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,535,104,558	0	5,535,104,558	0.955764	0	2.00
3.00	Total (sum of lines 1-2)	5,791,286,156	0	5,791,286,156	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,158,698	830,856	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,371,933	772,928	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,530,631	1,603,784	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,672,411	0	559,915	0	14,221,880	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	577,410	0	0	0	5,722,271	2.00
3.00	Total (sum of lines 1-2)	2,249,821	0	559,915	0	19,944,151	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-225,323	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-77,794	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)	B	-645,963	ADMINISTRATIVE & GENERAL		5.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-25,104	OPERATION OF PLANT		7.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-53,692	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,676,419				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	30,910				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-460,128	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-18,914	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 NON ALLOWABLE COLLECTION FEES	A	-78,475	ELECTROCARDIOLOGY		69.00	0	33.00
33.01 NON ALLOWABLE GOODWILL	A	-481,250	INTEREST EXPENSE		113.00	0	33.01

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-8

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 LEGAL	A	-264,464	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 FEDERAL INCOME TAX	A	-15	INTEREST EXPENSE	113.00	0 33.03
33.04 NON ALLOWABLE ADVERTISING	A	-14,125	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05 SELF INSURED ADJUSTMENT	A	-1,125,995	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.05
33.06 NON ALLOWABLE CASH MANAGEMENT	A	-83,048	INTEREST EXPENSE	113.00	0 33.06
35.00 NON ALLOWABLE ADVERTISING	A	-3,489	ELECTROCARDIOLOGY	69.00	0 35.00
36.00 NON ALLOWABLE ADVERTISING	A	-275	WOUND CARE	76.02	0 36.00
37.00 OTHER OPERATING REVENUE	B	-990	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.00
38.00 OTHER OPERATING REVENUE	B	-464,450	ADMINISTRATIVE & GENERAL	5.00	0 38.00
38.01 OTHER OPERATING REVENUE	B	-43,178	OPERATION OF PLANT	7.00	0 38.01
41.00 OTHER OPERATING REVENUE	B	-21,716	ADULTS & PEDIATRICS	30.00	0 41.00
42.00 OTHER OPERATING REVENUE	B	-575	OPERATING ROOM	50.00	0 42.00
43.00 OTHER OPERATING REVENUE	B	-5,635	RADIOLOGY-DIAGNOSTIC	54.00	0 43.00
43.01 OTHER OPERATING REVENUE	B	-139,852	RADIOLOGY-THERAPEUTIC	55.00	0 43.01
43.02 OTHER OPERATING REVENUE	B	-3,312	LABORATORY	60.00	0 43.02
44.00 OTHER OPERATING REVENUE	B	-139,098	PHYSICAL THERAPY	66.00	0 44.00
44.01 OTHER OPERATING REVENUE	B	-119	ELECTROCARDIOLOGY	69.00	0 44.01
44.02 OTHER OPERATING REVENUE	B	-81,699	CARDIAC REHAB	69.02	0 44.02
44.03 OTHER OPERATING REVENUE	B	-6,335	EMERGENCY	91.00	0 44.03
44.04 PROPERTY TAXES	A	-14,756	CAP REL COSTS-BLDG & FIXT	1.00	13 44.04
44.06 LOBBYING EXPENSE	A	-59,002	ADMINISTRATIVE & GENERAL	5.00	0 44.06
44.07 NON ALLOW PHYS SUBSIDIES	A	-39,345	ADMINISTRATIVE & GENERAL	5.00	0 44.07
44.08 NON ALLOW PHYS SUBSIDIES	A	-679,618	OPERATING ROOM	50.00	0 44.08
44.09 NON ALLOW PHYS SUBSIDIES	A	-323,963	ELECTROCARDIOLOGY	69.00	0 44.09
45.00 GAINS/LOSS	A	-125,031	ADMINISTRATIVE & GENERAL	5.00	0 45.00
45.02 SPECIAL EVENTS	A	-44,683	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.02
45.03 SPECIAL EVENTS	A	-19,679	ADMINISTRATIVE & GENERAL	5.00	0 45.03
45.04 SPECIAL EVENTS	A	-6,549	NURSING ADMINISTRATION	13.00	0 45.04
45.05 PHYSICIAN MALPRACTICE	A	-1,845,658	ADMINISTRATIVE & GENERAL	5.00	0 45.05
45.06 PHYSICIAN MALPRACTICE	A	-307,642	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 45.06
45.07 STATE ASSESSMENT	A	-5,868,370	ADMINISTRATIVE & GENERAL	5.00	0 45.07
45.08 HOSPICE	A	-76	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08
45.09 HOSPICE	A	-262	LABORATORY	60.00	0 45.09
45.10 HOSPICE	A	-8,445	RESPIRATORY THERAPY	65.00	0 45.10
45.11 HOSPICE	A	-50	PHYSICAL THERAPY	66.00	0 45.11
45.12 HOSPICE	A	-686	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 45.12
45.13 HOSPICE	A	-34,298	DRUGS CHARGED TO PATIENTS	73.00	0 45.13
45.14 HOSPICE	A	-478	HEMODIALYSIS	76.00	0 45.14
45.15 HOSPICE	A	-584	EMERGENCY	91.00	0 45.15
45.16 HOSPICE	A	-341,657	ADULTS & PEDIATRICS	30.00	0 45.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,831,354			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 10:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE ALLOCATION	10,434,336	10,875,290 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	99,237	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	531,706	0 3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	316,614	48,770 4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	9,181,716	10,005,569 4.01
4.02	15.00	PHARMACY	HOME OFFICE	26,939	0 4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	24,057	0 4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	HOME OFFICE	47,973	27,768 4.04
4.05	113.00	INTEREST EXPENSE	HOME OFFICE	7,993,434	7,593,435 4.05
4.06	192.01	CFPC CLINIC	HOME OFFICE	0	74,270 4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			28,656,012	28,625,102 5.00

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

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

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

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

6.00	B		0.00	HINSDALE HEALTH SYSTEM	100.00	6.00
7.00	B		0.00	ADVENTIST HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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



PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period: From 11/01/2013 To 12/31/2014

Worksheet A-8-2

Date/Time Prepared: 5/27/2015 10:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	105,492	105,492	0	0	0	1.00
2.00	22.00	DR. A	21,240	0	21,240	138,700	230	2.00
3.00	22.00	DR. C	18,912	18,912	0	0	0	3.00
4.00	22.00	DR. D	7,367	0	7,367	138,700	91	4.00
5.00	22.00	DR. E	148,684	0	148,684	138,700	2,264	5.00
6.00	22.00	DR. F	166,909	0	166,909	138,700	2,105	6.00
7.00	22.00	DR. G	97,384	0	97,384	138,700	988	7.00
8.00	22.00	DR. H	3,121	3,121	0	0	0	8.00
9.00	22.00	DR. I	4,057	4,057	0	0	0	9.00
10.00	22.00	DR. J	20,105	0	20,105	138,700	60	10.00
11.00	22.00	DR. K	53,791	0	53,791	138,700	768	11.00
12.00	22.00	DR. L	3,121	3,121	0	0	0	12.00
13.00	22.00	DR. M	199,892	0	199,892	138,700	2,320	13.00
14.00	22.00	DR. N	181,821	0	181,821	138,700	2,320	14.00
15.00	22.00	DR. O	14,303	0	14,303	138,700	197	15.00
16.00	22.00	DR. P	42,198	0	42,198	138,700	383	16.00
17.00	31.00	INTENSIVE CARE UNIT	237,180	237,180	0	0	0	17.00
18.00	17.00	SOCIAL SERVICE	54,506	54,506	0	0	0	18.00
19.00	91.00	EMERGENCY	362,100	362,100	0	0	0	19.00
20.00	43.00	NURSERY	332,025	332,025	0	0	0	20.00
21.00	91.00	EMERGENCY	262,523	262,523	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	114,704	114,704	0	0	0	22.00
23.00	17.00	SOCIAL SERVICE	3,381	3,381	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,240	1,240	0	0	0	24.00
200.00			2,456,056	1,502,362	953,694		11,726	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	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	1.00
2.00	22.00	DR. A	15,337	767	0	0	0	2.00
3.00	22.00	DR. C	0	0	0	0	0	3.00
4.00	22.00	DR. D	6,068	303	0	0	0	4.00
5.00	22.00	DR. E	150,970	7,549	0	0	0	5.00
6.00	22.00	DR. F	140,367	7,018	0	0	0	6.00
7.00	22.00	DR. G	65,883	3,294	0	0	0	7.00
8.00	22.00	DR. H	0	0	0	0	0	8.00
9.00	22.00	DR. I	0	0	0	0	0	9.00
10.00	22.00	DR. J	4,001	200	0	0	0	10.00
11.00	22.00	DR. K	51,212	2,561	0	0	0	11.00
12.00	22.00	DR. L	0	0	0	0	0	12.00
13.00	22.00	DR. M	154,704	7,735	0	0	0	13.00
14.00	22.00	DR. N	154,704	7,735	0	0	0	14.00
15.00	22.00	DR. O	13,137	657	0	0	0	15.00
16.00	22.00	DR. P	25,540	1,277	0	0	0	16.00
17.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	17.00
18.00	17.00	SOCIAL SERVICE	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	0	0	0	0	0	19.00
20.00	43.00	NURSERY	0	0	0	0	0	20.00
21.00	91.00	EMERGENCY	0	0	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	22.00
23.00	17.00	SOCIAL SERVICE	0	0	0	0	0	23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	24.00
200.00			781,923	39,096	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	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	105,492		1.00
2.00	22.00	DR. A	0	15,337	5,903	5,903		2.00
3.00	22.00	DR. C	0	0	0	18,912		3.00
4.00	22.00	DR. D	0	6,068	1,299	1,299		4.00
5.00	22.00	DR. E	0	150,970	0	0		5.00
6.00	22.00	DR. F	0	140,367	26,542	26,542		6.00
7.00	22.00	DR. G	0	65,883	31,501	31,501		7.00
8.00	22.00	DR. H	0	0	0	3,121		8.00
9.00	22.00	DR. I	0	0	0	4,057		9.00
10.00	22.00	DR. J	0	4,001	16,104	16,104		10.00
11.00	22.00	DR. K	0	51,212	2,579	2,579		11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:  
5/27/2015 10:32 am

	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		
12.00	22.00	DR. L	0	0	0	3,121		12.00
13.00	22.00	DR. M	0	154,704	45,188	45,188		13.00
14.00	22.00	DR. N	0	154,704	27,117	27,117		14.00
15.00	22.00	DR. O	0	13,137	1,166	1,166		15.00
16.00	22.00	DR. P	0	25,540	16,658	16,658		16.00
17.00	31.00	INTENSIVE CARE UNIT	0	0	0	237,180		17.00
18.00	17.00	SOCIAL SERVICE	0	0	0	54,506		18.00
19.00	91.00	EMERGENCY	0	0	0	362,100		19.00
20.00	43.00	NURSERY	0	0	0	332,025		20.00
21.00	91.00	EMERGENCY	0	0	0	262,523		21.00
22.00	69.00	ELECTROCARDIOLOGY	0	0	0	114,704		22.00
23.00	17.00	SOCIAL SERVICE	0	0	0	3,381		23.00
24.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,240		24.00
200.00			0	781,923	174,057	1,676,419		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,221,880	14,221,880			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,722,271		5,722,271		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,177,907	87,351	35,146	11,300,404	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,688,649	2,213,197	890,495	1,294,957	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,216,565	2,878,936	1,158,357	353,507	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	578,944	71,523	28,778	13,389	8.00
9.00 00900	HOUSEKEEPING	2,533,097	51,688	20,797	260,046	9.00
10.00 01000	DIETARY	-26,815	235,486	94,750	35,017	10.00
11.00 01100	CAFETERIA	2,019,874	270,262	108,742	159,224	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,111,483	0	0	394,216	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,198,540	60,817	24,470	153,408	14.00
15.00 01500	PHARMACY	2,627,235	224,912	90,495	456,767	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,643,588	231,808	93,270	322,887	16.00
17.00 01700	SOCIAL SERVICE	1,821,432	394,623	158,779	226,989	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,393,088	0	0	207,272	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,046,267	0	0	278,849	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	14,467,891	2,465,496	992,009	2,002,532	30.00
31.00 03100	INTENSIVE CARE UNIT	3,294,849	262,808	105,743	516,058	31.00
41.00 04100	SUBPROVIDER - I RF	46,840	0	0	5,944	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	189,716	42,854	17,243	64,512	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,660,690	1,252,501	503,952	843,368	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	831,666	53,560	21,550	119,971	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,343,049	145,213	58,427	166,022	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,882,143	811,707	326,596	455,918	54.00
54.01 05401	NUCLEAR MEDICINE	755,424	48,536	19,529	51,205	54.01
54.02 05402	ULTRASOUND	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	1,094,804	520,165	209,292	92,923	55.00
57.00 05700	CT SCAN	1,256,430	65,021	26,161	154,682	57.00
58.00 05800	MRI	552,896	0	0	74,306	58.00
59.00 05900	CARDIAC CATHETERIZATION	766,675	0	0	108,426	59.00
60.00 06000	LABORATORY	5,791,221	522,693	210,309	431,765	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,489,105	129,220	51,993	181,770	65.00
66.00 06600	PHYSICAL THERAPY	3,708,931	487,720	196,238	522,166	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	593,485	11,855	4,770	88,361	67.00
68.00 06800	SPEECH PATHOLOGY	144,020	10,771	4,334	21,127	68.00
69.00 06900	ELECTROCARDIOLOGY	940,899	17,240	6,937	140,123	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	494,417	99,895	40,194	83,369	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	369,747	20,491	8,245	7,178	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,467,342	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,411,429	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	6,968,652	0	0	0	73.00
76.00 03020	HEMODIALYSIS	419,113	0	0	0	76.00
76.01 03952	LI THOTRI PSY	23,875	0	0	459	76.01
76.02 03950	WOUND CARE	1,900,171	0	0	118,570	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	3,730,098	432,486	174,014	490,340	91.00
91.01 09101	OP DEPARTMENT	244,021	101,045	40,656	32,431	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	672,544	0	0	95,981	768,525	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	166,486,148	14,221,880	5,722,271	11,026,035	166,211,779	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	665,749	0	0	40,430	706,179	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6,136,596	0	0	53,245	6,189,841	192.00
192.01 19201 CFPC CLINIC	1,035,363	0	0	96,985	1,132,348	192.01
194.00 07950 OFFICE BUILDINGS	462,758	0	0	0	462,758	194.00
194.01 07951 MARKETING	1,496,004	0	0	11,651	1,507,655	194.01
194.02 07952 FOUNDATION	306,468	0	0	36,910	343,378	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	228,814	0	0	35,148	263,962	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	176,817,900	14,221,880	5,722,271	11,300,404	176,817,900	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,087,298					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,795,103	0	15,402,468			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	153,560	0	121,829	968,023		8.00
9.00	00900	HOUSEKEEPING	635,321	0	88,044	0	3,588,993	9.00
10.00	01000	DIETARY	75,033	0	401,118	0	94,757	10.00
11.00	01100	CAFETERIA	567,141	0	460,355	0	108,751	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	777,227	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	318,641	0	103,594	0	24,472	14.00
15.00	01500	PHARMACY	753,663	0	383,107	0	90,502	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	729,750	0	394,853	0	93,277	16.00
17.00	01700	SOCIAL SERVICE	576,835	0	672,185	0	158,792	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	354,806	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	515,488	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,418,048	0	4,199,627	741,941	992,094	30.00
31.00	03100	INTENSIVE CARE UNIT	926,603	0	447,657	81,906	105,751	31.00
41.00	04100	SUBPROVIDER - I RF	11,702	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	69,687	0	72,997	27,423	17,244	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,274,796	0	2,133,461	0	503,994	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	227,634	0	91,232	0	21,552	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	379,715	0	247,350	0	58,432	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,214,132	0	1,382,630	0	326,623	54.00
54.01	05401	NUCLEAR MEDICINE	193,923	0	82,674	0	19,530	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	425,047	0	886,029	0	209,309	55.00
57.00	05700	CT SCAN	333,065	0	110,754	0	26,164	57.00
58.00	05800	MRI	139,053	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	194,013	0	0	0	0	59.00
60.00	06000	LABORATORY	1,542,170	0	890,336	0	210,327	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	410,615	0	220,109	0	51,997	65.00
66.00	06600	PHYSICAL THERAPY	1,089,687	0	830,764	0	196,254	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	154,854	0	20,193	0	4,770	67.00
68.00	06800	SPEECH PATHOLOGY	39,963	0	18,347	0	4,334	68.00
69.00	06900	ELECTROCARDIOLOGY	245,027	0	29,366	0	6,937	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	159,156	0	170,158	0	40,197	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	89,937	0	34,904	0	8,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,212,132	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,308,255	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,544,978	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	92,919	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	5,395	0	0	0	0	76.01
76.02	03950	WOUND CARE	447,563	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,070,151	0	736,679	0	174,028	91.00
91.01	09101	OP DEPARTMENT	92,706	0	172,116	0	40,659	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	170,385	0	0	116,753	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,735,879	0	15,402,468	968,023	3,588,993	0
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	156,563	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,372,313	0	0	0	0	0
192.01	19201	CFPC CLINIC	251,046	0	0	0	0	0
194.00	07950	OFFICE BUILDINGS	102,595	0	0	0	0	0
194.01	07951	MARKETING	334,253	0	0	0	0	0
194.02	07952	FOUNDATION	76,128	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	58,521	0	0	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	32,087,298	0	15,402,468	968,023	3,588,993	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	909,346					10.00
11.00	01100		3,694,349				11.00
12.00	01200			0			12.00
13.00	01300		158,573		4,441,499		13.00
14.00	01400		61,708			1,945,650	14.00
15.00	01500		183,734			5,916	15.00
16.00	01600		129,881				16.00
17.00	01700		91,306				17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		83,375				21.00
22.00	02200		112,167				22.00
23.00	02300						23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	696,969	805,503		3,404,185	74,167	30.00
31.00	03100	76,941	207,584		375,803	29,867	31.00
41.00	04100		2,391			480	41.00
42.00	04200						42.00
43.00	04300	25,760	25,950		125,821	1,425	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		339,244			80,497	50.00
50.01	05001						50.01
50.02	05002						50.02
51.00	05100		48,258			3,671	51.00
52.00	05200		66,782				52.00
54.00	05400		183,393			3,384	54.00
54.01	05401		20,597			340	54.01
54.02	05402						54.02
54.03	05405						54.03
54.04	05406						54.04
54.05	05407						54.05
55.00	05500		37,378			2,101	55.00
57.00	05700		62,221			2,178	57.00
58.00	05800		29,890			366	58.00
59.00	05900		43,614			2,981	59.00
60.00	06000		173,677			9,019	60.00
60.01	06001						60.01
65.00	06500		73,117			8,461	65.00
66.00	06600		210,041			1,556	66.00
66.01	06601						66.01
66.02	06602						66.02
66.03	06603						66.03
67.00	06700		35,543			44	67.00
68.00	06800		8,498			163	68.00
69.00	06900		56,365			1,456	69.00
69.01	06901						69.01
69.02	06902		33,535			325	69.02
70.00	07000		2,887			16	70.00
71.00	07100					557,902	71.00
72.00	07200					1,110,748	72.00
73.00	07300						73.00
76.00	03020						76.00
76.01	03952		185				76.01
76.02	03950		47,695			5,402	76.02
76.98	07698						76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900						89.00
90.01	09001						90.01
91.00	09100		197,239			33,761	91.00
91.01	09101		13,045			2,583	91.01
91.02	09102						91.02
92.00	09200						92.00
92.01	09201	109,676	38,608		535,690	4,856	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	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
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	909,346	3,583,984	0	4,441,499	1,943,665
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,263	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	21,418	0	0	0
192.01	19201	CFPC CLINIC	0	39,012	0	0	1,856
194.00	07950	OFFICE BUILDINGS	0	0	0	0	129
194.01	07951	MARKETING	0	4,687	0	0	0
194.02	07952	FOUNDATION	0	14,847	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	14,138	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	909,346	3,694,349	0	4,441,499	1,945,650

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,816,331					15.00
16.00	01600	0	4,639,314				16.00
17.00	01700	0	0	4,100,941			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,496	313,712	3,143,166	0	0	30.00
31.00	03100	171	61,590	346,987	0	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	8,937	116,173	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	63,977	620,789	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	3	52,755	0	0	0	51.00
52.00	05200	0	22,998	0	0	0	52.00
54.00	05400	706	323,655	0	0	0	54.00
54.01	05401	489	45,761	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	131	78,007	0	0	0	55.00
57.00	05700	4,359	426,563	0	0	0	57.00
58.00	05800	499	134,426	0	0	0	58.00
59.00	05900	176	102,034	0	0	0	59.00
60.00	06000	21	612,534	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	123,287	0	0	0	65.00
66.00	06600	190	103,157	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	14,097	0	0	0	67.00
68.00	06800	0	6,006	0	0	0	68.00
69.00	06900	917	129,585	0	0	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	10,840	0	0	0	69.02
70.00	07000	0	17,660	0	0	0	70.00
71.00	07100	0	226,727	0	0	0	71.00
72.00	07200	0	267,792	0	0	0	72.00
73.00	07300	4,658,414	389,648	0	0	0	73.00
76.00	03020	0	11,807	0	0	0	76.00
76.01	03952	0	1,769	0	0	0	76.01
76.02	03950	276	59,318	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	3,699	417,103	0	0	0	91.00
91.01	09101	0	9,789	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	46,968	494,615	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	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
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,735,524	4,639,314	4,100,941	0	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	CFPC CLINIC	80,807	0	0	0	0
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0
194.01	07951	MARKETING	0	0	0	0	0
194.02	07952	FOUNDATION	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,816,331	4,639,314	4,100,941	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	2,038,541					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		2,952,771				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,250,869	1,811,852	0	41,781,557	-3,062,721	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	6,840,318	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	67,357	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	805,742	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	162,657	235,604	0	16,675,530	-398,261	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	1,471,852	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	2,487,988	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	8,910,887	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	1,238,008	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	3,555,186	0	55.00
57.00 05700 CT SCAN	0	0	0	2,467,598	0	57.00
58.00 05800 MRI	0	0	0	931,436	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,217,919	0	59.00
60.00 06000 LABORATORY	0	0	0	10,394,072	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,739,674	0	65.00
66.00 06600 PHYSICAL THERAPY	35,426	51,313	0	7,433,443	-86,739	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	927,972	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	257,563	0	68.00
69.00 06900 ELECTROCARDIOLOGY	51,097	74,012	0	1,699,961	-125,109	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	43,017	62,309	0	1,237,412	-105,326	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	559,311	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	7,464,103	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,098,224	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	13,561,692	0	73.00
76.00 03020 HEMODIALYSIS	0	0	0	523,839	0	76.00
76.01 03952 LI THOTRI PSY	0	0	0	31,683	0	76.01
76.02 03950 WOUND CARE	56,646	82,050	0	2,717,691	-138,696	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	144,545	209,369	0	7,813,512	-353,914	91.00
91.01 09101 OP DEPARTMENT	58,200	84,301	0	891,552	-142,501	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,286,076	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,802,457	2,610,810	0	163,089,158	-4,413,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	879,005	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	236,084	341,961	0	8,161,617	-578,045	192.00
192.01	19201	CFPC CLINIC	0	0	0	1,505,069	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	565,482	0	194.00
194.01	07951	MARKETING	0	0	0	1,846,595	0	194.01
194.02	07952	FOUNDATION	0	0	0	434,353	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	336,621	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,038,541	2,952,771	0	176,817,900	-4,991,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05403	GRANT SQUARE IMAGING	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05405	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>158,675,891</b>
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	879,005
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,583,572
192.01	19201	CFPC CLINIC	1,505,069
194.00	07950	OFFICE BUILDINGS	565,482
194.01	07951	MARKETING	1,846,595
194.02	07952	FOUNDATION	434,353
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	336,621
194.04	07954	HHA TRANSITIONAL CARE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		<b>TOTAL (sum lines 118-201)</b>	<b>171,826,588</b>

COST ALLOCATION STATISTICS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet Non-CMS W

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARY	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	2	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	3	PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	PATIENT DAYS	10.00
11.00	CAFETERIA	S	GROSS SALARY	11.00
12.00	MAINTENANCE OF PERSONNEL	4	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	3	PATIENT DAYS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	3	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	7	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	8	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	9	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	9	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	10	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	87,351	35,146	122,497	122,497 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,213,197	890,495	3,103,692	14,035 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	2,878,936	1,158,357	4,037,293	3,831 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	71,523	28,778	100,301	145 8.00
9.00 00900	HOUSEKEEPING	0	51,688	20,797	72,485	2,818 9.00
10.00 01000	DIETARY	0	235,486	94,750	330,236	380 10.00
11.00 01100	CAFETERIA	0	270,262	108,742	379,004	1,726 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	4,273 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	60,817	24,470	85,287	1,663 14.00
15.00 01500	PHARMACY	0	224,912	90,495	315,407	4,951 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	231,808	93,270	325,078	3,500 16.00
17.00 01700	SOCIAL SERVICE	0	394,623	158,779	553,402	2,460 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,246 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,022 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,465,496	992,009	3,457,505	21,727 30.00
31.00 03100	INTENSIVE CARE UNIT	0	262,808	105,743	368,551	5,593 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	64 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	42,854	17,243	60,097	699 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,252,501	503,952	1,756,453	9,141 50.00
50.01 05001	ENDOSCOPY	0	0	0	0	0 50.01
50.02 05002	DAY SURGERY	0	0	0	0	0 50.02
51.00 05100	RECOVERY ROOM	0	53,560	21,550	75,110	1,300 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	145,213	58,427	203,640	1,799 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	811,707	326,596	1,138,303	4,941 54.00
54.01 05401	NUCLEAR MEDICINE	0	48,536	19,529	68,065	555 54.01
54.02 05402	ULTRASOUND	0	0	0	0	0 54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0 54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0 54.04
54.05 05407	PET SCAN	0	0	0	0	0 54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	520,165	209,292	729,457	1,007 55.00
57.00 05700	CT SCAN	0	65,021	26,161	91,182	1,676 57.00
58.00 05800	MRI	0	0	0	0	805 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	1,175 59.00
60.00 06000	LABORATORY	0	522,693	210,309	733,002	4,680 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	129,220	51,993	181,213	1,970 65.00
66.00 06600	PHYSICAL THERAPY	0	487,720	196,238	683,958	5,659 66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0 66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0 66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0 66.03
67.00 06700	OCCUPATIONAL THERAPY	0	11,855	4,770	16,625	958 67.00
68.00 06800	SPEECH PATHOLOGY	0	10,771	4,334	15,105	229 68.00
69.00 06900	ELECTROCARDIOLOGY	0	17,240	6,937	24,177	1,519 69.00
69.01 06901	VASCULAR LAB	0	0	0	0	0 69.01
69.02 06902	CARDIAC REHAB	0	99,895	40,194	140,089	904 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	20,491	8,245	28,736	78 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	HEMODIALYSIS	0	0	0	0	0 76.00
76.01 03952	LITHOTRIPSY	0	0	0	0	5 76.01
76.02 03950	WOUND CARE	0	0	0	0	1,285 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0 90.01
91.00 09100	EMERGENCY	0	432,486	174,014	606,500	5,314 91.00
91.01 09101	OP DEPARTMENT	0	101,045	40,656	141,701	351 91.01
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	0 91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,040	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	14,221,880	5,722,271	19,944,151	119,524	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	438	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	577	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	1,051	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	126	194.01
194.02 07952 FOUNDATION	0	0	0	0	400	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	381	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118-201)	0	14,221,880	5,722,271	19,944,151	122,497	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	3,117,727			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	271,588	0	4,312,712	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	14,921	0	34,112	149,479	8.00	
9.00	00900	HOUSEKEEPING	61,731	0	24,652	0	161,686	9.00
10.00	01000	DIETARY	7,291	0	112,314	0	4,269	10.00
11.00	01100	CAFETERIA	55,107	0	128,900	0	4,899	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	75,520	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,961	0	29,006	0	1,102	14.00
15.00	01500	PHARMACY	73,230	0	107,270	0	4,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	70,907	0	110,559	0	4,202	16.00
17.00	01700	SOCIAL SERVICE	56,048	0	188,213	0	7,154	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	34,475	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	50,088	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	429,226	0	1,175,904	114,567	44,696	30.00
31.00	03100	INTENSIVE CARE UNIT	90,034	0	125,345	12,648	4,764	31.00
41.00	04100	SUBPROVIDER - I RF	1,137	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,771	0	20,439	4,235	777	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	221,032	0	597,372	0	22,705	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	22,118	0	25,545	0	971	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,895	0	69,258	0	2,632	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,972	0	387,138	0	14,715	54.00
54.01	05401	NUCLEAR MEDICINE	18,843	0	23,149	0	880	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	41,300	0	248,089	0	9,429	55.00
57.00	05700	CT SCAN	32,362	0	31,011	0	1,179	57.00
58.00	05800	MRI	13,511	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,851	0	0	0	0	59.00
60.00	06000	LABORATORY	149,846	0	249,295	0	9,475	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	39,898	0	61,631	0	2,342	65.00
66.00	06600	PHYSICAL THERAPY	105,880	0	232,615	0	8,841	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	15,046	0	5,654	0	215	67.00
68.00	06800	SPEECH PATHOLOGY	3,883	0	5,137	0	195	68.00
69.00	06900	ELECTROCARDIOLOGY	23,808	0	8,223	0	313	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	15,464	0	47,644	0	1,811	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	8,739	0	9,773	0	371	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,777	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	224,283	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	150,119	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	9,029	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	524	0	0	0	0	76.01
76.02	03950	WOUND CARE	43,488	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	103,982	0	206,271	0	7,840	91.00
91.01	09101	OP DEPARTMENT	9,008	0	48,193	0	1,832	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	16,556	0	0	18,029	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,889,249	0	4,312,712	149,479	161,686	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	15,213	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	133,342	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	24,393	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	9,969	0	0	0	0	194.00
194.01	07951	MARKETING	32,478	0	0	0	0	194.01
194.02	07952	FOUNDATION	7,397	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	5,686	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,117,727	0	4,312,712	149,479	161,686	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	441,472					10.00
11.00	01100		569,636				11.00
12.00	01200			0			12.00
13.00	01300		24,452	0	104,245		13.00
14.00	01400		9,515	0	0	157,534	14.00
15.00	01500		28,331	0	0	479	15.00
16.00	01600		20,027	0	0	0	16.00
17.00	01700		14,079	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		12,856	0	0	0	21.00
22.00	02200		17,296	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	338,366	124,183	0	79,899	6,005	30.00
31.00	03100	37,354	32,009	0	8,820	2,418	31.00
41.00	04100	0	369	0	0	39	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,506	4,001	0	2,953	115	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	52,311	0	0	6,518	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	7,441	0	0	297	51.00
52.00	05200	0	10,298	0	0	0	52.00
54.00	05400	0	28,279	0	0	274	54.00
54.01	05401	0	3,176	0	0	28	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	5,764	0	0	170	55.00
57.00	05700	0	9,594	0	0	176	57.00
58.00	05800	0	4,609	0	0	30	58.00
59.00	05900	0	6,725	0	0	241	59.00
60.00	06000	0	26,781	0	0	730	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	11,274	0	0	685	65.00
66.00	06600	0	32,388	0	0	126	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	5,481	0	0	4	67.00
68.00	06800	0	1,310	0	0	13	68.00
69.00	06900	0	8,691	0	0	118	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	5,171	0	0	26	69.02
70.00	07000	0	445	0	0	1	70.00
71.00	07100	0	0	0	0	45,174	71.00
72.00	07200	0	0	0	0	89,934	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	28	0	0	0	76.01
76.02	03950	0	7,354	0	0	437	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	30,414	0	0	2,734	91.00
91.01	09101	0	2,012	0	0	209	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	53,246	5,953	0	12,573	393	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	441,472	552,617	0	104,245	157,374
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,508	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,303	0	0	0
192.01	19201	CFPC CLINIC	0	6,016	0	0	150
194.00	07950	OFFICE BUILDINGS	0	0	0	0	10
194.01	07951	MARKETING	0	723	0	0	0
194.02	07952	FOUNDATION	0	2,289	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	2,180	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	13,018	0	0	0	0
202.00		TOTAL (sum lines 118-201)	454,490	569,636	0	104,245	157,534

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	533,745				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	534,273			16.00
17.00	01700	SOCIAL SERVICE	0	0	821,356		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	166	36,119	629,528		30.00
31.00	03100	INTENSIVE CARE UNIT	19	7,091	69,496		31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	1,029	23,268		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,090	71,602	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
50.02	05002	DAY SURGERY	0	0	0		50.02
51.00	05100	RECOVERY ROOM	0	6,074	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,648	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	78	37,264	0		54.00
54.01	05401	NUCLEAR MEDICINE	54	5,269	0		54.01
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05	05407	PET SCAN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	15	8,981	0		55.00
57.00	05700	CT SCAN	483	49,112	0		57.00
58.00	05800	MRI	55	15,477	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	19	11,748	0		59.00
60.00	06000	LABORATORY	2	70,524	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	14,194	0		65.00
66.00	06600	PHYSICAL THERAPY	21	11,877	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	1,623	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	691	0		68.00
69.00	06900	ELECTROCARDIOLOGY	102	14,920	0		69.00
69.01	06901	VASCULAR LAB	0	0	0		69.01
69.02	06902	CARDIAC REHAB	0	1,248	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,033	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,104	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,832	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,245	44,862	0		73.00
76.00	03020	HEMODIALYSIS	0	1,359	0		76.00
76.01	03952	LITHOTRIPSY	0	204	0		76.01
76.02	03950	WOUND CARE	31	6,830	0		76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0		90.01
91.00	09100	EMERGENCY	410	48,023	0		91.00
91.01	09101	OP DEPARTMENT	0	1,127	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,408	99,064		92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	524,790	534,273	821,356	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201 CFPC CLINIC	8,955	0	0			192.01
194.00	07950 OFFICE BUILDINGS	0	0	0			194.00
194.01	07951 MARKETING	0	0	0			194.01
194.02	07952 FOUNDATION	0	0	0			194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0			194.04
200.00	Cross Foot Adjustments				0		0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	533,745	534,273	821,356	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am
-------------------------------------	--	----------------------	---	---

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	49,577			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		70,406		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS			6,457,891	0 30.00
31.00 03100	INTENSIVE CARE UNIT			764,142	0 31.00
41.00 04100	SUBPROVIDER - I RF			1,609	0 41.00
42.00 04200	SUBPROVIDER			0	0 42.00
43.00 04300	NURSERY			136,890	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM			2,744,224	0 50.00
50.01 05001	ENDOSCOPY			0	0 50.01
50.02 05002	DAY SURGERY			0	0 50.02
51.00 05100	RECOVERY ROOM			138,856	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			327,170	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			1,728,964	0 54.00
54.01 05401	NUCLEAR MEDICINE			120,019	0 54.01
54.02 05402	ULTRASOUND			0	0 54.02
54.03 05405	GRANT SQUARE IMAGING			0	0 54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY			0	0 54.04
54.05 05407	PET SCAN			0	0 54.05
55.00 05500	RADIOLOGY-THERAPEUTIC			1,044,212	0 55.00
57.00 05700	CT SCAN			216,775	0 57.00
58.00 05800	MRI			34,487	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			38,759	0 59.00
60.00 06000	LABORATORY			1,244,335	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
65.00 06500	RESPIRATORY THERAPY			313,207	0 65.00
66.00 06600	PHYSICAL THERAPY			1,081,365	0 66.00
66.01 06601	FAIRVIEW REHAB CTR			0	0 66.01
66.02 06602	WESTCHESTER REHAB CTR			0	0 66.02
66.03 06603	LAGRANGE REHAB CTR			0	0 66.03
67.00 06700	OCCUPATIONAL THERAPY			45,606	0 67.00
68.00 06800	SPEECH PATHOLOGY			26,563	0 68.00
69.00 06900	ELECTROCARDIOLOGY			81,871	0 69.00
69.01 06901	VASCULAR LAB			0	0 69.01
69.02 06902	CARDIAC REHAB			212,357	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY			50,176	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			189,055	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			345,049	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			711,226	0 73.00
76.00 03020	HEMODIALYSIS			10,388	0 76.00
76.01 03952	LI THOTRI PSY			761	0 76.01
76.02 03950	WOUND CARE			59,425	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY			0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0 89.00
90.01 09001	PAIN MGMT CLINIC			0	0 90.01
91.00 09100	EMERGENCY			1,011,488	0 91.00
91.01 09101	OP DEPARTMENT			204,433	0 91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
91.02	09102	MEDICAL ONCOLOGY			0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)			212,262	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF			0	0	99.10
101.00	10100	HOME HEALTH AGENCY			0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION			0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	19,553,565	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			18,159	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			137,222	0	192.00
192.01	19201	CFPC CLINIC			40,565	0	192.01
194.00	07950	OFFICE BUILDINGS			9,979	0	194.00
194.01	07951	MARKETING			33,327	0	194.01
194.02	07952	FOUNDATION			10,086	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS			8,247	0	194.03
194.04	07954	HHA TRANSITIONAL CARE			0	0	194.04
200.00		Cross Foot Adjustments	49,577	70,406	0	119,983	0
201.00		Negative Cost Centers	0	0	0	13,018	0
202.00		TOTAL (sum lines 118-201)	49,577	70,406	0	19,944,151	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am
-------------------------------------	--	----------------------	---	---

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05405	GRANT SQUARE IMAGING	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05407	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description		Total		
		26.00		
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		<b>SUBTOTALS (SUM OF LINES 1-117)</b>	<b>19,553,565</b>	<b>118.00</b>
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,159	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	137,222	192.00
192.01	19201	CFPC CLINIC	40,565	192.01
194.00	07950	OFFICE BUILDINGS	9,979	194.00
194.01	07951	MARKETING	33,327	194.01
194.02	07952	FOUNDATION	10,086	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	8,247	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	194.04
200.00		Cross Foot Adjustments	119,983	200.00
201.00		Negative Cost Centers	13,018	201.00
202.00		<b>TOTAL (sum lines 118-201)</b>	<b>19,944,151</b>	<b>202.00</b>

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	433,083				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		433,083			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,660	2,660	70,714,183		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,396	67,396	8,103,408	-32,087,298	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	87,669	87,669	2,212,128	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,178	2,178	83,784	0	8.00
9.00	00900	HOUSEKEEPING	1,574	1,574	1,627,278	0	9.00
10.00	01000	DIETARY	7,171	7,171	219,126	0	10.00
11.00	01100	CAFETERIA	8,230	8,230	996,371	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,466,872	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,852	1,852	959,976	0	14.00
15.00	01500	PHARMACY	6,849	6,849	2,858,293	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,059	7,059	2,020,522	0	16.00
17.00	01700	SOCIAL SERVICE	12,017	12,017	1,420,423	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,297,037	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,744,942	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	75,079	75,079	12,531,216	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,003	8,003	3,229,320	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	37,196	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,305	1,305	403,694	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	38,141	38,141	5,277,513	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,631	1,631	750,738	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,422	4,422	1,038,909	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,718	24,718	2,852,982	0	54.00
54.01	05401	NUCLEAR MEDICINE	1,478	1,478	320,424	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	15,840	15,840	581,481	0	55.00
57.00	05700	CT SCAN	1,980	1,980	967,946	0	57.00
58.00	05800	MRI	0	0	464,982	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	678,495	0	59.00
60.00	06000	LABORATORY	15,917	15,917	2,701,838	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,935	3,935	1,137,453	0	65.00
66.00	06600	PHYSICAL THERAPY	14,852	14,852	3,267,543	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	361	361	552,933	0	67.00
68.00	06800	SPEECH PATHOLOGY	328	328	132,206	0	68.00
69.00	06900	ELECTROCARDIOLOGY	525	525	876,846	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	3,042	3,042	521,693	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	624	624	44,919	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	0	0	2,875	0	76.01
76.02	03950	WOUND CARE	0	0	741,971	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	13,170	13,170	3,068,382	0	91.00
91.01	09101	OP DEPARTMENT	3,077	3,077	202,940	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	600,619	0	768,525	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	433,083	433,083	68,997,274	-32,087,298	134,124,481	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	252,999	0	706,179	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	333,187	0	6,189,841	192.00
192.01 19201 CFPC CLINIC	0	0	606,901	0	1,132,348	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	462,758	194.00
194.01 07951 MARKETING	0	0	72,908	0	1,507,655	194.01
194.02 07952 FOUNDATION	0	0	230,970	0	343,378	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	219,944	0	263,962	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	14,221,880	5,722,271	11,300,404		32,087,298	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	32.838694	13.212874	0.159804		0.221704	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			122,497		3,117,727	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001732		0.021542	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		275,358				7.00
8.00	00800	0	2,178	45,502			8.00
9.00	00900	0	1,574	0	271,606		9.00
10.00	01000	0	7,171	0	7,171	45,502	10.00
11.00	01100	0	8,230	0	8,230	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	1,852	0	1,852	0	14.00
15.00	01500	0	6,849	0	6,849	0	15.00
16.00	01600	0	7,059	0	7,059	0	16.00
17.00	01700	0	12,017	0	12,017	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	75,079	34,875	75,079	34,875	30.00
31.00	03100	0	8,003	3,850	8,003	3,850	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,305	1,289	1,305	1,289	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	38,141	0	38,141	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	1,631	0	1,631	0	51.00
52.00	05200	0	4,422	0	4,422	0	52.00
54.00	05400	0	24,718	0	24,718	0	54.00
54.01	05401	0	1,478	0	1,478	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	15,840	0	15,840	0	55.00
57.00	05700	0	1,980	0	1,980	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	15,917	0	15,917	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,935	0	3,935	0	65.00
66.00	06600	0	14,852	0	14,852	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	361	0	361	0	67.00
68.00	06800	0	328	0	328	0	68.00
69.00	06900	0	525	0	525	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,042	0	3,042	0	69.02
70.00	07000	0	624	0	624	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	13,170	0	13,170	0	91.00
91.01	09101	0	3,077	0	3,077	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	5,488	0	5,488	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		MAINTENANCE & REPAIRS (SQURE FEET)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQURE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	275,358	45,502	271,606	45,502	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	15,402,468	968,023	3,588,993	909,346	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	55.936156	21.274296	13.213968	19.984748	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	4,312,712	149,479	161,686	454,490	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	15.662200	3.285108	0.595296	9.702255	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description			CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	57,472,088					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,466,872	0	45,502			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	959,976	0	0	18,200,137		14.00
15.00	01500	PHARMACY	2,858,293	0	0	55,343	6,887,733	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,020,522	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,420,423	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,297,037	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,744,942	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	12,531,216	0	34,875	693,780	2,139	30.00
31.00	03100	INTENSIVE CARE UNIT	3,229,320	0	3,850	279,388	245	31.00
41.00	04100	SUBPROVIDER - I RF	37,196	0	0	4,493	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	403,694	0	1,289	13,330	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,277,513	0	0	752,995	91,492	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	750,738	0	0	34,336	5	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,038,909	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,852,982	0	0	31,657	1,009	54.00
54.01	05401	NUCLEAR MEDICINE	320,424	0	0	3,178	700	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	581,481	0	0	19,656	188	55.00
57.00	05700	CT SCAN	967,946	0	0	20,376	6,234	57.00
58.00	05800	MRI	464,982	0	0	3,419	714	58.00
59.00	05900	CARDIAC CATHETERIZATION	678,495	0	0	27,883	251	59.00
60.00	06000	LABORATORY	2,701,838	0	0	84,363	30	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,137,453	0	0	79,143	0	65.00
66.00	06600	PHYSICAL THERAPY	3,267,543	0	0	14,551	272	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	552,933	0	0	411	0	67.00
68.00	06800	SPEECH PATHOLOGY	132,206	0	0	1,525	0	68.00
69.00	06900	ELECTROCARDIOLOGY	876,846	0	0	13,623	1,311	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	521,693	0	0	3,044	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	44,919	0	0	151	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,218,766	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,390,228	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,661,899	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	2,875	0	0	0	0	76.01
76.02	03950	WOUND CARE	741,971	0	0	50,535	394	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	3,068,382	0	0	315,806	5,290	91.00
91.01	09101	OP DEPARTMENT	202,940	0	0	24,158	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	600,619	0	5,488	45,427	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	55,755,179	0	45,502	18,181,565	6,772,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	252,999	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	333,187	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	606,901	0	0	17,361	115,560	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	1,211	0	194.00
194.01	07951 MARKETING	72,908	0	0	0	0	194.01
194.02	07952 FOUNDATION	230,970	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	219,944	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,694,349	0	4,441,499	1,945,650	4,816,331	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.064281	0.000000	97.611072	0.106903	0.699262	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	569,636	0	104,245	157,534	533,745	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009912	0.000000	2.290998	0.008656	0.077492	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	671,878,103					16.00
17.00 01700 SOCIAL SERVICE	0	45,502				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			45,920	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	45,432,573	34,875		0	28,177	30.00
31.00 03100 INTENSIVE CARE UNIT	8,919,575	3,850		0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	1,294,208	1,289		0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	89,905,030	0	0	0	3,664	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	7,640,160	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,330,653	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	46,872,538	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE	6,627,193	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	11,297,157	0	0	0	0	55.00
57.00 05700 CT SCAN	61,775,948	0	0	0	0	57.00
58.00 05800 MRI	19,467,906	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	14,776,790	0	0	0	0	59.00
60.00 06000 LABORATORY	88,708,827	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	17,854,714	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	14,939,510	0	0	0	798	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	2,041,567	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	869,746	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	18,766,771	0	0	0	1,151	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	1,569,836	0	0	0	969	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	2,557,547	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	32,835,211	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	38,782,327	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	56,429,888	0	0	0	0	73.00
76.00 03020 HEMODIALYSIS	1,709,954	0	0	0	0	76.00
76.01 03952 LI THOTRI PSY	256,158	0	0	0	0	76.01
76.02 03950 WOUND CARE	8,590,649	0	0	0	1,276	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	60,405,983	0	0	0	3,256	91.00
91.01 09101 OP DEPARTMENT	1,417,719	0	0	0	1,311	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,801,965	5,488	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	671,878,103	45,502	0	40,602	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	5,318	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,639,314	4,100,941	0	2,038,541	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006905	90.126610	0.000000	44.393314	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	534,273	821,356	0	49,577	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000795	18.050987	0.000000	1.079639	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
		22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	45,920		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	28,177	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	3,664	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	798	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,151	0	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	969	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LI THOTRI PSY	0	0	76.01
76.02	03950	WOUND CARE	1,276	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	3,256	0	91.00
91.01	09101	OP DEPARTMENT	1,311	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet B-1

Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMETERED PRGM (ASSIGNED TIME)		
		22.00	23.00		
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,602	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,318	0	192.00
192.01	19201	CFPC CLINIC	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,952,771	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	64.302504	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,406	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.533232	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:32 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		38,718,836	0	38,718,836	30.00
31.00	03100 INTENSIVE CARE UNIT		6,840,318	0	6,840,318	31.00
41.00	04100 SUBPROVIDER - I RF		67,357	0	67,357	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		805,742	0	805,742	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		16,277,269	0	16,277,269	50.00
50.01	05001 ENDOSCOPY		0	0	0	50.01
50.02	05002 DAY SURGERY		0	0	0	50.02
51.00	05100 RECOVERY ROOM		1,471,852	0	1,471,852	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,487,988	0	2,487,988	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,910,887	0	8,910,887	54.00
54.01	05401 NUCLEAR MEDICINE		1,238,008	0	1,238,008	54.01
54.02	05402 ULTRASOUND		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04
54.05	05407 PET SCAN		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC		3,555,186	0	3,555,186	55.00
57.00	05700 CT SCAN		2,467,598	0	2,467,598	57.00
58.00	05800 MRI		931,436	0	931,436	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,217,919	0	1,217,919	59.00
60.00	06000 LABORATORY		10,394,072	0	10,394,072	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,739,674	0	2,739,674	65.00
66.00	06600 PHYSICAL THERAPY	0	7,346,704	0	7,346,704	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	927,972	0	927,972	67.00
68.00	06800 SPEECH PATHOLOGY	0	257,563	0	257,563	68.00
69.00	06900 ELECTROCARDIOLOGY		1,574,852	0	1,574,852	69.00
69.01	06901 VASCULAR LAB		0	0	0	69.01
69.02	06902 CARDIAC REHAB		1,132,086	0	1,132,086	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		559,311	0	559,311	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,464,103	0	7,464,103	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,098,224	0	14,098,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,561,692	0	13,561,692	73.00
76.00	03020 HEMODIALYSIS		523,839	0	523,839	76.00
76.01	03952 LI THOTRI PSY		31,683	0	31,683	76.01
76.02	03950 WOUND CARE		2,578,995	0	2,578,995	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC		0	0	0	90.01
91.00	09100 EMERGENCY		7,459,598	0	7,459,598	91.00
91.01	09101 OP DEPARTMENT		749,051	0	749,051	91.01
91.02	09102 MEDICAL ONCOLOGY		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,556,032	0	2,556,032	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,286,076	0	2,286,076	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		161,231,923	0	161,231,923	200.00
201.00	Less Observation Beds		2,556,032	0	2,556,032	201.00
202.00	Total (see instructions)		158,675,891	0	158,675,891	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	41,142,380		41,142,380		30.00
31.00	03100	INTENSIVE CARE UNIT	8,919,575		8,919,575		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,294,208		1,294,208		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,176,900	50,728,130	89,905,030	0.181050	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,215,680	4,424,480	7,640,160	0.192647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,862,209	468,444	3,330,653	0.746997	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,258,835	34,613,703	46,872,538	0.190109	54.00
54.01	05401	NUCLEAR MEDICINE	2,504,654	4,122,539	6,627,193	0.186807	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	524,037	10,773,120	11,297,157	0.314697	55.00
57.00	05700	CT SCAN	19,474,576	42,301,372	61,775,948	0.039944	57.00
58.00	05800	MRI	5,112,686	14,355,220	19,467,906	0.047845	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,001,679	5,775,111	14,776,790	0.082421	59.00
60.00	06000	LABORATORY	48,743,508	39,965,319	88,708,827	0.117171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,519,035	1,335,679	17,854,714	0.153443	65.00
66.00	06600	PHYSICAL THERAPY	5,041,492	9,898,018	14,939,510	0.491763	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,872,646	168,921	2,041,567	0.454539	67.00
68.00	06800	SPEECH PATHOLOGY	804,235	65,511	869,746	0.296136	68.00
69.00	06900	ELECTROCARDIOLOGY	9,394,246	9,372,525	18,766,771	0.083917	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	49,293	1,520,543	1,569,836	0.721149	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	313,025	2,244,522	2,557,547	0.218690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,972,015	15,863,196	32,835,211	0.227320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,706,288	13,076,039	38,782,327	0.363522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,307,275	15,122,613	56,429,888	0.240328	73.00
76.00	03020	HEMODIALYSIS	1,676,874	33,080	1,709,954	0.306347	76.00
76.01	03952	LITHOTRIPSY	31,817	224,341	256,158	0.123685	76.01
76.02	03950	WOUND CARE	118,017	8,472,632	8,590,649	0.300210	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	19,163,553	41,242,430	60,405,983	0.123491	91.00
91.01	09101	OP DEPARTMENT	20,035	1,397,684	1,417,719	0.528349	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	976,306	3,313,887	4,290,193	0.595785	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	834,688	5,967,277	6,801,965	0.336091	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	335,031,767	336,846,336	671,878,103		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	335,031,767	336,846,336	671,878,103		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.181050		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
50.02	05002 DAY SURGERY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.192647		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.746997		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.190109		54.00
54.01	05401 NUCLEAR MEDICINE	0.186807		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407 PET SCAN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.314697		55.00
57.00	05700 CT SCAN	0.039944		57.00
58.00	05800 MRI	0.047845		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082421		59.00
60.00	06000 LABORATORY	0.117171		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.153443		65.00
66.00	06600 PHYSICAL THERAPY	0.491763		66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700 OCCUPATIONAL THERAPY	0.454539		67.00
68.00	06800 SPEECH PATHOLOGY	0.296136		68.00
69.00	06900 ELECTROCARDIOLOGY	0.083917		69.00
69.01	06901 VASCULAR LAB	0.000000		69.01
69.02	06902 CARDIAC REHAB	0.721149		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218690		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.227320		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.363522		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.240328		73.00
76.00	03020 HEMODIALYSIS	0.306347		76.00
76.01	03952 LI THOTRI PSY	0.123685		76.01
76.02	03950 WOUND CARE	0.300210		76.02
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.01	09001 PAIN MGMT CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.123491		91.00
91.01	09101 OP DEPARTMENT	0.528349		91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.595785		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.336091		92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:32 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		38,718,836	0	38,718,836	30.00
31.00	03100 INTENSIVE CARE UNIT		6,840,318	0	6,840,318	31.00
41.00	04100 SUBPROVIDER - I RF		67,357	0	67,357	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		805,742	0	805,742	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		16,277,269	0	16,277,269	50.00
50.01	05001 ENDOSCOPY		0	0	0	50.01
50.02	05002 DAY SURGERY		0	0	0	50.02
51.00	05100 RECOVERY ROOM		1,471,852	0	1,471,852	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,487,988	0	2,487,988	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,910,887	0	8,910,887	54.00
54.01	05401 NUCLEAR MEDICINE		1,238,008	0	1,238,008	54.01
54.02	05402 ULTRASOUND		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04
54.05	05407 PET SCAN		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC		3,555,186	0	3,555,186	55.00
57.00	05700 CT SCAN		2,467,598	0	2,467,598	57.00
58.00	05800 MRI		931,436	0	931,436	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,217,919	0	1,217,919	59.00
60.00	06000 LABORATORY		10,394,072	0	10,394,072	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,739,674	0	2,739,674	65.00
66.00	06600 PHYSICAL THERAPY	0	7,346,704	0	7,346,704	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	927,972	0	927,972	67.00
68.00	06800 SPEECH PATHOLOGY	0	257,563	0	257,563	68.00
69.00	06900 ELECTROCARDIOLOGY		1,574,852	0	1,574,852	69.00
69.01	06901 VASCULAR LAB		0	0	0	69.01
69.02	06902 CARDIAC REHAB		1,132,086	0	1,132,086	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		559,311	0	559,311	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,464,103	0	7,464,103	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,098,224	0	14,098,224	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,561,692	0	13,561,692	73.00
76.00	03020 HEMODIALYSIS		523,839	0	523,839	76.00
76.01	03952 LI THOTRI PSY		31,683	0	31,683	76.01
76.02	03950 WOUND CARE		2,578,995	0	2,578,995	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC		0	0	0	90.01
91.00	09100 EMERGENCY		7,459,598	0	7,459,598	91.00
91.01	09101 OP DEPARTMENT		749,051	0	749,051	91.01
91.02	09102 MEDICAL ONCOLOGY		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,556,032	0	2,556,032	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		2,286,076	0	2,286,076	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		161,231,923	0	161,231,923	200.00
201.00	Less Observation Beds		2,556,032	0	2,556,032	201.00
202.00	Total (see instructions)		158,675,891	0	158,675,891	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	41,142,380		41,142,380		30.00
31.00	03100	INTENSIVE CARE UNIT	8,919,575		8,919,575		31.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,294,208		1,294,208		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	39,176,900	50,728,130	89,905,030	0.181050	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	3,215,680	4,424,480	7,640,160	0.192647	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,862,209	468,444	3,330,653	0.746997	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,258,835	34,613,703	46,872,538	0.190109	54.00
54.01	05401	NUCLEAR MEDICINE	2,504,654	4,122,539	6,627,193	0.186807	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	524,037	10,773,120	11,297,157	0.314697	55.00
57.00	05700	CT SCAN	19,474,576	42,301,372	61,775,948	0.039944	57.00
58.00	05800	MRI	5,112,686	14,355,220	19,467,906	0.047845	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,001,679	5,775,111	14,776,790	0.082471	59.00
60.00	06000	LABORATORY	48,743,508	39,965,319	88,708,827	0.117171	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,519,035	1,335,679	17,854,714	0.153443	65.00
66.00	06600	PHYSICAL THERAPY	5,041,492	9,898,018	14,939,510	0.491763	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,872,646	168,921	2,041,567	0.454539	67.00
68.00	06800	SPEECH PATHOLOGY	804,235	65,511	869,746	0.296136	68.00
69.00	06900	ELECTROCARDIOLOGY	9,394,246	9,372,525	18,766,771	0.083917	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	49,293	1,520,543	1,569,836	0.721149	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	313,025	2,244,522	2,557,547	0.218690	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,972,015	15,863,196	32,835,211	0.227320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,706,288	13,076,039	38,782,327	0.363522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,307,275	15,122,613	56,429,888	0.240328	73.00
76.00	03020	HEMODIALYSIS	1,676,874	33,080	1,709,954	0.306347	76.00
76.01	03952	LITHOTRIpsy	31,817	224,341	256,158	0.123685	76.01
76.02	03950	WOUND CARE	118,017	8,472,632	8,590,649	0.300210	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	19,163,553	41,242,430	60,405,983	0.123491	91.00
91.01	09101	OP DEPARTMENT	20,035	1,397,684	1,417,719	0.528349	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	976,306	3,313,887	4,290,193	0.595785	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	834,688	5,967,277	6,801,965	0.336091	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	335,031,767	336,846,336	671,878,103		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	335,031,767	336,846,336	671,878,103		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 10:32 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	ENDOSCOPY	0.000000	50.01
50.02	05002	DAY SURGERY	0.000000	50.02
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	54.01
54.02	05402	ULTRASOUND	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	54.04
54.05	05407	PET SCAN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	66.03
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
69.01	06901	VASCULAR LAB	0.000000	69.01
69.02	06902	CARDIAC REHAB	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
76.00	03020	HEMODIALYSIS	0.000000	76.00
76.01	03952	LITHOTRIPSY	0.000000	76.01
76.02	03950	WOUND CARE	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
91.01	09101	OP DEPARTMENT	0.000000	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,457,891	0	6,457,891	37,340	172.95	30.00
31.00	INTENSIVE CARE UNIT	764,142		764,142	3,850	198.48	31.00
41.00	SUBPROVIDER - IRF	1,609	0	1,609	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	136,890		136,890	1,289	106.20	43.00
200.00	Total (lines 30-199)	7,360,532		7,360,532	42,479		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	21,031	3,637,311				
31.00	INTENSIVE CARE UNIT	2,277	451,939				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	23,308	4,089,250				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/27/2015 10:32 am
--	--	----------------------	---	---

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	2,744,224	89,905,030	0.030524	19,649,571	599,784	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	138,856	7,640,160	0.018174	1,567,261	28,483	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	327,170	3,330,653	0.098230	10,557	1,037	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,728,964	46,872,538	0.036887	7,539,337	278,104	54.00
54.01	05401 NUCLEAR MEDICINE	120,019	6,627,193	0.018110	1,611,022	29,176	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	1,044,212	11,297,157	0.092431	333,100	30,789	55.00
57.00	05700 CT SCAN	216,775	61,775,948	0.003509	10,850,534	38,075	57.00
58.00	05800 MRI	34,487	19,467,906	0.001771	2,735,323	4,844	58.00
59.00	05900 CARDIAC CATHETERIZATION	38,759	14,776,790	0.002623	4,564,859	11,974	59.00
60.00	06000 LABORATORY	1,244,335	88,708,827	0.014027	28,945,389	406,017	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	313,207	17,854,714	0.017542	11,101,707	194,746	65.00
66.00	06600 PHYSICAL THERAPY	1,081,365	14,939,510	0.072383	3,477,322	251,699	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	45,606	2,041,567	0.022339	1,270,282	28,377	67.00
68.00	06800 SPEECH PATHOLOGY	26,563	869,746	0.030541	601,717	18,377	68.00
69.00	06900 ELECTROCARDIOLOGY	81,871	18,766,771	0.004363	5,806,698	25,335	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	212,357	1,569,836	0.135273	49,293	6,668	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	50,176	2,557,547	0.019619	199,017	3,905	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	189,055	32,835,211	0.005758	8,561,007	49,294	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	345,049	38,782,327	0.008897	13,754,545	122,374	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	711,226	56,429,888	0.012604	24,266,198	305,851	73.00
76.00	03020 HEMODIALYSIS	10,388	1,709,954	0.006075	1,149,128	6,981	76.00
76.01	03952 LI THOTRI PSY	761	256,158	0.002971	0	0	76.01
76.02	03950 WOUND CARE	59,425	8,590,649	0.006917	114,456	792	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	1,011,488	60,405,983	0.016745	11,163,707	186,936	91.00
91.01	09101 OP DEPARTMENT	204,433	1,417,719	0.144199	18,998	2,739	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	426,318	4,290,193	0.099370	732,829	72,821	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	212,262	6,801,965	0.031206	567,168	17,699	92.01
200.00	Total (lines 50-199)	12,619,351	620,521,940		160,641,025	2,722,877	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 10:32 am
---	----------------------	---	--

Cost Center Description	Title XVIII				Hospital		PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,340	0.00	21,031	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,850	0.00	2,277	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	1,289	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	42,479		23,308	0	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
	12.00	13.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:32 am
--	----------------------	---	---

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>									
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:32 am
--	----------------------	---------------------------------------	--

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges
				PPS		
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	89,905,030	0.000000	0.000000	19,649,571	50.00
50.01 05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02 05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	0	7,640,160	0.000000	0.000000	1,567,261	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,330,653	0.000000	0.000000	10,557	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	46,872,538	0.000000	0.000000	7,539,337	54.00
54.01 05401 NUCLEAR MEDICINE	0	6,627,193	0.000000	0.000000	1,611,022	54.01
54.02 05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05 05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	11,297,157	0.000000	0.000000	333,100	55.00
57.00 05700 CT SCAN	0	61,775,948	0.000000	0.000000	10,850,534	57.00
58.00 05800 MRI	0	19,467,906	0.000000	0.000000	2,735,323	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	14,776,790	0.000000	0.000000	4,564,859	59.00
60.00 06000 LABORATORY	0	88,708,827	0.000000	0.000000	28,945,389	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	17,854,714	0.000000	0.000000	11,101,707	65.00
66.00 06600 PHYSICAL THERAPY	0	14,939,510	0.000000	0.000000	3,477,322	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	2,041,567	0.000000	0.000000	1,270,282	67.00
68.00 06800 SPEECH PATHOLOGY	0	869,746	0.000000	0.000000	601,717	68.00
69.00 06900 ELECTROCARDIOLOGY	0	18,766,771	0.000000	0.000000	5,806,698	69.00
69.01 06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02 06902 CARDIAC REHAB	0	1,569,836	0.000000	0.000000	49,293	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,557,547	0.000000	0.000000	199,017	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,835,211	0.000000	0.000000	8,561,007	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	38,782,327	0.000000	0.000000	13,754,545	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	56,429,888	0.000000	0.000000	24,266,198	73.00
76.00 03020 HEMODIALYSIS	0	1,709,954	0.000000	0.000000	1,149,128	76.00
76.01 03952 LI THOTRI PSY	0	256,158	0.000000	0.000000	0	76.01
76.02 03950 WOUND CARE	0	8,590,649	0.000000	0.000000	114,456	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	60,405,983	0.000000	0.000000	11,163,707	91.00
91.01 09101 OP DEPARTMENT	0	1,417,719	0.000000	0.000000	18,998	91.01
91.02 09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,290,193	0.000000	0.000000	732,829	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	6,801,965	0.000000	0.000000	567,168	92.01
200.00 Total (lines 50-199)	0	620,521,940			160,641,025	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:32 am
--	----------------------	---	---

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	16,370,530	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	1,063,771	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	235	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,647,583	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	1,938,660	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,949,081	0	0	0	55.00
57.00	05700 CT SCAN	0	14,698,573	0	0	0	57.00
58.00	05800 MRI	0	4,441,051	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,382,119	0	0	0	59.00
60.00	06000 LABORATORY	0	8,833,677	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	568,292	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	300	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,230,500	0	0	0	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	885,876	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	729,123	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,853,743	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,334,796	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,844,808	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	4,227	0	0	0	76.00
76.01	03952 LI THOTRI PSY	0	37,244	0	0	0	76.01
76.02	03950 WOUND CARE	0	5,474,620	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	9,830,338	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0	949,144	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,593,591	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	2,484,226	0	0	0	92.01
200.00	Total (lines 50-199)	0	111,146,108	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 10:32 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
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
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03952 LI THOTRI PSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.181050	16,370,530	0	0	2,963,884	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.192647	1,063,771	0	0	204,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.746997	235	0	0	176	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190109	10,647,583	0	0	2,024,201	54.00
54.01	05401	NUCLEAR MEDICINE	0.186807	1,938,660	0	0	362,155	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314697	4,949,081	0	0	1,557,461	55.00
57.00	05700	CT SCAN	0.039944	14,698,573	0	0	587,120	57.00
58.00	05800	MRI	0.047845	4,441,051	0	0	212,482	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082421	3,382,119	0	0	278,758	59.00
60.00	06000	LABORATORY	0.117171	8,833,677	0	0	1,035,051	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.153443	568,292	0	0	87,200	65.00
66.00	06600	PHYSICAL THERAPY	0.491763	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.454539	300	0	0	136	67.00
68.00	06800	SPEECH PATHOLOGY	0.296136	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083917	3,230,500	0	0	271,094	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.721149	885,876	0	0	638,849	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218690	729,123	0	0	159,452	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.227320	5,853,743	0	0	1,330,673	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363522	6,334,796	0	0	2,302,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240328	6,844,808	46,777	131,521	1,644,999	73.00
76.00	03020	HEMODIALYSIS	0.306347	4,227	0	0	1,295	76.00
76.01	03952	LITHOTRIpsy	0.123685	37,244	0	0	4,607	76.01
76.02	03950	WOUND CARE	0.300210	5,474,620	0	0	1,643,536	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.123491	9,830,338	0	0	1,213,958	91.00
91.01	09101	OP DEPARTMENT	0.528349	949,144	0	0	501,479	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.595785	1,593,591	0	0	949,438	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.336091	2,484,226	0	0	834,926	92.01
200.00		Subtotal (see instructions)		111,146,108	46,777	131,521	20,810,700	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		111,146,108	46,777	131,521	20,810,700	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	05001	ENDOSCOPY	0	0			50.01
50.02	05002	DAY SURGERY	0	0			50.02
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	05401	NUCLEAR MEDICINE	0	0			54.01
54.02	05402	ULTRASOUND	0	0			54.02
54.03	05405	GRANT SQUARE IMAGING	0	0			54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0			54.04
54.05	05407	PET SCAN	0	0			54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0			66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0			66.02
66.03	06603	LAGRANGE REHAB CTR	0	0			66.03
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
69.01	06901	VASCULAR LAB	0	0			69.01
69.02	06902	CARDIAC REHAB	0	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,242	31,608			73.00
76.00	03020	HEMODIALYSIS	0	0			76.00
76.01	03952	LITHOTRIpsy	0	0			76.01
76.02	03950	WOUND CARE	0	0			76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.01	09001	PAIN MGMT CLINIC	0	0			90.01
91.00	09100	EMERGENCY	0	0			91.00
91.01	09101	OP DEPARTMENT	0	0			91.01
91.02	09102	MEDICAL ONCOLOGY	0	0			91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0			92.01
200.00		Subtotal (see instructions)	11,242	31,608			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	11,242	31,608			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 10:32 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,340	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,340	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,875	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)		21,031	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		38,718,836	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)		38,718,836	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		38,718,836	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,036.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,807,675	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)		21,807,675	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 10:32 am	
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)	
NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,840,318	3,850	1,776.71	2,277	4,045,569	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)					29,954,251	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,807,495	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)					4,089,250	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,722,877	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,812,127	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,995,368	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,465	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,036.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,556,032	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 10:32 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,457,891	38,718,836	0.166789	2,556,032	426,318	90.00
91.00	Nursing School cost	0	38,718,836	0.000000	2,556,032	0	91.00
92.00	Allied health cost	0	38,718,836	0.000000	2,556,032	0	92.00
93.00	All other Medical Education	0	38,718,836	0.000000	2,556,032	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 10:32 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		24,122,457	30.00
31.00	03100	INTENSIVE CARE UNIT		5,270,061	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.181050	19,649,571	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.192647	1,567,261	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.746997	10,557	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.190109	7,539,337	54.00
54.01	05401	NUCLEAR MEDICINE	0.186807	1,611,022	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.314697	333,100	55.00
57.00	05700	CT SCAN	0.039944	10,850,534	57.00
58.00	05800	MRI	0.047845	2,735,323	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082421	4,564,859	59.00
60.00	06000	LABORATORY	0.117171	28,945,389	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.153443	11,101,707	65.00
66.00	06600	PHYSICAL THERAPY	0.491763	3,477,322	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.454539	1,270,282	67.00
68.00	06800	SPEECH PATHOLOGY	0.296136	601,717	68.00
69.00	06900	ELECTROCARDIOLOGY	0.083917	5,806,698	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.721149	49,293	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218690	199,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.227320	8,561,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.363522	13,754,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.240328	24,266,198	73.00
76.00	03020	HEMODIALYSIS	0.306347	1,149,128	76.00
76.01	03952	LI THOTRI PSY	0.123685	0	76.01
76.02	03950	WOUND CARE	0.300210	114,456	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.123491	11,163,707	91.00
91.01	09101	OP DEPARTMENT	0.528349	18,998	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.595785	732,829	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.336091	567,168	92.01
200.00		Total (sum of lines 50-94 and 96-98)		160,641,025	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)		160,641,025	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		30,637,670		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		8,382,432		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		792,793		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		5,444,882		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.89		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		19.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.35		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), 64 FR 26340 (May 12, 1998), and 67 FR 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)		18.65		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.37		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		18.65		12.00
13.00	Total allowable FTE count for the prior year.		18.65		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.		18.65		14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.65		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		18.65		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104254		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.103732		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.103732		21.00
22.00	IME payment adjustment (see instructions)		2,448,064		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.72		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
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment ( sum of lines 22 and 28)		2,448,064		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.22		30.00
31.00	Percentage of Medicaid patient days (see instructions)		8.10		31.00
32.00	Sum of lines 30 and 31		9.32		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		0		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000084876	0.000095876	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		42,260,959		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		42,260,959		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,493,488		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,555,704		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		6,852		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,317,003		59.00
60.00	Primary payer payments		41,741		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,275,262		61.00
62.00	Deductibles billed to program beneficiaries		4,023,546		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinurance billed to program beneficiaries		111,960		63.00
64.00	Allowable bad debts (see instructions)		498,219		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		323,842		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		385,809		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		43,463,598		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (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	MSP RECON		3		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		171,549		70.93
70.94	HRR adjustment amount (see instructions)		-183,405		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
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		43,451,745		71.00
71.01	Sequestration adjustment (see instructions)		869,035		71.01
72.00	Interim payments		42,731,795		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)		-149,085		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 1, 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: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2015 10:32 am	
		PPS					
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.22	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	8.10	0.00			8.10	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	9.32	0.00			8.10	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	178.89	0.00			178.89	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.22	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	2,358	0			2,358	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	130	0			130	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	761	0			761	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	3,249	0			3,249	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	40,014	0			40,014	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	94	0			94	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	40,108	0			40,108	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	8.10	0.00			8.10	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140065		Period: From 11/01/2013 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	6.19		0.00	True	29.00
30.00	Line 28 or 29 as applicable		6.19		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	6.99		29.00
30.00	Line 28 or 29 as applicable	6.99		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2015 10:32 am

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,637,670	0	30,637,670	0	30,637,670	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,382,432	0	0	8,382,432	8,382,432	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	792,793	0	131,702	661,091	792,793	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,444,882	0	522,415	4,922,467	5,444,882	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.103732	0.103732	0.103732	0.103732		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,448,064	0	1,715,549	732,515	2,448,064	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,448,064	0	1,715,549	732,515	2,448,064	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,260,959	0	32,484,921	9,776,038	42,260,959	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,260,959	0	32,484,921	9,776,038	42,260,959	15.00
16.00	Payment for inpatient program capital	50.00	3,493,488	0	482,702	3,010,786	3,493,488	16.00
17.00	Special add-on payments for new technologies	54.00	6,852	0	1,736	5,116	6,852	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2015 10:32 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	32,969,359	12,791,940	45,761,299	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,118,506	0	427,738	2,690,769	3,118,507	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	129,868	0	21,344	108,525	129,869	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0595	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	185,551	0	25,450	160,101	185,551	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0191	0.0191	0.0191	0.0191		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	59,563	0	8,170	51,393	59,563	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,493,488	0	482,702	3,010,786	3,493,488	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet E  
Part A Exhibit 5  
Date/Time Prepared:  
5/27/2015 10:32 am

		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	30,637,670	30,637,670		30,637,670	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	8,382,432		8,382,432	8,382,432	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	792,793	131,702	661,091	792,793	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,444,882	0	5,444,882	5,444,882	4.00	
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.103732	0.103732	0.103732		5.00	
6.00	IME payment adjustment (see instructions)	22.00	2,448,064	1,686,787	761,277	2,448,064	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,448,064	1,686,787	761,277	2,448,064	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01	
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	42,260,959	32,456,159	9,804,800	42,260,959	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,260,959	32,456,159	9,804,800	42,260,959	15.00	
16.00	Payment for inpatient program capital	50.00	3,493,488	482,702	3,010,786	3,493,488	16.00	
17.00	Special add-on payments for new technologies	54.00	6,852	1,736	5,116	6,852	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01	
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	<b>SUBTOTAL</b>			32,940,597	12,820,702	45,761,299	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,118,506	427,738	2,690,768	3,118,506	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	129,868	21,344	108,524	129,868	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0595	0.0595	0.0595		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	185,551	25,450	160,101	185,551	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0191	0.0191	0.0191		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	59,563	8,170	51,393	59,563	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,493,488	482,702	3,010,786	3,493,488	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	171,549	20,125	151,424	171,549	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-183,405	-11,244	-172,161	-183,405	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 10:32 am
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		42,850	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,810,700	2.00
3.00	PPS payments		18,220,727	3.00
4.00	Outlier payment (see instructions)		21,087	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 Wkst. D, Pt. IV, col. 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)		42,850	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		178,298	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		178,298	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		178,298	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		135,448	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)		42,850	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)		18,241,814	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		7,569	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,906,340	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		14,370,755	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		581,693	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,952,448	30.00
31.00	Primary payer payments		2,226	31.00
32.00	Subtotal (line 30 minus line 31)		14,950,222	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		373,516	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		242,785	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		277,877	36.00
37.00	Subtotal (see instructions)		15,193,007	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-93	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		15,193,100	40.00
40.01	Sequestration adjustment (see instructions)		303,862	40.01
41.00	Interim payments		14,811,931	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		77,307	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 10:32 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		42,607,645		14,769,148	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/05/2014	21,439	09/05/2014	12,225	3.01
3.02		12/12/2014	102,711	12/12/2014	30,558	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)		124,150		42,783	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)		42,731,795		14,811,931	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		77,307	6.01
6.02	SETTLEMENT TO PROGRAM		149,085		0	6.02
7.00	Total Medicare program liability (see instructions)		42,582,710		14,889,238	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: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			0 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
9.00	Sequestration adjustment amount (see instructions)			0 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			0 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 10:32 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			22.17	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			0.41	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)			21.76	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			22.08	6.00
7.00	Enter the lesser of line 5 or line 6			21.76	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.	22.07	0.00	22.07	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.	21.75	0.00	21.75	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	21.75	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.76	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	21.76	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	21.76	0.00		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	21.76	0.00		17.00
18.00	Per resident amount	145,558.80	0.00		18.00
19.00	Approved amount for resident costs	3,167,359	0	3,167,359	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.32	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)			3,167,359	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	23,308	3,363		26.00
27.00	Total Inpatient Days (see instructions)	38,819	38,819		27.00
28.00	Ratio of inpatient days to total inpatient days	0.600428	0.086633		28.00
29.00	Program direct GME amount	1,901,771	274,398		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		38,772		30.00
31.00	Net Program direct GME amount			2,137,397	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		55,807,495	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)		41,741	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		55,765,754	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		20,853,550	42.00
43.00	Primary payer payments (see instructions)		2,226	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		20,851,324	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		76,617,078	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.727850	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.272150	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,137,397	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,555,704	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		581,693	50.00

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

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet G

Date/Time Prepared:  
5/27/2015 10:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	27,289,837	0	0	0	1.00
2.00	Temporary investments	9,525,904	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,232,388	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,020,925	0	0	0	6.00
7.00	Inventory	4,765,658	0	0	0	7.00
8.00	Prepaid expenses	1,386,563	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,179,425	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,671,495	0	0	0	13.00
14.00	Accumulated depreciation	-6,203,126	0	0	0	14.00
15.00	Buildings	209,623,832	0	0	0	15.00
16.00	Accumulated depreciation	-107,045,022	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	30,106,842	0	0	0	19.00
20.00	Accumulated depreciation	-24,783,556	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	55,364,245	0	0	0	23.00
24.00	Accumulated depreciation	-43,533,648	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)	129,980,491	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,389,436	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	7,706,972	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,096,408	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	197,256,324	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,441,916	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,530,062	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,887,475	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,803,340	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,662,793	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,018,010	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,575,890	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	129,593,900	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	173,256,693	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	23,999,631				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)	23,999,631	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	197,256,324	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet G-1

Date/Time Prepared:  
5/27/2015 10:32 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		40,558,766			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-18,812,336				2.00
3.00	Total (sum of line 1 and line 2)		21,746,430			0	3.00
4.00	ADJUSTMENT TO FUND BALANCE	2,253,201		0		0	4.00
5.00		0		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)		2,253,201			0	10.00
11.00	Subtotal (line 3 plus line 10)		23,999,631			0	11.00
12.00	DONOR RESTRICTED FUND BALANCE	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)		23,999,631			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	ADJUSTMENT TO FUND BALANCE		0				4.00
5.00			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	DONOR RESTRICTED FUND BALANCE		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: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2015 10:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	43,890,503		43,890,503	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	117		117	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,890,620		43,890,620	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,721,585		9,721,585	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)	9,721,585		9,721,585	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	53,612,205		53,612,205	17.00
18.00	Ancillary services	261,615,486	295,423,316	557,038,802	18.00
19.00	Outpatient services	19,188,188	42,640,114	61,828,302	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	6,269,558	6,269,558	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	334,415,879	344,332,988	678,748,867	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		192,649,254		29.00
30.00	BAD DEBT ( EXCLUDED FROM WS A)	6,209,498			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		6,209,498		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)		198,858,752		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

Period:  
From 11/01/2013  
To 12/31/2014

Worksheet G-3

Date/Time Prepared:  
5/27/2015 10:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	678,748,867	1.00
2.00	Less contractual allowances and discounts on patients' accounts	504,844,475	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,904,392	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	198,858,752	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-24,954,360	5.00
<b>OTHER INCOME</b>			
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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EHR REVENUE, OTHER OPER, NON OPER	6,142,024	24.00
25.00	Total other income (sum of lines 6-24)	6,142,024	25.00
26.00	Total (line 5 plus line 25)	-18,812,336	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-18,812,336	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140065	Period: From 11/01/2013 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 10:32 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,118,506	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		129,868	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)		91.12	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		5.95	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		185,551	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.22	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		8.10	8.00
9.00	Sum of lines 7 and 8		9.32	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.91	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		59,563	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,493,488	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00