

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: 140082
Period: From 06/01/2013 To 05/31/2014
Worksheet 5
Parts I-III
Date/Time Prepared: 10/22/2014 11:27 am

PART I - COST REPORT STATUS

Provider use only
1. Electronically filed cost report
2. Manually submitted cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
4. Medicare Utilization. Enter "F" for full or "L" for low.
Date: 10/22/2014 Time: 11:27 am

Contractor use only
5. 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. Initial Report for this Provider CCN
9. Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. 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 LOUIS A. WEISS MEMORIAL HOSPITAL (140082) for the cost reporting period beginning 06/01/2013 and ending 05/31/2014 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.

Encryption Information

ECR: Date: 10/22/2014 Time: 11:27 am
JTdu:0DNfJ3dYVXaBZ6SU.8oqKTP20
Kg8oX04Ygo0iCjvIoCiAKPTw.VtRPT
uI1f1QQ:ba0PkPss
PI: Date: 10/22/2014 Time: 11:27 am
cUthXj:ms00scgQG5hYPmw61CSuDs0
dYFhx06.1zvJ5Kfc1TO5P7y6:wuhi
dDco0Fn5cy0bdTmI

(Signed)

Office or Administrator of Provider(s)
Title
Date: 10/23/14

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,312,964	707,079	-133,219	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	56,009	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,368,973	707,080	-133,219	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.

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: 140082	Period: From 06/01/2013 To 05/31/2014	worksheet 5 Parts I-III Date/Time Prepared: 10/21/2014 9:52 am
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report Date: 10/20/2014 Time: 7:22 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 LOUIS A. WEISS MEMORIAL HOSPITAL (140082) for the cost reporting period beginning 06/01/2013 and ending 05/31/2014 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) _____
 Office or Administrator of Provider(s)
 Title _____
 Date 10/25/14

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,312,964	707,079	-133,219	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	56,009	1		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	1,368,973	707,080	-133,219	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/21/2014 9:52 am
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1.00	2.00		3.00		4.00				1.00	
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4646 NORTH MARINE DRIVE			PO Box:		Date Certified		Payment System (P, T, O, or N)		1.00
2.00	City: CHICAGO			State: IL		Zip Code: 60640		County: COOK		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	V	XVIII	XIX	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	LOUIS A. WEISS MEMORIAL HOSPITAL	140082	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	PSYCH UNIT	14S082	16974	4	06/01/2003	N	P	N	4.00
5.00	Subprovider - IRF	REHABILITATION UNIT	14T082	16974	5	07/01/1996	N	P	N	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
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	20.00
21.00	Type of Control (see instructions)	06/01/2013	05/31/2014	21.00

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,034	2,741	0	0	229	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	553	0	0	0	0		25.00

		Urban/Rural	S	Date of Geogr	
		1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/21/2014 9:52 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
		1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20		
		1.00						
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
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	
Teaching Hospitals that Claim Residents in Non-Provider Settings								
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
				1.00	2.00	3.00		
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.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			3.10	26.26	0.105586	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	4.85	46.12	0.095154	65.00	
						Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
						1.00	2.00	3.00
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.18	36.04	0.004970	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)	INTERNAL MEDICINE	1400	2.36	43.82	0.051104	67.00		
							1.00 2.00 3.00		
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						Y	70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.						Y	75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						N	0	76.00
							1.00		
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
							V XIX		
							1.00 2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.						Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.						Y	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.							N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.						N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.						N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.						N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.						0.00	0.00	97.00
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?						N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)								106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet 5-2 Part I Date/Time Prepared: 10/21/2014 9:52 am		
			V 1.00	XIX 2.00		
107.00	column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	3,407	1,370,570			0118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	HB0557		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/21/2014 9:52 am			
1.00	2.00	3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: TENET HEALTHCARE CORP	Contractor's Name: NOVITAS SOLUTIONS	Contractor's Number: 04011		141.00		
142.00	Street: 1445 ROSS AVE., SUITE 1400	PO Box:			142.00		
143.00	City: DALLAS, TX	State: TX	Zip Code:	75202-2703	143.00		
					1.00		
144.00	Are provider based physicians' costs included in worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
					1.00		
					2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
Multicampus							
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	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			09/01/2012	10/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part II Date/Time Prepared: 10/21/2014 9:52 am
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		Y/N	Date	
		1.00	2.00	

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

Provider Organization and Operation

1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	

Financial Data and Reports

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	12/31/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		

Approved Educational Activities

6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		

Bad Debts

12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N			14.00

Bed Complement

15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y			15.00
			Y/N		
			1.00		
		Part A		Part B	
	Description	Y/N	Date	Y/N	
	0	1.00	2.00	3.00	

PS&R Data

16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/03/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost

22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00

Interest Expense

28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00

Purchased Services

32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00

Provider-Based Physicians

34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y			35.00

	Y/N	Date
	1.00	2.00

Home Office Costs

36.00	were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	Y	12/31/2013		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
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Cost Report Preparer Contact Information

41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA	NELSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO.,			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	4104808498	ZEBNELSON@AOL.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	09/03/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
			3.00
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-2
Part IX
Date/Time Prepared:
10/21/2014 9:52 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
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	
CRITICAL ACCESS HOSPITALS				
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	
RCE DISALLOWANCE				
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
PASS THROUGH COST				
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

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	148	54,020	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)		148	54,020	0.00	0	7.00
8.00 Intensive Care Unit	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		164	59,860	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	10	3,650		0	16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	17.00
18.00 SUBPROVIDER						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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		200				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	10,940	6,000	22,102			1.00
2.00 HMO and other (see instructions)	1,441	229				2.00
3.00 HMO IPF Subprovider	213	0				3.00
4.00 HMO IRF Subprovider	55	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)	10,940	6,000	22,102			7.00
8.00 Intensive Care Unit	1,620	775	2,955			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)	12,560	6,775	25,057	79.85	654.64	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,377	0	3,022	0.00	14.76	16.00
17.00 SUBPROVIDER - IRF	2,450	553	3,363	0.00	14.22	17.00
18.00 SUBPROVIDER						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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				79.85	683.62	27.00
28.00 Observation Bed Days		0	1,422			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

Component	Discharges					Total All Patients	
	Full Time Equivalents	Title V	Title XVIII	Title XIX			
	Nonpaid Workers	12.00	13.00	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,437	1,554	5,312	1.00	
2.00 HMO and other (see instructions)			268			2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 Intensive Care Unit						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	2,437	1,554	5,312	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF	0.00	0	224	34	286	16.00	
17.00 SUBPROVIDER - IRF	0.00	0	229	43	326	17.00	
18.00 SUBPROVIDER						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						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days						33.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
10/21/2014 9:52 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	46,536,834	0	46,536,834	1,421,940.00	32.73
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		434,356	0	434,356	4,910.00	88.46
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	4,204,520	0	4,204,520	153,758.00	27.35
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,070,423	226,549	3,296,972	82,610.00	39.91
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,363,443	0	1,363,443	19,339.00	70.50
12.00	Contract management and administrative services		553,131	0	553,131	6,472.00	85.47
13.00	Contract labor: Physician-Part A - Administrative		804,915	0	804,915	5,227.00	153.99
14.00	Home office salaries & wage-related costs		1,772,729	0	1,772,729	28,520.00	62.16
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		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,041,451	0	7,041,451		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		706,828	0	706,828		
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		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		758,439	0	758,439		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	261,467	256,276	517,743	13,961.00	37.08
27.00	Administrative & General	5.00	8,851,175	-1,072,273	7,778,902	192,722.00	40.36
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	1,126,356	0	1,126,356	45,193.00	24.92
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	903,558	0	903,558	64,974.00	13.91
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	949,312	0	949,312	55,419.00	17.13
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	771,851	0	771,851	18,915.00	40.81
39.00	Central Services and Supply	14.00	283,410	0	283,410	13,931.00	20.34
40.00	Pharmacy	15.00	1,014,318	92,982	1,107,300	28,442.00	38.93
41.00	Medical Records & Medical Records Library	16.00	294,040	496,466	790,506	29,851.00	26.48

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
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		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Social Service	17.00	0	0	0	0.00	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
10/21/2014 9:52 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,897,958	0	41,897,958	1,263,272.00	33.17	1.00
2.00	Excluded area salaries (see instructions)	3,070,423	226,549	3,296,972	82,610.00	39.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	38,827,535	-226,549	38,600,986	1,180,662.00	32.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,494,218	0	4,494,218	59,558.00	75.46	4.00
5.00	Subtotal wage-related costs (see inst.)	7,041,451	0	7,041,451	0.00	18.24	5.00
6.00	Total (sum of lines 3 thru 5)	50,363,204	-226,549	50,136,655	1,240,220.00	40.43	6.00
7.00	Total overhead cost (see instructions)	14,455,487	-226,549	14,228,938	463,408.00	30.70	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	176,401	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,098,223	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	83,437	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	156,667	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	-1,263	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	662,320	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,453,204	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	412,461	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,041,450	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,998,343	8,506,717	1.00
2.00	Hospital	1,930,995	8,505,342	2.00
3.00	Subprovider - IPF	9,108	1,375	3.00
4.00	Subprovider - IRF	58,240	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	other	0	0	18.00

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.192046	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			12,677,790	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			9,761,763	5.00
6.00	Medicaid charges			113,170,304	6.00
7.00	Medicaid cost (line 1 times line 6)			21,733,904	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,689,117	92,183	11,781,300	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,244,848	17,703	2,262,551	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,244,848	17,703	2,262,551	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,278,307	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,460,447	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,817,860	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,117,297	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,379,848	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,379,848	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A

Date/Time Prepared:
10/21/2014 9:52 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	
GENERAL SERVICE COST CENTERS							
1.00	00100 Cap Rel Costs-Bldg & Fixt		0	0	841,746	841,746	1.00
2.00	00200 Cap Rel Costs-Mvble Equip		0	0	833,287	833,287	2.00
4.00	00400 Employee Benefits DEPARTMENT	261,467	7,667,294	7,928,761	330,056	8,258,817	4.00
5.00	00500 Administrative & General	8,851,175	26,264,989	35,116,164	-2,095,440	33,020,724	5.00
7.00	00700 Operation of Plant	1,126,356	4,797,341	5,923,697	-8,962	5,914,735	7.00
8.00	00800 Laundry & Linen Service	0	437,458	437,458	106,091	543,549	8.00
9.00	00900 Housekeeping	903,558	244,126	1,147,684	-4,708	1,142,976	9.00
10.00	01000 Dietary	949,312	486,038	1,435,350	-706	1,434,644	10.00
11.00	01100 Cafeteria	0	0	0	0	0	11.00
13.00	01300 Nursing Administration	771,851	277,745	1,049,596	-2	1,049,594	13.00
14.00	01400 Central Services & Supply	283,410	383,995	667,405	78,498	745,903	14.00
15.00	01500 Pharmacy	1,014,318	2,371,442	3,385,760	-2,280,969	1,104,791	15.00
16.00	01600 Medical Records & Library	294,040	52,231	346,271	660,925	1,007,196	16.00
17.00	01700 Social Service	0	0	0	0	0	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	4,204,520	0	4,204,520	0	4,204,520	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	0	2,263,052	2,263,052	-12,236	2,250,816	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	7,795,081	1,768,737	9,563,818	-412,484	9,151,334	30.00
31.00	03100 Intensive Care Unit	1,894,593	599,587	2,494,180	-239,941	2,254,239	31.00
40.00	04000 SUBPROVIDER - IPF	939,090	65,643	1,004,733	-7,705	997,028	40.00
41.00	04100 SUBPROVIDER - IRF	993,182	197,348	1,190,530	-20,306	1,170,224	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	3,001,259	12,131,509	15,132,768	-7,253,375	7,879,393	50.00
50.01	03340 Gastro Intestinal Services	281,237	246,993	528,230	-32,135	496,095	50.01
51.00	05100 Recovery Room	654,061	82,131	736,192	-30,953	705,239	51.00
53.00	05300 Anesthesiology	134,695	363,270	497,965	-252,949	245,016	53.00
54.00	05400 Radiology - Diagnostic	1,224,749	505,815	1,730,564	-182,433	1,548,131	54.00
54.01	03630 Ultra Sound	168,433	10,931	179,364	-6,626	172,738	54.01
55.00	05500 Radiology - Therapeutic	256,766	478,320	735,086	-117,804	617,282	55.00
56.00	05600 Radioisotope	180,469	390,553	571,022	-4,715	566,307	56.00
56.01	03650 Vascular Lab	172,126	31,665	203,791	-1,740	202,051	56.01
56.02	03950 Strauss Oncology	548,467	3,888,207	4,436,674	-3,204,626	1,232,048	56.02
57.00	05700 CT Scan	420,747	354,312	775,059	-19,663	755,396	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	118,743	36,442	155,185	-8,793	146,392	58.00
59.00	05900 Cardiac Catheterization	388,933	938,881	1,327,814	-689,777	638,037	59.00
60.00	06000 Laboratory	1,137,455	1,455,122	2,592,577	-26,335	2,566,242	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	668,432	668,432	-38	668,394	63.00
65.00	06500 Respiratory Therapy	873,541	220,966	1,094,507	-150,595	943,912	65.00
66.00	06600 Physical Therapy	1,709,501	31,040	1,740,541	-3,627	1,736,914	66.00
69.00	06900 Electrocardiology	428,609	138,787	567,396	-15,008	552,388	69.00
70.00	07000 Electroencephalography	50,700	1,743	52,443	-1,252	51,191	70.00
71.00	07100 Medical supplies charged to Patients	0	0	0	2,234,896	2,234,896	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	0	6,364,365	6,364,365	72.00
73.00	07300 Drugs Charged to Patients	0	0	0	5,799,568	5,799,568	73.00
74.00	07400 RENAL DIALYSIS	0	368,171	368,171	-3,719	364,452	74.00
76.00	03951 wound Care	232,678	308,555	541,233	-47,532	493,701	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	1,247,572	465,761	1,713,333	-78,242	1,635,091	90.00
91.00	09100 Emergency	1,885,989	1,306,472	3,192,461	-245,152	2,947,309	91.00
92.00	09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	45,398,683	72,301,104	117,699,787	-211,116	117,488,671	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200 Physicians' Private Offices	1,036,358	754,538	1,790,896	-141,528	1,649,368	192.00
194.00	07950 Marketing	101,793	921,404	1,023,197	305,927	1,329,124	194.00
194.01	07951 Hospice	0	23,810	23,810	-13,321	10,489	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	0	0	60,038	60,038	194.02
194.03	07953 Vacant Area	0	0	0	0	0	194.03
194.04	07954 Lakefront	0	0	0	0	0	194.04
200.00	TOTAL (sum of lines 118-199)	46,536,834	74,000,856	120,537,690	0	120,537,690	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt	3,855,167	4,696,913	1.00
2.00	00200 Cap Rel Costs-Mvble Equip	6,398,581	7,231,868	2.00
4.00	00400 Employee Benefits DEPARTMENT	-599,394	7,659,423	4.00
5.00	00500 Administrative & General	-16,879,602	16,141,122	5.00
7.00	00700 Operation of Plant	-145,170	5,769,565	7.00
8.00	00800 Laundry & Linen Service	0	543,549	8.00
9.00	00900 Housekeeping	0	1,142,976	9.00
10.00	01000 Dietary	-298,552	1,136,092	10.00
11.00	01100 Cafeteria	0	0	11.00
13.00	01300 Nursing Administration	-178	1,049,416	13.00
14.00	01400 Central Services & Supply	-6,255	739,648	14.00
15.00	01500 Pharmacy	-354,362	750,429	15.00
16.00	01600 Medical Records & Library	-13,947	993,249	16.00
17.00	01700 Social Service	0	0	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	0	4,204,520	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	-31	2,250,785	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	-404,666	8,746,668	30.00
31.00	03100 Intensive Care Unit	-2,900	2,251,339	31.00
40.00	04000 SUBPROVIDER - IPF	-16,730	980,298	40.00
41.00	04100 SUBPROVIDER - IRF	-1,125	1,169,099	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	-819,062	7,060,331	50.00
50.01	03340 Gastro Intestinal Services	-82	496,013	50.01
51.00	05100 Recovery Room	-28	705,211	51.00
53.00	05300 Anesthesiology	0	245,016	53.00
54.00	05400 Radiology - Diagnostic	-90,998	1,457,133	54.00
54.01	03630 Ultra Sound	0	172,738	54.01
55.00	05500 Radiology - Therapeutic	-24,191	593,091	55.00
56.00	05600 Radioisotope	0	566,307	56.00
56.01	03650 Vascular Lab	0	202,051	56.01
56.02	03950 Strauss Oncology	-621,695	610,353	56.02
57.00	05700 CT Scan	-6,267	749,129	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	-13	146,379	58.00
59.00	05900 Cardiac Catheterization	0	638,037	59.00
60.00	06000 Laboratory	-98,460	2,467,782	60.00
63.00	06300 Blood Storing, Processing, & Trans.	-5,029	663,365	63.00
65.00	06500 Respiratory Therapy	-99,813	844,099	65.00
66.00	06600 Physical Therapy	-3,202	1,733,712	66.00
69.00	06900 Electro cardiology	-8,460	543,928	69.00
70.00	07000 Electroencephalography	0	51,191	70.00
71.00	07100 Medical Supplies Charged to Patients	0	2,234,896	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	6,364,365	72.00
73.00	07300 Drugs Charged to Patients	0	5,799,568	73.00
74.00	07400 RENAL DIALYSIS	0	364,452	74.00
76.00	03951 Wound Care	-10,321	483,380	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	-259,253	1,375,838	90.00
91.00	09100 Emergency	-720,678	2,226,631	91.00
92.00	09200 Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	-11,236,716	106,251,955	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	19200 Physicians' Private Offices	0	1,649,368	192.00
194.00	07950 Marketing	0	1,329,124	194.00
194.01	07951 Hospice	0	10,489	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	60,038	194.02
194.03	07953 Vacant Area	0	0	194.03
194.04	07954 Lakefront	0	0	194.04
200.00	TOTAL (sum of lines 118-199)	-11,236,716	109,300,974	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet Non-CMS W
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
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
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
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
21.00 I&R Services-Salary & Fringes Apprvd	02100		21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics	03000		30.00
31.00 Intensive Care Unit	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	05000		50.00
50.01 Gastro Intestinal Services	03340		50.01
51.00 Recovery Room	05100		51.00
53.00 Anesthesiology	05300		53.00
54.00 Radiology - Diagnostic	05400		54.00
54.01 Ultra Sound	03630		54.01
55.00 Radiology - Therapeutic	05500		55.00
56.00 Radioisotope	05600		56.00
56.01 Vascular Lab	03650		56.01
56.02 Strauss Oncology	03950		56.02
57.00 CT Scan	05700		57.00
58.00 Magnetic Resonance Imaging (MRI)	05800		58.00
59.00 Cardiac Catheterization	05900		59.00
60.00 Laboratory	06000		60.00
63.00 Blood Storing, Processing, & Trans.	06300		63.00
65.00 Respiratory Therapy	06500		65.00
66.00 Physical Therapy	06600		66.00
69.00 Electro cardiology	06900		69.00
70.00 Electroencephalography	07000		70.00
71.00 Medical Supplies Charged to Patients	07100		71.00
72.00 Implantable Devices Chrgd to Patient	07200		72.00
73.00 Drugs Charged to Patients	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 Wound Care	03951		76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 Clinic	09000		90.00
91.00 Emergency	09100		91.00
92.00 Observation Beds (Non-Distinct Part)	09200		92.00
SPECIAL PURPOSE COST CENTERS			
118.00 SUBTOTALS (sum of lines 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 Gift, Flower, Coffee Shop, & Canteen	19000		190.00
192.00 Physicians' Private Offices	19200		192.00
194.00 Marketing	07950		194.00
194.01 Hospice	07951		194.01
194.02 Other Nonreimbursable Cost Centers	07952		194.02
194.03 Vacant Area	07953		194.03
194.04 Lakefront	07954		194.04
200.00 TOTAL (sum of lines 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6

Date/Time Prepared:
10/21/2014 9:52 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENTS LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	586,419	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	698,633	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	1,285,052	
B - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	255,327	1.00
TOTALS			0	255,327	
C - BILLABLE DRUGS					
1.00	Drugs Charged to Patients	73.00	0	5,799,568	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	5,799,568	
D - LAUNDRY					
1.00	Laundry & Linen Service	8.00	0	114,924	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

		Increases					
	Cost Center	Line #	Salary	Other			
	2.00	3.00	4.00	5.00			
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	
TOTALS					0	114,924	
E - CHARGEABLE SUPPLIES							
1.00	Medical Supplies Charged to Patients	71.00	0	2,234,896		1.00	
2.00	Central Services & Supply	14.00	0	144,494		2.00	
3.00		0.00	0	0		3.00	
4.00		0.00	0	0		4.00	
5.00		0.00	0	0		5.00	
6.00		0.00	0	0		6.00	
7.00		0.00	0	0		7.00	
8.00		0.00	0	0		8.00	
9.00		0.00	0	0		9.00	
10.00		0.00	0	0		10.00	
11.00		0.00	0	0		11.00	
12.00		0.00	0	0		12.00	
13.00		0.00	0	0		13.00	
14.00		0.00	0	0		14.00	
15.00		0.00	0	0		15.00	
16.00		0.00	0	0		16.00	
17.00		0.00	0	0		17.00	
18.00		0.00	0	0		18.00	
19.00		0.00	0	0		19.00	
20.00		0.00	0	0		20.00	
21.00		0.00	0	0		21.00	
22.00		0.00	0	0		22.00	
23.00		0.00	0	0		23.00	
24.00		0.00	0	0		24.00	
25.00		0.00	0	0		25.00	
26.00		0.00	0	0		26.00	
27.00		0.00	0	0		27.00	
28.00		0.00	0	0		28.00	
29.00		0.00	0	0		29.00	
30.00		0.00	0	0		30.00	
31.00		0.00	0	0		31.00	
32.00		0.00	0	0		32.00	
33.00		0.00	0	0		33.00	
34.00		0.00	0	0		34.00	
35.00		0.00	0	0		35.00	
36.00		0.00	0	0		36.00	
37.00		0.00	0	0		37.00	
TOTALS					0	2,379,390	
F - IMPLANTABLE DEVICE							
1.00	Implantable Devices Chrgd to Patient	72.00	0	6,364,365		1.00	
2.00		0.00	0	0		2.00	
3.00		0.00	0	0		3.00	
4.00		0.00	0	0		4.00	
5.00		0.00	0	0		5.00	
TOTALS					0	6,364,365	
G - TRANSCRIPTION							
1.00	Medical Records & Library	16.00	0	21,185		1.00	
2.00		0.00	0	0		2.00	
3.00		0.00	0	0		3.00	
TOTALS					0	21,185	
H - REGIONAL COSTS							
1.00	Employee Benefits DEPARTMENT	4.00	256,276	102,336		1.00	
2.00	Pharmacy	15.00	92,982	414		2.00	
3.00	Medical Records & Library	16.00	496,466	145,612		3.00	

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6
Date/Time Prepared:
10/21/2014 9:52 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	Marketing	194.00	168,117	138,482		4.00
5.00	Other Nonreimbursable Cost Centers	194.02	58,432	1,606		5.00
	TOTALS		1,072,273	388,450		
I - REGIONAL DEPREC IS DEPT						
1.00	Cap Rel Costs-Mvble Equip	2.00	0	134,654		1.00
	TOTALS		0	134,654		
500.00	Grand Total: Increases		1,072,273	16,742,915		500.00

		Decreases					
Cost Center		Line #	Salary	Other	wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENTS LEASES							
1.00	Employee Benefits DEPARTMENT	4.00	0	7,028	10		1.00
2.00	Administrative & General	5.00	0	243,390	10		2.00
3.00	Operation of Plant	7.00	0	8,832	0		3.00
4.00	Dietary	10.00	0	705	0		4.00
5.00	Central Services & supply	14.00	0	65,996	0		5.00
6.00	Pharmacy	15.00	0	1,131	0		6.00
7.00	Medical Records & Library	16.00	0	2,338	0		7.00
8.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	12,236	0		8.00
9.00	Adults & Pediatrics	30.00	0	7,468	0		9.00
10.00	Intensive Care Unit	31.00	0	493	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	457	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	1,362	0		12.00
13.00	Operating Room	50.00	0	425,443	0		13.00
14.00	Gastro Intestinal Services	50.01	0	82	0		14.00
15.00	Radiology - Diagnostic	54.00	0	8,749	0		15.00
16.00	Radiology - Therapeutic	55.00	0	112,479	0		16.00
17.00	Radioisotope	56.00	0	72	0		17.00
18.00	Strauss Oncology	56.02	0	143,577	0		18.00
19.00	CT Scan	57.00	0	4,162	0		19.00
20.00	Magnetic Resonance Imaging (MRI)	58.00	0	5,000	0		20.00
21.00	Cardiac Catheterization	59.00	0	72	0		21.00
22.00	Laboratory	60.00	0	1,059	0		22.00
23.00	Respiratory Therapy	65.00	0	85,992	0		23.00
24.00	Physical Therapy	66.00	0	1,551	0		24.00
25.00	Electro cardiology	69.00	0	2,031	0		25.00
26.00	Electroencephalography	70.00	0	384	0		26.00
27.00	Wound Care	76.00	0	1,113	0		27.00
28.00	Clinic	90.00	0	4,289	0		28.00
29.00	Emergency	91.00	0	4,738	0		29.00
30.00	Physicians' Private Offices	192.00	0	132,151	0		30.00
31.00	Marketing	194.00	0	672	0		31.00
TOTALS			0	1,285,052			
B - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	255,327	13		1.00
TOTALS			0	255,327			
C - BILLABLE DRUGS							
1.00	Employee Benefits DEPARTMENT	4.00	0	20,993	0		1.00
2.00	Pharmacy	15.00	0	2,370,419	0		2.00
3.00	Adults & Pediatrics	30.00	0	49,754	0		3.00
4.00	Intensive Care Unit	31.00	0	32,016	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	200	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	802	0		6.00
7.00	Operating Room	50.00	0	82,818	0		7.00
8.00	Gastro Intestinal Services	50.01	0	1,640	0		8.00
9.00	Recovery Room	51.00	0	7,124	0		9.00
10.00	Anesthesiology	53.00	0	77,986	0		10.00
11.00	Radiology - Diagnostic	54.00	0	4,322	0		11.00
12.00	Ultra Sound	54.01	0	22	0		12.00
13.00	Radiology - Therapeutic	55.00	0	24	0		13.00
14.00	Radioisotope	56.00	0	219	0		14.00
15.00	Strauss Oncology	56.02	0	3,031,426	0		15.00
16.00	CT Scan	57.00	0	6,090	0		16.00
17.00	Magnetic Resonance Imaging (MRI)	58.00	0	641	0		17.00
18.00	Cardiac Catheterization	59.00	0	5,087	0		18.00
19.00	Laboratory	60.00	0	22	0		19.00
20.00	Respiratory Therapy	65.00	0	266	0		20.00
21.00	Physical Therapy	66.00	0	1	0		21.00
22.00	Electro cardiology	69.00	0	1,544	0		22.00
23.00	RENAL DIALYSIS	74.00	0	1,633	0		23.00
24.00	Wound Care	76.00	0	11,095	0		24.00
25.00	Clinic	90.00	0	48,783	0		25.00
26.00	Emergency	91.00	0	39,733	0		26.00
27.00	Physicians' Private Offices	192.00	0	4,218	0		27.00
28.00	Hospice	194.01	0	690	0		28.00
TOTALS			0	5,799,568			
D - LAUNDRY							
1.00	Housekeeping	9.00	0	1,538	0		1.00
2.00	Pharmacy	15.00	0	225	0		2.00
3.00	Adults & Pediatrics	30.00	0	3,843	0		3.00
4.00	Intensive Care Unit	31.00	0	698	0		4.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
5.00	SUBPROVIDER - IPF	40.00	0	254	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	362	0		6.00
7.00	Operating Room	50.00	0	96,430	0		7.00
8.00	Gastro Intestinal Services	50.01	0	300	0		8.00
9.00	Recovery Room	51.00	0	19	0		9.00
10.00	Radiology - Diagnostic	54.00	0	6,297	0		10.00
11.00	Ultra Sound	54.01	0	71	0		11.00
12.00	Radiology - Therapeutic	55.00	0	11	0		12.00
13.00	Vascular Lab	56.01	0	42	0		13.00
14.00	Strauss Oncology	56.02	0	95	0		14.00
15.00	CT Scan	57.00	0	736	0		15.00
16.00	Magnetic Resonance Imaging (MRI)	58.00	0	41	0		16.00
17.00	Cardiac Catheterization	59.00	0	396	0		17.00
18.00	Physical Therapy	66.00	0	11	0		18.00
19.00	Electro cardiology	69.00	0	1,586	0		19.00
20.00	RENAL DIALYSIS	74.00	0	233	0		20.00
21.00	Emergency	91.00	0	853	0		21.00
22.00	Physicians' Private Offices	192.00	0	665	0		22.00
23.00	Hospice	194.01	0	218	0		23.00
	TOTALS		0	114,924			
E - CHARGEABLE SUPPLIES							
1.00	Employee Benefits DEPARTMENT	4.00	0	535	0		1.00
2.00	Administrative & General	5.00	0	29	0		2.00
3.00	Operation of Plant	7.00	0	130	0		3.00
4.00	Laundry & Linen Service	8.00	0	8,833	0		4.00
5.00	Housekeeping	9.00	0	3,170	0		5.00
6.00	Dietary	10.00	0	1	0		6.00
7.00	Nursing Administration	13.00	0	2	0		7.00
8.00	Pharmacy	15.00	0	2,590	0		8.00
9.00	Adults & Pediatrics	30.00	0	351,419	0		9.00
10.00	Intensive Care Unit	31.00	0	206,734	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	6,794	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	17,780	0		12.00
13.00	Operating Room	50.00	0	985,473	0		13.00
14.00	Gastro Intestinal Services	50.01	0	28,023	0		14.00
15.00	Recovery Room	51.00	0	23,810	0		15.00
16.00	Anesthesiology	53.00	0	174,963	0		16.00
17.00	Radiology - Diagnostic	54.00	0	135,455	0		17.00
18.00	Ultra Sound	54.01	0	6,533	0		18.00
19.00	Radiology - Therapeutic	55.00	0	1,768	0		19.00
20.00	Radioisotope	56.00	0	4,424	0		20.00
21.00	Vascular Lab	56.01	0	1,698	0		21.00
22.00	Strauss Oncology	56.02	0	29,528	0		22.00
23.00	CT Scan	57.00	0	8,675	0		23.00
24.00	Magnetic Resonance Imaging (MRI)	58.00	0	3,111	0		24.00
25.00	Cardiac Catheterization	59.00	0	23,810	0		25.00
26.00	Laboratory	60.00	0	25,254	0		26.00
27.00	Blood Storing, Processing, & Trans.	63.00	0	38	0		27.00
28.00	Respiratory Therapy	65.00	0	64,337	0		28.00
29.00	Physical Therapy	66.00	0	2,064	0		29.00
30.00	Electro cardiology	69.00	0	9,847	0		30.00
31.00	Electroencephalography	70.00	0	868	0		31.00
32.00	RENAL DIALYSIS	74.00	0	1,853	0		32.00
33.00	Wound Care	76.00	0	24,282	0		33.00
34.00	Clinic	90.00	0	8,824	0		34.00
35.00	Emergency	91.00	0	199,828	0		35.00
36.00	Physicians' Private Offices	192.00	0	4,494	0		36.00
37.00	Hospice	194.01	0	12,413	0		37.00
	TOTALS		0	2,379,390			
F - IMPLANTABLE DEVICE							
1.00	Operating Room	50.00	0	5,663,211	0		1.00
2.00	Gastro Intestinal Services	50.01	0	2,090	0		2.00
3.00	Radiology - Diagnostic	54.00	0	27,610	0		3.00
4.00	Cardiac Catheterization	59.00	0	660,412	0		4.00
5.00	Wound Care	76.00	0	11,042	0		5.00
	TOTALS		0	6,364,365			
G - TRANSCRIPTION							
1.00	Administrative & General	5.00	0	1,317	0		1.00
2.00	Radiology - Therapeutic	55.00	0	3,522	0		2.00
3.00	Clinic	90.00	0	16,346	0		3.00
	TOTALS		0	21,185			

RECLASSIFICATIONS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6
Date/Time Prepared:
10/21/2014 9:52 am

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
H - REGIONAL COSTS							
1.00	Administrative & General	5.00	1,072,273	388,450	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
TOTALS			1,072,273	388,450			
I - REGIONAL DEPREC IS DEPT							
1.00	Administrative & General	5.00	0	134,654	9		1.00
TOTALS			0	134,654			
500.00	Grand Total: Decreases		1,072,273	16,742,915			500.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
	2.00	4.00		6.00	8.00
A - RENTS LEASES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0 Employee Benefits DEPARTMENT	4.00	0 1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0 Administrative & General	5.00	0 2.00
3.00		0.00	0 Operation of Plant	7.00	0 3.00
4.00		0.00	0 Dietary	10.00	0 4.00
5.00		0.00	0 Central Services & Supply	14.00	0 5.00
6.00		0.00	0 Pharmacy	15.00	0 6.00
7.00		0.00	0 Medical Records & Library	16.00	0 7.00
8.00		0.00	0 I&R Services-Other Prgrm	22.00	0 8.00
			Costs Apprvd		
9.00		0.00	0 Adults & Pediatrics	30.00	0 9.00
10.00		0.00	0 Intensive Care Unit	31.00	0 10.00
11.00		0.00	0 SUBPROVIDER - IPF	40.00	0 11.00
12.00		0.00	0 SUBPROVIDER - IRF	41.00	0 12.00
13.00		0.00	0 Operating Room	50.00	0 13.00
14.00		0.00	0 Gastro Intestinal Services	50.01	0 14.00
15.00		0.00	0 Radiology - Diagnostic	54.00	0 15.00
16.00		0.00	0 Radiology - Therapeutic	55.00	0 16.00
17.00		0.00	0 Radioisotope	56.00	0 17.00
18.00		0.00	0 Strauss Oncology	56.02	0 18.00
19.00		0.00	0 CT Scan	57.00	0 19.00
20.00		0.00	0 Magnetic Resonance Imaging	58.00	0 20.00
			(MRI)		
21.00		0.00	0 Cardiac Catheterization	59.00	0 21.00
22.00		0.00	0 Laboratory	60.00	0 22.00
23.00		0.00	0 Respiratory Therapy	65.00	0 23.00
24.00		0.00	0 Physical Therapy	66.00	0 24.00
25.00		0.00	0 Electro cardiology	69.00	0 25.00
26.00		0.00	0 Electroencephalography	70.00	0 26.00
27.00		0.00	0 Wound Care	76.00	0 27.00
28.00		0.00	0 Clinic	90.00	0 28.00
29.00		0.00	0 Emergency	91.00	0 29.00
30.00		0.00	0 Physicians' Private Offices	192.00	0 30.00
31.00		0.00	0 Marketing	194.00	0 31.00
TOTALS			0 TOTALS		
B - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0 Administrative & General	5.00	0 1.00
TOTALS			0 TOTALS		
C - BILLABLE DRUGS					
1.00	Drugs Charged to Patients	73.00	0 Employee Benefits DEPARTMENT	4.00	0 1.00
2.00		0.00	0 Pharmacy	15.00	0 2.00
3.00		0.00	0 Adults & Pediatrics	30.00	0 3.00
4.00		0.00	0 Intensive Care Unit	31.00	0 4.00
5.00		0.00	0 SUBPROVIDER - IPF	40.00	0 5.00
6.00		0.00	0 SUBPROVIDER - IRF	41.00	0 6.00
7.00		0.00	0 Operating Room	50.00	0 7.00
8.00		0.00	0 Gastro Intestinal Services	50.01	0 8.00
9.00		0.00	0 Recovery Room	51.00	0 9.00
10.00		0.00	0 Anesthesiology	53.00	0 10.00
11.00		0.00	0 Radiology - Diagnostic	54.00	0 11.00
12.00		0.00	0 Ultra Sound	54.01	0 12.00
13.00		0.00	0 Radiology - Therapeutic	55.00	0 13.00
14.00		0.00	0 Radioisotope	56.00	0 14.00
15.00		0.00	0 Strauss Oncology	56.02	0 15.00
16.00		0.00	0 CT Scan	57.00	0 16.00
17.00		0.00	0 Magnetic Resonance Imaging	58.00	0 17.00
			(MRI)		
18.00		0.00	0 Cardiac Catheterization	59.00	0 18.00
19.00		0.00	0 Laboratory	60.00	0 19.00
20.00		0.00	0 Respiratory Therapy	65.00	0 20.00
21.00		0.00	0 Physical Therapy	66.00	0 21.00
22.00		0.00	0 Electro cardiology	69.00	0 22.00
23.00		0.00	0 RENAL DIALYSIS	74.00	0 23.00
24.00		0.00	0 Wound Care	76.00	0 24.00
25.00		0.00	0 Clinic	90.00	0 25.00
26.00		0.00	0 Emergency	91.00	0 26.00
27.00		0.00	0 Physicians' Private Offices	192.00	0 27.00
28.00		0.00	0 Hospice	194.01	0 28.00
TOTALS			0 TOTALS		
D - LAUNDRY					
1.00	Laundry & Linen Service	8.00	0 Housekeeping	9.00	0 1.00
2.00		0.00	0 Pharmacy	15.00	0 2.00
3.00		0.00	0 Adults & Pediatrics	30.00	0 3.00
4.00		0.00	0 Intensive Care Unit	31.00	0 4.00

RECLASSIFICATIONS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
10/21/2014 9:52 am

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
5.00	0.00		0 SUBPROVIDER - IPF	40.00		0	5.00
6.00	0.00		0 SUBPROVIDER - IRF	41.00		0	6.00
7.00	0.00		0 Operating Room	50.00		0	7.00
8.00	0.00		0 Gastro Intestinal Services	50.01		0	8.00
9.00	0.00		0 Recovery Room	51.00		0	9.00
10.00	0.00		0 Radiology - Diagnostic	54.00		0	10.00
11.00	0.00		0 Ultra Sound	54.01		0	11.00
12.00	0.00		0 Radiology - Therapeutic	55.00		0	12.00
13.00	0.00		0 Vascular Lab	56.01		0	13.00
14.00	0.00		0 Strauss Oncology	56.02		0	14.00
15.00	0.00		0 CT Scan	57.00		0	15.00
16.00	0.00		0 Magnetic Resonance Imaging (MRI)	58.00		0	16.00
17.00	0.00		0 Cardiac Catheterization	59.00		0	17.00
18.00	0.00		0 Physical Therapy	66.00		0	18.00
19.00	0.00		0 Electro cardiology	69.00		0	19.00
20.00	0.00		0 RENAL DIALYSIS	74.00		0	20.00
21.00	0.00		0 Emergency	91.00		0	21.00
22.00	0.00		0 Physicians' Private Offices	192.00		0	22.00
23.00	0.00		0 Hospice	194.01		0	23.00
TOTALS				0 TOTALS			0
E - CHARGEABLE SUPPLIES							
1.00	71.00		0 Employee Benefits DEPARTMENT	4.00		0	1.00
2.00	14.00		0 Administrative & General	5.00		0	2.00
3.00	0.00		0 Operation of Plant	7.00		0	3.00
4.00	0.00		0 Laundry & Linen Service	8.00		0	4.00
5.00	0.00		0 Housekeeping	9.00		0	5.00
6.00	0.00		0 Dietary	10.00		0	6.00
7.00	0.00		0 Nursing Administration	13.00		0	7.00
8.00	0.00		0 Pharmacy	15.00		0	8.00
9.00	0.00		0 Adults & Pediatrics	30.00		0	9.00
10.00	0.00		0 Intensive Care Unit	31.00		0	10.00
11.00	0.00		0 SUBPROVIDER - IPF	40.00		0	11.00
12.00	0.00		0 SUBPROVIDER - IRF	41.00		0	12.00
13.00	0.00		0 Operating Room	50.00		0	13.00
14.00	0.00		0 Gastro Intestinal Services	50.01		0	14.00
15.00	0.00		0 Recovery Room	51.00		0	15.00
16.00	0.00		0 Anesthesiology	53.00		0	16.00
17.00	0.00		0 Radiology - Diagnostic	54.00		0	17.00
18.00	0.00		0 Ultra Sound	54.01		0	18.00
19.00	0.00		0 Radiology - Therapeutic	55.00		0	19.00
20.00	0.00		0 Radioisotope	56.00		0	20.00
21.00	0.00		0 Vascular Lab	56.01		0	21.00
22.00	0.00		0 Strauss Oncology	56.02		0	22.00
23.00	0.00		0 CT Scan	57.00		0	23.00
24.00	0.00		0 Magnetic Resonance Imaging (MRI)	58.00		0	24.00
25.00	0.00		0 Cardiac Catheterization	59.00		0	25.00
26.00	0.00		0 Laboratory	60.00		0	26.00
27.00	0.00		0 Blood Storing, Processing, & Trans.	63.00		0	27.00
28.00	0.00		0 Respiratory Therapy	65.00		0	28.00
29.00	0.00		0 Physical Therapy	66.00		0	29.00
30.00	0.00		0 Electro cardiology	69.00		0	30.00
31.00	0.00		0 Electroencephalography	70.00		0	31.00
32.00	0.00		0 RENAL DIALYSIS	74.00		0	32.00
33.00	0.00		0 Wound Care	76.00		0	33.00
34.00	0.00		0 Clinic	90.00		0	34.00
35.00	0.00		0 Emergency	91.00		0	35.00
36.00	0.00		0 Physicians' Private Offices	192.00		0	36.00
37.00	0.00		0 Hospice	194.01		0	37.00
TOTALS				0 TOTALS			0
F - IMPLANTABLE DEVICE							
1.00	72.00		0 Operating Room	50.00		0	1.00
2.00	0.00		0 Gastro Intestinal Services	50.01		0	2.00
3.00	0.00		0 Radiology - Diagnostic	54.00		0	3.00
4.00	0.00		0 Cardiac Catheterization	59.00		0	4.00
5.00	0.00		0 Wound Care	76.00		0	5.00
TOTALS				0 TOTALS			0

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
G - TRANSCRIPTION						
1.00	Medical Records & Library	16.00	0	Administrative & General	5.00	0 1.00
2.00		0.00	0	Radiology - Therapeutic	55.00	0 2.00
3.00		0.00	0	Clinic	90.00	0 3.00
TOTALS			0	TOTALS		0
H - REGIONAL COSTS						
1.00	Employee Benefits DEPARTMENT	4.00	256,276	Administrative & General	5.00	1,072,273 1.00
2.00	Pharmacy	15.00	92,982		0.00	0 2.00
3.00	Medical Records & Library	16.00	496,466		0.00	0 3.00
4.00	Marketing	194.00	168,117		0.00	0 4.00
5.00	Other Nonreimbursable Cost Centers	194.02	58,432		0.00	0 5.00
TOTALS			1,072,273	TOTALS		1,072,273
I - REGIONAL DEPREC IS DEPT						
1.00	Cap Rel Costs-Mvble Equip	2.00	0	Administrative & General	5.00	0 1.00
TOTALS			0	TOTALS		0
500.00	Grand Total: Increases		1,072,273	Grand Total: Decreases		1,072,273 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
10/21/2014 9:52 am

	Beginning Balances 1.00	Acquisitions		Total 4.00	Disposals and Retirements 5.00	
		Purchases 2.00	Donation 3.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,829,328	0	0	0	1.00
2.00	Land Improvements	5,683,152	0	0	0	2.00
3.00	Buildings and Fixtures	54,891,727	653,118	0	653,118	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	145,260,625	2,782,023	0	2,782,023	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,664,832	3,435,141	0	3,435,141	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	208,664,832	3,435,141	0	3,435,141	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,829,328	0			1.00
2.00	Land Improvements	5,683,152	0			2.00
3.00	Buildings and Fixtures	55,544,845	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	148,042,648	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	212,099,973	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	212,099,973	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
10/21/2014 9:52 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: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
10/21/2014 9:52 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	61,227,996	0	61,227,996	0.292578	0	1.00
2.00	Cap Rel Costs-Mvble Equip	148,042,648	0	148,042,648	0.707422	0	2.00
3.00	Total (sum of lines 1-2)	209,270,644	0	209,270,644	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	2,395,078	586,419	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	6,410,938	698,633	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,806,016	1,285,052	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	1,409,582	50,507	255,327	0	4,696,913	1.00
2.00	Cap Rel Costs-Mvble Equip	113,674	8,623	0	0	7,231,868	2.00
3.00	Total (sum of lines 1-2)	1,523,256	59,130	255,327	0	11,928,781	3.00

Line #	Cost Center Description	Expense Classification on worksheet A To/From which the Amount is to be Adjusted				
		Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.
		1.00	2.00	3.00	4.00	5.00
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)		0	Cap Rel Costs-Bldg & Fixt	1.00	0 1.00
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)		0	Cap Rel Costs-Mvble Equip	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)	B	-144,990	Operation of Plant	7.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-2,843,215			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	-4,916,060			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-257,514	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	-13,947	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	A	1,821,422	Cap Rel Costs-Bldg & Fixt	1.00	9 26.00
27.00	Depreciation - Cap Rel Costs-Mvble Equip	A	6,254,078	Cap Rel Costs-Mvble Equip	2.00	9 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	Adults & Pediatrics	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	TELEPHONE SERVICES - DIRECT PHONE CO	A	-41,593	Administrative & General	5.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8

Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center		Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
33.01 TELEPHONE SERVICES - PBX SALARY	A	-22,347	Administrative & General		5.00		0	33.01
33.02 TELEPHONE SERVICES - PBX BENEFITS	A	-4,011	Employee Benefits DEPARTMENT		4.00		0	33.02
33.03 TELEPHONE SERVICES - DEPRECIATION	A	-25,394	Cap Rel Costs-Mvble Equip		2.00		9	33.03
33.04 TELEVISION SERVICES - DEPRECIATION	A	-3,380	Cap Rel Costs-Mvble Equip		2.00		9	33.04
33.05 SATELLITE TV	A	-6,055	Dietary		10.00		0	33.05
33.06 ID BADGES	B	-140	Administrative & General		5.00		0	33.06
33.07 CLINICAL TRIALS	B	-26,923	Administrative & General		5.00		0	33.07
33.08 HOSPICE REVENUE	B	8,651	Administrative & General		5.00		0	33.08
33.09 MEDICAL STAFF APPLICATION	B	-8,630	Administrative & General		5.00		0	33.09
33.10 OTHER MISC REVENUE	B	-6,051	Administrative & General		5.00		0	33.10
33.11 HOSPICE REVENUE	B	-34,879	Dietary		10.00		0	33.11
33.12 HOSPICE REVENUE	B	-6,255	Central Services & Supply		14.00		0	33.12
33.13 HOSPICE REVENUE	B	-354,362	Pharmacy		15.00		0	33.13
33.14 HOSPICE REVENUE	B	-82	Gastro Intestinal Services		50.01		0	33.14
33.15 HOSPICE REVENUE	B	-11,980	Radiology - Diagnostic		54.00		0	33.15
33.16 HOSPICE REVENUE	B	-13,605	Radiology - Therapeutic		55.00		0	33.16
33.17 CLINICAL TRIALS	B	-1,300	Strauss Oncology		56.02		0	33.17
33.18 HOSPICE REVENUE	B	-6,267	CT Scan		57.00		0	33.18
33.19 HOSPICE REVENUE	B	-27,487	Laboratory		60.00		0	33.19
33.20 HOSPICE REVENUE	B	-5,029	Blood Storing, Processing, & Trans.		63.00		0	33.20
33.21 HOSPICE REVENUE	B	-99,813	Respiratory Therapy		65.00		0	33.21
33.22 HOSPICE REVENUE	B	-3,031	Physical Therapy		66.00		0	33.22
33.23 HOSPICE REVENUE	B	-660	Electro cardiology		69.00		0	33.23
33.24 PAYMENT FROM HEALTHPORT	B	-2	Clinic		90.00		0	33.24
33.25 MISC RENTAL INCOME	B	-16,267	Clinic		90.00		0	33.25
33.26 OTHER MISC REVENUE	B	-253	Clinic		90.00		0	33.26
33.27 HOSPICE REVENUE	B	620	Emergency		91.00		0	33.27
33.28 ADVERTISING	A	-1,878	Administrative & General		5.00		0	33.28
33.29 ADVERTISING	A	-2,505	Adults & Pediatrics		30.00		0	33.29
33.30 OTHER EXPENSE	A	-285	Employee Benefits DEPARTMENT		4.00		0	33.30
33.31 OTHER EXPENSE	A	-7,691	Administrative & General		5.00		0	33.31
33.32 OTHER EXPENSE	A	-3,950	Adults & Pediatrics		30.00		0	33.32
33.33 OTHER EXPENSE	A	-2,900	Intensive Care Unit		31.00		0	33.33
33.34 OTHER EXPENSE	A	-350	Operating Room		50.00		0	33.34
33.35 PURCHASED SVCS	A	-202	Employee Benefits DEPARTMENT		4.00		0	33.35
33.36 PURCHASED SVCS	A	-323,764	Administrative & General		5.00		0	33.36
33.37 PURCHASED SVCS	A	-180	Operation of Plant		7.00		0	33.37
33.38 PURCHASED SVCS	A	-104	Dietary		10.00		0	33.38
33.39 PURCHASED SVCS	A	-31	I&R Services-Other Prgrm Costs Apprvd		22.00		0	33.39
33.40 PURCHASED SVCS	A	-1,125	SUBPROVIDER - IRF		41.00		0	33.40
33.41 PHYSICIAN GUARANTEE	A	54,900	Administrative & General		5.00		0	33.41
33.42 PHYSICIAN RECRUITMENT	A	-2,088	Administrative & General		5.00		0	33.42
33.43 PHYSICIAN CME	A	-3,000	Administrative & General		5.00		0	33.43
33.44 PHYSICIAN INCENTIVES	A	-19,172	Administrative & General		5.00		0	33.44
33.45 PHYSICIAN INCENTIVES	A	6,500	Adults & Pediatrics		30.00		0	33.45
33.46 PHYSICIAN INCENTIVES	A	-21,038	Clinic		90.00		0	33.46
33.47 TRAVEL	A	-21	Administrative & General		5.00		0	33.47
33.48 ALCOHOL	A	-180	Administrative & General		5.00		0	33.48
33.49 MEALS	A	-1,432	Administrative & General		5.00		0	33.49
33.50 MEALS	A	-178	Nursing Administration		13.00		0	33.50
33.51 MEALS	A	-495	Adults & Pediatrics		30.00		0	33.51
33.52 START UP COSTS	A	-44,916	Administrative & General		5.00		0	33.52
33.53 DONATION & CONTRIBUTION	A	-1,036,106	Administrative & General		5.00		0	33.53
33.54 LOBBYING DUES	A	-24,681	Administrative & General		5.00		0	33.54
33.55 DUES & SUBSCRIPTION	A	-35,279	Administrative & General		5.00		0	33.55
33.56 DUES & SUBSCRIPTION	A	-850	Clinic		90.00		0	33.56
33.57 PHYSICIAN DUES & SUBSCRIPTION	A	-1,848	Clinic		90.00		0	33.57
33.58 PATIENT TRANSPORTATION	A	-539	Adults & Pediatrics		30.00		0	33.58
33.59 PATIENT TRANSPORTATION	A	-29	SUBPROVIDER - IPF		40.00		0	33.59
33.60 PATIENT TRANSPORTATION	A	-56	Operating Room		50.00		0	33.60
33.61 PATIENT TRANSPORTATION	A	-28	Recovery Room		51.00		0	33.61
33.62 PATIENT TRANSPORTATION	A	-98	Strauss Oncology		56.02		0	33.62

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8

Date/Time Prepared:
10/21/2014 9:52 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	3.00	4.00	5.00
33.63	PATIENT TRANSPORTATION	A	-13	Magnetic Resonance Imaging (MRI)	58.00	0 33.63
33.64	PATIENT TRANSPORTATION	A	-171	Physical Therapy	66.00	0 33.64
33.65	PATIENT TRANSPORTATION	A	-10	wound Care	76.00	0 33.65
33.66	PATIENT TRANSPORTATION	A	-22	Clinic	90.00	0 33.66
33.67	PATIENT TRANSPORTATION	A	-1,286	Emergency	91.00	0 33.67
33.68	PENALTIES & FINES	A	-212	Administrative & General	5.00	0 33.68
33.69	LEGAL	A	-11,764	Administrative & General	5.00	0 33.69
33.70	SENIOR SERVICES	A	-103,472	Adults & Pediatrics	30.00	0 33.70
33.71	IDPA TAX ASSESSMENT	A	-3,476,533	Administrative & General	5.00	0 33.71
33.99	DEPRECIATION	A	-5,350,883	Administrative & General	5.00	0 33.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-11,236,716			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.

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED						
HOME OFFICE COSTS:						
1.00	5.00	Administrative & General	AUTO INSURANCE	0	9,143	1.00
2.00	5.00	Administrative & General	PROPERTY INSURANCE	0	43,454	2.00
3.00	5.00	Administrative & General	MALPRACTICE INSURANCE	0	2,099,345	3.00
4.00	90.00	Clinic	MALPRACTICE INSURANCE	0	15,000	4.00
4.01	4.00	Employee Benefits DEPARTMENT	WORKER COMP INSURANCE	0	789,599	4.01
4.02	5.00	Administrative & General	INTEREST EXPENSE	0	6,824,707	4.02
4.03	5.00	Administrative & General	CORPORATE ALLOCATION	0	2,424,098	4.03
4.04	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	21,622	0	4.04
4.05	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INSURANCE	1,432	0	4.05
4.06	5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILIT	659,648	0	4.06
4.07	4.00	Employee Benefits DEPARTMENT	DIRECT ALLOC.-WORKERS COMP	63,863	0	4.07
4.08	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	233,646	0	4.08
4.09	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	113,674	0	4.09
4.10	5.00	Administrative & General	DIRECT ALLOC.-INTEREST EXP.	32,022	0	4.10
4.11	2.00	Cap Rel Costs-Mvble Equip	POOLED ALLOC.-CAPITAL	50,980	0	4.11
4.12	5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	665,515	0	4.12
4.13	1.00	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.-PROPERTY	28,885	0	4.13
4.14	2.00	Cap Rel Costs-Mvble Equip	TENET DIRECT ALLOC.-AUTO INS	7,191	0	4.14
4.15	5.00	Administrative & General	TENET DIRECT ALLOC.-GENERAL	6,323	0	4.15
4.16	5.00	Administrative & General	TENET DIRECT ALLOC.-PROF. LI	714,329	0	4.16
4.17	4.00	Employee Benefits DEPARTMENT	TENET DIRECT ALLOC.-WORKERS	130,840	0	4.17
4.18	1.00	Cap Rel Costs-Bldg & Fixt	TENET DIRECT ALLOC.-INTEREST	1,175,936	0	4.18
4.19	5.00	Administrative & General	TENET DIRECT ALLOC.-INTEREST	108,416	0	4.19
4.20	1.00	Cap Rel Costs-Bldg & Fixt	TENET POOL ALLOC.-CAPITAL	573,656	0	4.20
4.21	5.00	Administrative & General	TENET POOL ALLOC.-NON CAPITA	2,772,281	0	4.21
4.22	60.00	Laboratory	GENESIS LAB	824,037	895,010	4.22
4.23	0.00			0	0	4.23
4.24	0.00			0	0	4.24
4.25	0.00			0	0	4.25
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,184,296	13,100,356	5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	worksheet A-8-1 Date/Time Prepared: 10/21/2014 9:52 am
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-9,143	0	1.00
2.00	-43,454	0	2.00
3.00	-2,099,345	0	3.00
4.00	-15,000	0	4.00
4.01	-789,599	0	4.01
4.02	-6,824,707	0	4.02
4.03	-2,424,098	0	4.03
4.04	21,622	12	4.04
4.05	1,432	12	4.05
4.06	659,648	0	4.06
4.07	63,863	0	4.07
4.08	233,646	11	4.08
4.09	113,674	11	4.09
4.10	32,022	0	4.10
4.11	50,980	9	4.11
4.12	665,515	0	4.12
4.13	28,885	12	4.13
4.14	7,191	12	4.14
4.15	6,323	0	4.15
4.16	714,329	0	4.16
4.17	130,840	0	4.17
4.18	1,175,936	11	4.18
4.19	108,416	0	4.19
4.20	573,656	9	4.20
4.21	2,772,281	0	4.21
4.22	-70,973	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	-4,916,060		5.00

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

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

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

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

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

6.00	HEALTHCARE	6.00
7.00	LAB	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8-2

Date/Time Prepared:
10/21/2014 9:52 am

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00
wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours		
1.00	5.00 Administrative & General	73,288	55,656	17,632	177,200	229		1.00
2.00	30.00 Adults & Pediatrics	391,616	234,916	156,700	177,200	1,073		2.00
3.00	41.00 SUBPROVIDER - IRF	81,000	0	81,000	177,200	1,286		3.00
4.00	40.00 SUBPROVIDER - IPF	33,000	0	33,000	154,100	220		4.00
5.00	50.00 Operating Room	1,003,556	579,238	424,318	208,000	1,849		5.00
6.00	54.00 Radiology - Diagnostic	102,090	58,400	43,690	225,300	213		6.00
7.00	55.00 Radiology - Therapeutic	21,150	2,587	18,563	177,200	124		7.00
8.00	56.02 Strauss Oncology	620,297	620,297	0	0	0		8.00
9.00	69.00 Electro cardiology	7,800	7,800	0	0	0		9.00
10.00	76.00 Wound Care	30,161	149	30,012	177,200	233		10.00
11.00	90.00 Clinic	203,973	203,973	0	0	0		11.00
12.00	91.00 Emergency	720,012	720,012	0	0	0		12.00
200.00		3,287,943	2,483,028	804,915		5,227		200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
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	5.00 Administrative & General	19,509	975	0	0	0	1.00
2.00	30.00 Adults & Pediatrics	91,411	4,571	0	0	0	2.00
3.00	41.00 SUBPROVIDER - IRF	109,557	5,478	0	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	16,299	815	0	0	0	4.00
5.00	50.00 Operating Room	184,900	9,245	0	0	0	5.00
6.00	54.00 Radiology - Diagnostic	23,072	1,154	0	0	0	6.00
7.00	55.00 Radiology - Therapeutic	10,564	528	0	0	0	7.00
8.00	56.02 Strauss Oncology	0	0	0	0	0	8.00
9.00	69.00 Electro cardiology	0	0	0	0	0	9.00
10.00	76.00 Wound Care	19,850	993	0	0	0	10.00
11.00	90.00 Clinic	0	0	0	0	0	11.00
12.00	91.00 Emergency	0	0	0	0	0	12.00
200.00		475,162	23,759	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	5.00 Administrative & General	0	19,509	0	55,656	1.00
2.00	30.00 Adults & Pediatrics	0	91,411	65,289	300,205	2.00
3.00	41.00 SUBPROVIDER - IRF	0	109,557	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	0	16,299	16,701	16,701	4.00
5.00	50.00 Operating Room	0	184,900	239,418	818,656	5.00
6.00	54.00 Radiology - Diagnostic	0	23,072	20,618	79,018	6.00
7.00	55.00 Radiology - Therapeutic	0	10,564	7,999	10,586	7.00
8.00	56.02 Strauss Oncology	0	0	0	620,297	8.00
9.00	69.00 Electro cardiology	0	0	0	7,800	9.00
10.00	76.00 Wound Care	0	19,850	10,162	10,311	10.00
11.00	90.00 Clinic	0	0	0	203,973	11.00
12.00	91.00 Emergency	0	0	0	720,012	12.00
200.00		0	475,162	360,187	2,843,215	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/21/2014 9:52 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			
GENERAL SERVICE COST CENTERS						
1.00 00100 Cap Rel Costs-Bldg & Fixt	4,696,913	4,696,913				1.00
2.00 00200 Cap Rel Costs-Mvble Equip	7,231,868		7,231,868			2.00
4.00 00400 Employee Benefits DEPARTMENT	7,659,423	38,029	58,554	7,756,006		4.00
5.00 00500 Administrative & General	16,141,122	521,819	803,449	1,311,048	18,777,438	5.00
7.00 00700 Operation of Plant	5,769,565	648,955	999,200	189,835	7,607,555	7.00
8.00 00800 Laundry & Linen Service	543,549	37,894	58,346	0	639,789	8.00
9.00 00900 Housekeeping	1,142,976	40,773	62,779	152,285	1,398,813	9.00
10.00 01000 Dietary	1,136,092	86,201	132,724	159,996	1,515,013	10.00
11.00 01100 Cafeteria	0	43,396	66,818	0	110,214	11.00
13.00 01300 Nursing Administration	1,049,416	4,708	7,249	130,087	1,191,460	13.00
14.00 01400 Central Services & Supply	739,648	45,455	69,987	47,766	902,856	14.00
15.00 01500 Pharmacy	750,429	16,344	25,165	186,623	978,561	15.00
16.00 01600 Medical Records & Library	993,249	35,756	55,053	133,231	1,217,289	16.00
17.00 01700 Social Service	0	0	0	0	0	17.00
21.00 02100 I&R Services-Salary & Fringes Apprvd	4,204,520	0	0	708,626	4,913,146	21.00
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	2,250,785	136,337	209,919	0	2,597,041	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 Adults & Pediatrics	8,746,668	748,797	1,152,927	1,313,769	11,962,161	30.00
31.00 03100 Intensive Care Unit	2,251,339	157,995	243,265	319,313	2,971,912	31.00
40.00 04000 SUBPROVIDER - IPF	980,298	68,148	104,928	158,273	1,311,647	40.00
41.00 04100 SUBPROVIDER - IRF	1,169,099	132,046	203,311	167,390	1,671,846	41.00
ANCLLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	7,060,331	371,614	572,176	505,829	8,509,950	50.00
50.01 03340 Gastro Intestinal Services	496,013	48,253	74,295	47,399	665,960	50.01
51.00 05100 Recovery Room	705,211	45,199	69,593	110,235	930,238	51.00
53.00 05300 Anesthesiology	245,016	5,314	8,181	22,701	281,212	53.00
54.00 05400 Radiology - Diagnostic	1,457,133	159,501	245,585	206,418	2,068,637	54.00
54.01 03630 Ultra Sound	172,738	2,300	3,542	28,388	206,968	54.01
55.00 05500 Radiology - Therapeutic	593,091	49,517	76,242	43,275	762,125	55.00
56.00 05600 Radioisotope	566,307	40,047	61,660	30,416	698,430	56.00
56.01 03650 Vascular Lab	202,051	0	0	29,010	231,061	56.01
56.02 03950 Strauss Oncology	610,353	0	0	92,438	702,791	56.02
57.00 05700 CT Scan	749,129	12,093	18,620	70,912	850,754	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	146,379	13,802	21,251	20,013	201,445	58.00
59.00 05900 Cardiac Catheterization	638,037	20,662	31,814	65,550	756,063	59.00
60.00 06000 Laboratory	2,467,782	61,637	94,904	191,706	2,816,029	60.00
63.00 06300 Blood Storing, Processing, & Trans.	663,365	2,946	4,536	0	670,847	63.00
65.00 06500 Respiratory Therapy	844,099	14,044	21,624	147,226	1,026,993	65.00
66.00 06600 Physical Therapy	1,733,712	48,172	74,171	288,118	2,144,173	66.00
69.00 06900 Electrocardiology	543,928	96,532	148,631	72,237	861,328	69.00
70.00 07000 Electroencephalography	51,191	1,345	2,071	8,545	63,152	70.00
71.00 07100 Medical Supplies charged to Patients	2,234,896	0	0	0	2,234,896	71.00
72.00 07200 Implantable Devices Chrgd to Patient	6,364,365	0	0	0	6,364,365	72.00
73.00 07300 Drugs Charged to Patients	5,799,568	0	0	0	5,799,568	73.00
74.00 07400 RENAL DIALYSIS	364,452	0	0	0	364,452	74.00
76.00 03951 wound Care	483,380	35,702	54,970	39,215	613,267	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	1,375,838	91,958	141,589	210,265	1,819,650	90.00
91.00 09100 Emergency	2,226,631	159,421	245,461	317,863	2,949,376	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (sum of lines 1-117)	106,251,955	4,042,712	6,224,590	7,526,001	104,360,471	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 19200 Physicians' Private Offices	1,649,368	486,911	749,701	174,667	3,060,647	192.00
194.00 07950 Marketing	1,329,124	4,170	6,421	45,490	1,385,205	194.00
194.01 07951 Hospice	10,489	28,169	43,371	0	82,029	194.01
194.02 07952 Other Nonreimbursable Cost Centers	60,038	0	0	9,848	69,886	194.02
194.03 07953 Vacant Area	0	109,944	169,281	0	279,225	194.03
194.04 07954 Lakefront	0	25,007	38,504	0	63,511	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)	109,300,974	4,696,913	7,231,868	7,756,006	109,300,974	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description			Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
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	18,777,438					5.00
7.00	00700	Operation of Plant	1,578,050	9,185,605				7.00
8.00	00800	Laundry & Linen Service	132,713	99,792	872,294			8.00
9.00	00900	Housekeeping	290,159	107,372	0	1,796,344		9.00
10.00	01000	Dietary	314,262	227,002	0	45,417	2,101,694	10.00
11.00	01100	Cafeteria	22,862	114,280	0	22,864	856,649	11.00
13.00	01300	Nursing Administration	247,147	12,399	0	2,481	0	13.00
14.00	01400	Central Services & Supply	187,281	119,700	0	23,949	0	14.00
15.00	01500	Pharmacy	202,985	43,041	0	8,611	0	15.00
16.00	01600	Medical Records & Library	252,505	94,159	0	18,839	0	16.00
17.00	01700	Social Service	0	0	0	0	0	17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	1,019,144	0	0	0	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	538,709	359,030	0	71,832	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	2,481,294	1,971,883	341,742	394,524	600,902	30.00
31.00	03100	Intensive Care Unit	616,470	416,064	111,638	83,243	80,336	31.00
40.00	04000	SUBPROVIDER - IPF	272,078	179,462	25,010	35,905	81,603	40.00
41.00	04100	SUBPROVIDER - IRF	346,794	347,729	74,700	69,571	90,453	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,765,236	978,609	94,445	195,793	0	50.00
50.01	03340	Gastro Intestinal Services	138,141	127,069	13,409	25,423	0	50.01
51.00	05100	Recovery Room	192,961	119,027	0	23,814	0	51.00
53.00	05300	Anesthesiology	58,332	13,993	0	2,800	0	53.00
54.00	05400	Radiology - Diagnostic	429,102	420,031	67,296	84,037	0	54.00
54.01	03630	Ultra Sound	42,932	6,058	0	1,212	0	54.01
55.00	05500	Radiology - Therapeutic	158,089	130,399	6,747	26,089	0	55.00
56.00	05600	Radioisotope	144,877	105,460	6,747	21,100	0	56.00
56.01	03650	Vascular Lab	47,929	0	0	0	0	56.01
56.02	03950	Strauss Oncology	145,781	0	6,747	0	0	56.02
57.00	05700	CT Scan	176,474	31,847	0	6,372	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	41,786	36,346	0	7,272	0	58.00
59.00	05900	Cardiac Catheterization	156,832	54,412	0	10,886	0	59.00
60.00	06000	Laboratory	584,135	162,316	0	32,475	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	139,155	7,758	0	1,552	0	63.00
65.00	06500	Respiratory Therapy	213,031	36,983	0	7,399	0	65.00
66.00	06600	Physical Therapy	444,770	126,856	0	25,380	0	66.00
69.00	06900	Electro cardiology	178,667	254,208	6,747	50,860	0	69.00
70.00	07000	Electroencephalography	13,100	3,542	6,747	709	0	70.00
71.00	07100	Medical Supplies Charged to Patients	463,589	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	1,320,173	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	1,203,016	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	75,599	0	0	0	0	74.00
76.00	03951	Wound Care	127,211	94,017	0	18,810	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	377,454	242,164	13,657	48,450	0	90.00
91.00	09100	Emergency	611,795	419,819	43,767	83,994	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	17,752,620	7,462,827	819,399	1,451,663	1,709,943	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	634,876	1,282,235	3,292	256,541	363,406	192.00
194.00	07950	Marketing	287,336	10,982	0	2,197	0	194.00
194.01	07951	Hospice	17,015	74,179	49,603	14,841	26,158	194.01
194.02	07952	Other Nonreimbursable Cost Centers	14,497	0	0	0	2,187	194.02
194.03	07953	Vacant Area	57,920	289,527	0	57,926	0	194.03
194.04	07954	Lakefront	13,174	65,855	0	13,176	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,777,438	9,185,605	872,294	1,796,344	2,101,694	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140082		Period: From 06/01/2013 To 05/31/2014		Worksheet B Part I Date/Time Prepared: 10/21/2014 9:52 am	
Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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
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	1,126,869				11.00
13.00	01300	Nursing Administration	20,300	1,473,787			13.00
14.00	01400	Central Services & Supply	14,962	0	1,248,748		14.00
15.00	01500	Pharmacy	30,528	0	0	1,263,726	15.00
16.00	01600	Medical Records & Library	32,046	0	0	0	1,614,838
17.00	01700	Social Service	0	0	0	0	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	165,078	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	280,132	631,301	0	0	115,295
31.00	03100	Intensive Care Unit	53,373	120,295	0	0	18,552
40.00	04000	SUBPROVIDER - IPF	32,962	74,298	0	0	9,835
41.00	04100	SUBPROVIDER - IRF	31,756	71,571	0	0	8,952
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	90,489	203,943	0	0	279,568
50.01	03340	Gastro Intestinal Services	7,816	17,592	0	0	23,946
51.00	05100	Recovery Room	17,464	39,363	0	0	43,267
53.00	05300	Anesthesiology	6,856	0	0	0	43,434
54.00	05400	Radiology - Diagnostic	41,113	0	0	0	50,265
54.01	03630	Ultra Sound	3,506	0	0	0	9,848
55.00	05500	Radiology - Therapeutic	7,593	0	0	0	16,875
56.00	05600	Radioisotope	4,734	0	0	0	21,388
56.01	03650	Vascular Lab	4,891	0	0	0	11,770
56.02	03950	Strauss Oncology	17,575	0	0	0	9,143
57.00	05700	CT Scan	11,166	0	0	0	94,308
58.00	05800	Magnetic Resonance Imaging (MRI)	2,836	0	0	0	23,377
59.00	05900	Cardiac Catheterization	8,330	0	0	0	44,801
60.00	06000	Laboratory	48,684	0	0	0	187,851
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	13,693
65.00	06500	Respiratory Therapy	29,433	66,338	0	0	20,057
66.00	06600	Physical Therapy	49,153	110,772	0	0	45,022
69.00	06900	Electro cardiology	15,096	0	0	0	49,905
70.00	07000	Electroencephalography	2,077	0	0	0	1,238
71.00	07100	Medical supplies Charged to Patients	0	0	324,543	0	83,816
72.00	07200	Implantable Devices Chrgd to Patient	0	0	924,205	0	60,435
73.00	07300	Drugs Charged to Patients	0	0	0	1,263,726	203,249
74.00	07400	RENAL DIALYSIS	0	0	0	0	2,142
76.00	03951	wound Care	7,615	0	0	0	8,955
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	3,997	0	0	0	3,659
91.00	09100	Emergency	61,368	138,314	0	0	110,192
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	1,102,929	1,473,787	1,248,748	1,263,726	1,614,838
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	16,191	0	0	0	0
194.00	07950	Marketing	6,141	0	0	0	0
194.01	07951	Hospice	0	0	0	0	0
194.02	07952	Other Nonreimbursable Cost Centers	1,608	0	0	0	0
194.03	07953	Vacant Area	0	0	0	0	0
194.04	07954	Lakefront	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)	1,126,869	1,473,787	1,248,748	1,263,726	1,614,838

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Social Service	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
		Services-Salary & Fringes	Services-Other Prgrm Costs					
		17.00	21.00				22.00	24.00
GENERAL SERVICE COST CENTERS								
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	
7.00	00700	Operation of Plant					7.00	
8.00	00800	Laundry & Linen Service					8.00	
9.00	00900	Housekeeping					9.00	
10.00	01000	Dietary					10.00	
11.00	01100	Cafeteria					11.00	
13.00	01300	Nursing Administration					13.00	
14.00	01400	Central Services & Supply					14.00	
15.00	01500	Pharmacy					15.00	
16.00	01600	Medical Records & Library					16.00	
17.00	01700	Social Service	0				17.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	6,097,368			21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	3,566,612		22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	4,413,403	2,581,588	25,774,225	-6,994,991	30.00
31.00	03100	Intensive Care Unit	0	0	0	4,471,883	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	2,022,800	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,713,372	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	1,338,987	783,231	14,240,251	-2,122,218	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	1,019,356	0	50.01
51.00	05100	Recovery Room	0	0	0	1,366,134	0	51.00
53.00	05300	Anesthesiology	0	0	0	406,627	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	3,160,481	0	54.00
54.01	03630	Ultra Sound	0	0	0	270,524	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	1,107,917	0	55.00
56.00	05600	Radioisotope	0	0	0	1,002,736	0	56.00
56.01	03650	Vascular Lab	0	0	0	295,651	0	56.01
56.02	03950	Strauss Oncology	0	0	0	882,037	0	56.02
57.00	05700	CT Scan	0	0	0	1,170,921	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	313,062	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	1,031,324	0	59.00
60.00	06000	Laboratory	0	0	0	3,831,490	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	833,005	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	1,400,234	0	65.00
66.00	06600	Physical Therapy	0	0	0	2,946,126	0	66.00
69.00	06900	Electro cardiology	0	0	0	1,416,811	0	69.00
70.00	07000	Electroencephalography	0	0	0	90,565	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	3,106,844	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	8,669,178	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	8,469,559	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	442,193	0	74.00
76.00	03951	Wound Care	0	0	0	869,875	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	2,509,031	0	90.00
91.00	09100	Emergency	0	344,978	201,793	4,965,396	-546,771	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	0	6,097,368	3,566,612	100,799,608	-9,663,980	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200	Physicians' Private Offices	0	0	0	5,617,188	0	192.00
194.00	07950	Marketing	0	0	0	1,691,861	0	194.00
194.01	07951	Hospice	0	0	0	263,825	0	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	88,178	0	194.02
194.03	07953	Vacant Area	0	0	0	684,598	0	194.03
194.04	07954	Lakefront	0	0	0	155,716	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)	0	6,097,368	3,566,612	109,300,974	-9,663,980	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
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
7.00	00700 Operation of Plant		7.00
8.00	00800 Laundry & Linen Service		8.00
9.00	00900 Housekeeping		9.00
10.00	01000 Dietary		10.00
11.00	01100 Cafeteria		11.00
13.00	01300 Nursing Administration		13.00
14.00	01400 Central Services & Supply		14.00
15.00	01500 Pharmacy		15.00
16.00	01600 Medical Records & Library		16.00
17.00	01700 Social Service		17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	18,779,234	30.00
31.00	03100 Intensive Care Unit	4,471,883	31.00
40.00	04000 SUBPROVIDER - IPF	2,022,800	40.00
41.00	04100 SUBPROVIDER - IRF	2,713,372	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	12,118,033	50.00
50.01	03340 Gastro Intestinal Services	1,019,356	50.01
51.00	05100 Recovery Room	1,366,134	51.00
53.00	05300 Anesthesiology	406,627	53.00
54.00	05400 Radiology - Diagnostic	3,160,481	54.00
54.01	03630 Ultra Sound	270,524	54.01
55.00	05500 Radiology - Therapeutic	1,107,917	55.00
56.00	05600 Radioisotope	1,002,736	56.00
56.01	03650 Vascular Lab	295,651	56.01
56.02	03950 Strauss Oncology	882,037	56.02
57.00	05700 CT Scan	1,170,921	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	313,062	58.00
59.00	05900 Cardiac Catheterization	1,031,324	59.00
60.00	06000 Laboratory	3,831,490	60.00
63.00	06300 Blood Storing, Processing, & Trans.	833,005	63.00
65.00	06500 Respiratory Therapy	1,400,234	65.00
66.00	06600 Physical Therapy	2,946,126	66.00
69.00	06900 Electro cardiology	1,416,811	69.00
70.00	07000 Electroencephalography	90,565	70.00
71.00	07100 Medical Supplies Charged to Patients	3,106,844	71.00
72.00	07200 Implantable Devices Chrgd to Patient	8,669,178	72.00
73.00	07300 Drugs Charged to Patients	8,469,559	73.00
74.00	07400 RENAL DIALYSIS	442,193	74.00
76.00	03951 Wound Care	869,875	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	2,509,031	90.00
91.00	09100 Emergency	4,418,625	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	91,135,628	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200 Physicians' Private Offices	5,617,188	192.00
194.00	07950 Marketing	1,691,861	194.00
194.01	07951 Hospice	263,825	194.01
194.02	07952 Other Nonreimbursable Cost Centers	88,178	194.02
194.03	07953 Vacant Area	684,598	194.03
194.04	07954 Lakefront	155,716	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)	99,636,994	202.00

Provider CCN: 140082

Period:
 From 06/01/2013
 To 05/31/2014

Worksheet Non-CMS W

Date/Time Prepared:
 10/21/2014 9:52 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 Salaries	4.00
5.00	Administrative & General	-5	Accum. Cost	5.00
7.00	Operation of Plant	1	Square Feet	7.00
8.00	Laundry & Linen Service	8	Pounds of Laundry	8.00
9.00	Housekeeping	1	Square Feet	9.00
10.00	Dietary	10	Meals Served	10.00
11.00	Cafeteria	11	FTES	11.00
13.00	Nursing Administration	13	Direct Nurs. Hrs.	13.00
14.00	Central Services & Supply	14	Costed Requis.	14.00
15.00	Pharmacy	15	Costed Requis.	15.00
16.00	Medical Records & Library	C	Gross Charges	16.00
17.00	Social Service	23	ASSIGNED TIME	17.00
21.00	I&R Services-Salary & Fringes Apprvd	21	Assigned Time	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	21	Assigned Time	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits DEPARTMENT		
		Bldg & Fixt	Mvble Equip				
		1.00	2.00				2A
GENERAL SERVICE COST CENTERS							
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	38,029	58,554	96,583	96,583	4.00	
5.00 00500 Administrative & General	0	521,819	803,449	1,325,268	16,328	5.00	
7.00 00700 Operation of Plant	0	648,955	999,200	1,648,155	2,364	7.00	
8.00 00800 Laundry & Linen Service	0	37,894	58,346	96,240	0	8.00	
9.00 00900 Housekeeping	0	40,773	62,779	103,552	1,897	9.00	
10.00 01000 Dietary	0	86,201	132,724	218,925	1,993	10.00	
11.00 01100 Cafeteria	0	43,396	66,818	110,214	0	11.00	
13.00 01300 Nursing Administration	0	4,708	7,249	11,957	1,620	13.00	
14.00 01400 Central Services & Supply	0	45,455	69,987	115,442	595	14.00	
15.00 01500 Pharmacy	0	16,344	25,165	41,509	2,324	15.00	
16.00 01600 Medical Records & Library	0	35,756	55,053	90,809	1,659	16.00	
17.00 01700 Social Service	0	0	0	0	0	17.00	
21.00 02100 I&R Services-Salary & Fringes Apprvd	0	0	0	0	8,825	21.00	
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	0	136,337	209,919	346,256	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 Adults & Pediatrics	0	748,797	1,152,927	1,901,724	16,349	30.00	
31.00 03100 Intensive Care Unit	0	157,995	243,265	401,260	3,977	31.00	
40.00 04000 SUBPROVIDER - IPF	0	68,148	104,928	173,076	1,971	40.00	
41.00 04100 SUBPROVIDER - IRF	0	132,046	203,311	335,357	2,085	41.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	0	371,614	572,176	943,790	6,300	50.00	
50.01 03340 Gastro Intestinal Services	0	48,253	74,295	122,548	590	50.01	
51.00 05100 Recovery Room	0	45,199	69,593	114,792	1,373	51.00	
53.00 05300 Anesthesiology	0	5,314	8,181	13,495	283	53.00	
54.00 05400 Radiology - Diagnostic	0	159,501	245,585	405,086	2,571	54.00	
54.01 03630 Ultra Sound	0	2,300	3,542	5,842	354	54.01	
55.00 05500 Radiology - Therapeutic	0	49,517	76,242	125,759	539	55.00	
56.00 05600 Radioisotope	0	40,047	61,660	101,707	379	56.00	
56.01 03650 Vascular Lab	0	0	0	0	361	56.01	
56.02 03950 Strauss Oncology	0	0	0	0	1,151	56.02	
57.00 05700 CT Scan	0	12,093	18,620	30,713	883	57.00	
58.00 05800 Magnetic Resonance Imaging (MRI)	0	13,802	21,251	35,053	249	58.00	
59.00 05900 Cardiac Catheterization	0	20,662	31,814	52,476	816	59.00	
60.00 06000 Laboratory	0	61,637	94,904	156,541	2,388	60.00	
63.00 06300 Blood Storing, Processing, & Trans.	0	2,946	4,536	7,482	0	63.00	
65.00 06500 Respiratory Therapy	0	14,044	21,624	35,668	1,834	65.00	
66.00 06600 Physical Therapy	0	48,172	74,171	122,343	3,588	66.00	
69.00 06900 Electro cardiology	0	96,532	148,631	245,163	900	69.00	
70.00 07000 Electroencephalography	0	1,345	2,071	3,416	106	70.00	
71.00 07100 Medical Supplies Charged to Patients	0	0	0	0	0	71.00	
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00	
73.00 07300 Drugs Charged to Patients	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00 03951 Wound Care	0	35,702	54,970	90,672	488	76.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 Clinic	0	91,958	141,589	233,547	2,619	90.00	
91.00 09100 Emergency	0	159,421	245,461	404,882	3,959	91.00	
92.00 09200 Observation Beds (Non-Distinct Part)				0		92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	0	4,042,712	6,224,590	10,267,302	93,718	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00	
192.00 19200 Physicians' Private Offices	0	486,911	749,701	1,236,612	2,175	192.00	
194.00 07950 Marketing	0	4,170	6,421	10,591	567	194.00	
194.01 07951 Hospice	0	28,169	43,371	71,540	0	194.01	
194.02 07952 Other Nonreimbursable Cost Centers	0	0	0	0	123	194.02	
194.03 07953 Vacant Area	0	109,944	169,281	279,225	0	194.03	
194.04 07954 Lakefront	0	25,007	38,504	63,511	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	4,696,913	7,231,868	11,928,781	96,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General	1,341,596				5.00
7.00	00700	Operation of Plant	112,744	1,763,263			7.00
8.00	00800	Laundry & Linen Service	9,482	19,156	124,878		8.00
9.00	00900	Housekeeping	20,730	20,611	0	146,790	9.00
10.00	01000	Dietary	22,452	43,575	0	3,711	290,656
11.00	01100	Cafeteria	1,633	21,937	0	1,868	118,472
13.00	01300	Nursing Administration	17,657	2,380	0	203	0
14.00	01400	Central Services & Supply	13,380	22,978	0	1,957	0
15.00	01500	Pharmacy	14,502	8,262	0	704	0
16.00	01600	Medical Records & Library	18,040	18,075	0	1,539	0
17.00	01700	Social Service	0	0	0	0	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	72,813	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	38,488	68,919	0	5,870	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	177,316	378,524	48,923	32,238	83,102
31.00	03100	Intensive Care Unit	44,044	79,867	15,982	6,802	11,110
40.00	04000	SUBPROVIDER - IPF	19,439	34,449	3,581	2,934	11,285
41.00	04100	SUBPROVIDER - IRF	24,777	66,750	10,694	5,685	12,509
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	126,117	187,853	13,521	15,999	0
50.01	03340	Gastro Intestinal Services	9,870	24,392	1,920	2,077	0
51.00	05100	Recovery Room	13,786	22,848	0	1,946	0
53.00	05300	Anesthesiology	4,168	2,686	0	229	0
54.00	05400	Radiology - Diagnostic	30,657	80,629	9,634	6,867	0
54.01	03630	Ultra Sound	3,067	1,163	0	99	0
55.00	05500	Radiology - Therapeutic	11,295	25,031	966	2,132	0
56.00	05600	Radioisotope	10,351	20,244	966	1,724	0
56.01	03650	Vascular Lab	3,424	0	0	0	0
56.02	03950	Strauss Oncology	10,415	0	966	0	0
57.00	05700	CT Scan	12,608	6,113	0	521	0
58.00	05800	Magnetic Resonance Imaging (MRI)	2,985	6,977	0	594	0
59.00	05900	Cardiac Catheterization	11,205	10,445	0	890	0
60.00	06000	Laboratory	41,734	31,158	0	2,654	0
63.00	06300	Blood Storing, Processing, & Trans.	9,942	1,489	0	127	0
65.00	06500	Respiratory Therapy	15,220	7,099	0	605	0
66.00	06600	Physical Therapy	31,777	24,351	0	2,074	0
69.00	06900	Electro cardiology	12,765	48,798	966	4,156	0
70.00	07000	Electroencephalography	936	680	966	58	0
71.00	07100	Medical Supplies Charged to Patients	33,121	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	94,320	0	0	0	0
73.00	07300	Drugs Charged to Patients	85,950	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,401	0	0	0	0
76.00	03951	wound Care	9,089	18,048	0	1,537	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	26,967	46,486	1,955	3,959	0
91.00	09100	Emergency	43,710	80,588	6,266	6,864	0
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	1,268,377	1,432,561	117,306	118,623	236,478
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	45,359	246,137	471	20,963	50,258
194.00	07950	Marketing	20,529	2,108	0	180	0
194.01	07951	Hospice	1,216	14,239	7,101	1,213	3,618
194.02	07952	Other Nonreimbursable Cost Centers	1,036	0	0	0	302
194.03	07953	Vacant Area	4,138	55,577	0	4,734	0
194.04	07954	Lakefront	941	12,641	0	1,077	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,341,596	1,763,263	124,878	146,790	290,656

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
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
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	254,124					11.00
13.00	01300 Nursing Administration	4,578	38,395				13.00
14.00	01400 Central Services & Supply	3,374	0	157,726			14.00
15.00	01500 Pharmacy	6,884	0	0	74,185		15.00
16.00	01600 Medical Records & Library	7,227	0	0	0	137,349	16.00
17.00	01700 Social Service	0	0	0	0	0	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	37,227	0	0	0	0	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	63,176	16,447	0	0	9,791	30.00
31.00	03100 Intensive Care Unit	12,036	3,134	0	0	1,576	31.00
40.00	04000 SUBPROVIDER - IPF	7,433	1,936	0	0	835	40.00
41.00	04100 SUBPROVIDER - IRF	7,161	1,865	0	0	760	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	20,406	5,313	0	0	23,953	50.00
50.01	03340 Gastro Intestinal Services	1,763	458	0	0	2,034	50.01
51.00	05100 Recovery Room	3,938	1,025	0	0	3,674	51.00
53.00	05300 Anesthesiology	1,546	0	0	0	3,689	53.00
54.00	05400 Radiology - Diagnostic	9,272	0	0	0	4,269	54.00
54.01	03630 Ultra Sound	791	0	0	0	836	54.01
55.00	05500 Radiology - Therapeutic	1,712	0	0	0	1,433	55.00
56.00	05600 Radioisotope	1,068	0	0	0	1,816	56.00
56.01	03650 Vascular Lab	1,103	0	0	0	1,000	56.01
56.02	03950 Strauss Oncology	3,963	0	0	0	776	56.02
57.00	05700 CT Scan	2,518	0	0	0	8,009	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	640	0	0	0	1,985	58.00
59.00	05900 Cardiac Catheterization	1,878	0	0	0	3,805	59.00
60.00	06000 Laboratory	10,979	0	0	0	15,953	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	0	1,163	63.00
65.00	06500 Respiratory Therapy	6,638	1,728	0	0	1,703	65.00
66.00	06600 Physical Therapy	11,085	2,886	0	0	3,823	66.00
69.00	06900 Electro cardiology	3,404	0	0	0	4,238	69.00
70.00	07000 Electroencephalography	468	0	0	0	105	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	40,992	0	7,118	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	116,734	0	5,132	72.00
73.00	07300 Drugs Charged to Patients	0	0	0	74,185	17,261	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	182	74.00
76.00	03951 Wound Care	1,717	0	0	0	761	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	901	0	0	0	311	90.00
91.00	09100 Emergency	13,839	3,603	0	0	9,358	91.00
92.00	09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	248,725	38,395	157,726	74,185	137,349	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200 Physicians' Private Offices	3,651	0	0	0	0	192.00
194.00	07950 Marketing	1,385	0	0	0	0	194.00
194.01	07951 Hospice	0	0	0	0	0	194.01
194.02	07952 Other Nonreimbursable Cost Centers	363	0	0	0	0	194.02
194.03	07953 Vacant Area	0	0	0	0	0	194.03
194.04	07954 Lakefront	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	254,124	38,395	157,726	74,185	137,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		Social Service	Services-Salary & Fringes	Services-Other Prgrm Costs			
		17.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
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
7.00	00700	Operation of Plant					7.00
8.00	00800	Laundry & Linen Service					8.00
9.00	00900	Housekeeping					9.00
10.00	01000	Dietary					10.00
11.00	01100	Cafeteria					11.00
13.00	01300	Nursing Administration					13.00
14.00	01400	Central Services & Supply					14.00
15.00	01500	Pharmacy					15.00
16.00	01600	Medical Records & Library					16.00
17.00	01700	Social Service	0				17.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	118,865			21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0		459,533		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	0			2,727,590	30.00
31.00	03100	Intensive Care Unit	0			579,788	31.00
40.00	04000	SUBPROVIDER - IPF	0			256,939	40.00
41.00	04100	SUBPROVIDER - IRF	0			467,643	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0			1,343,252	50.00
50.01	03340	Gastro Intestinal Services	0			165,652	50.01
51.00	05100	Recovery Room	0			163,382	51.00
53.00	05300	Anesthesiology	0			26,096	53.00
54.00	05400	Radiology - Diagnostic	0			548,985	54.00
54.01	03630	Ultra Sound	0			12,152	54.01
55.00	05500	Radiology - Therapeutic	0			168,867	55.00
56.00	05600	Radioisotope	0			138,255	56.00
56.01	03650	Vascular Lab	0			5,888	56.01
56.02	03950	Strauss Oncology	0			17,271	56.02
57.00	05700	CT Scan	0			61,365	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0			48,483	58.00
59.00	05900	Cardiac Catheterization	0			81,515	59.00
60.00	06000	Laboratory	0			261,407	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0			20,203	63.00
65.00	06500	Respiratory Therapy	0			70,495	65.00
66.00	06600	Physical Therapy	0			201,927	66.00
69.00	06900	Electro cardiology	0			320,390	69.00
70.00	07000	Electroencephalography	0			6,735	70.00
71.00	07100	Medical Supplies charged to Patients	0			81,231	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0			216,186	72.00
73.00	07300	Drugs Charged to Patients	0			177,396	73.00
74.00	07400	RENAL DIALYSIS	0			5,583	74.00
76.00	03951	wound Care	0			122,312	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0			316,745	90.00
91.00	09100	Emergency	0			573,069	91.00
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	0	0	0	9,186,802	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0			0	190.00
192.00	19200	Physicians' Private Offices	0			1,605,626	192.00
194.00	07950	Marketing	0			35,360	194.00
194.01	07951	Hospice	0			98,927	194.01
194.02	07952	Other Nonreimbursable Cost Centers	0			1,824	194.02
194.03	07953	Vacant Area	0			343,674	194.03
194.04	07954	Lakefront	0			78,170	194.04
200.00		Cross Foot Adjustments		118,865	459,533	578,398	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	118,865	459,533	11,928,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
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
7.00	00700 Operation of Plant		7.00
8.00	00800 Laundry & Linen Service		8.00
9.00	00900 Housekeeping		9.00
10.00	01000 Dietary		10.00
11.00	01100 Cafeteria		11.00
13.00	01300 Nursing Administration		13.00
14.00	01400 Central Services & Supply		14.00
15.00	01500 Pharmacy		15.00
16.00	01600 Medical Records & Library		16.00
17.00	01700 Social Service		17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics	2,727,590	30.00
31.00	03100 Intensive Care Unit	579,788	31.00
40.00	04000 SUBPROVIDER - IPF	256,939	40.00
41.00	04100 SUBPROVIDER - IRF	467,643	41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	1,343,252	50.00
50.01	03340 Gastro Intestinal Services	165,652	50.01
51.00	05100 Recovery Room	163,382	51.00
53.00	05300 Anesthesiology	26,096	53.00
54.00	05400 Radiology - Diagnostic	548,985	54.00
54.01	03630 Ultra Sound	12,152	54.01
55.00	05500 Radiology - Therapeutic	168,867	55.00
56.00	05600 Radioisotope	138,255	56.00
56.01	03650 Vascular Lab	5,888	56.01
56.02	03950 Strauss Oncology	17,271	56.02
57.00	05700 CT Scan	61,365	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	48,483	58.00
59.00	05900 Cardiac Catheterization	81,515	59.00
60.00	06000 Laboratory	261,407	60.00
63.00	06300 Blood Storing, Processing, & Trans.	20,203	63.00
65.00	06500 Respiratory Therapy	70,495	65.00
66.00	06600 Physical Therapy	201,927	66.00
69.00	06900 Electro cardiology	320,390	69.00
70.00	07000 Electroencephalography	6,735	70.00
71.00	07100 Medical supplies Charged to Patients	81,231	71.00
72.00	07200 Implantable Devices Chrgd to Patient	216,186	72.00
73.00	07300 Drugs Charged to Patients	177,396	73.00
74.00	07400 RENAL DIALYSIS	5,583	74.00
76.00	03951 Wound Care	122,312	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	316,745	90.00
91.00	09100 Emergency	573,069	91.00
92.00	09200 Observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (sum of lines 1-117)	9,186,802	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	19200 Physicians' Private Offices	1,605,626	192.00
194.00	07950 Marketing	35,360	194.00
194.01	07951 Hospice	98,927	194.01
194.02	07952 Other Nonreimbursable Cost Centers	1,824	194.02
194.03	07953 Vacant Area	343,674	194.03
194.04	07954 Lakefront	78,170	194.04
200.00	Cross Foot Adjustments	578,398	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	11,928,781	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	CAPITAL RELATED COSTS					Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	Employee Benefits DEPARTMENT (Gross Salaries)					
	1.00	2.00	4.00	5A	5.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	Cap Rel Costs-Bldg & Fixt	349,159						1.00
2.00 00200	Cap Rel Costs-Mvble Equip		349,159					2.00
4.00 00400	Employee Benefits DEPARTMENT	2,827	2,827	46,019,091				4.00
5.00 00500	Administrative & General	38,791	38,791	7,778,902	-18,777,438		90,523,536	5.00
7.00 00700	Operation of Plant	48,242	48,242	1,126,356	0		7,607,555	7.00
8.00 00800	Laundry & Linen Service	2,817	2,817	0	0		639,789	8.00
9.00 00900	Housekeeping	3,031	3,031	903,558	0		1,398,813	9.00
10.00 01000	Dietary	6,408	6,408	949,312	0		1,515,013	10.00
11.00 01100	Cafeteria	3,226	3,226	0	0		110,214	11.00
13.00 01300	Nursing Administration	350	350	771,851	0		1,191,460	13.00
14.00 01400	Central Services & Supply	3,379	3,379	283,410	0		902,856	14.00
15.00 01500	Pharmacy	1,215	1,215	1,107,300	0		978,561	15.00
16.00 01600	Medical Records & Library	2,658	2,658	790,506	0		1,217,289	16.00
17.00 01700	Social Service	0	0	0	0		0	17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	4,204,520	0		4,913,146	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	10,135	10,135	0	0		2,597,041	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	Adults & Pediatrics	55,664	55,664	7,795,081	0		11,962,161	30.00
31.00 03100	Intensive Care Unit	11,745	11,745	1,894,593	0		2,971,912	31.00
40.00 04000	SUBPROVIDER - IPF	5,066	5,066	939,090	0		1,311,647	40.00
41.00 04100	SUBPROVIDER - IRF	9,816	9,816	993,182	0		1,671,846	41.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	Operating Room	27,625	27,625	3,001,259	0		8,509,950	50.00
50.01 03340	Gastro Intestinal Services	3,587	3,587	281,237	0		665,960	50.01
51.00 05100	Recovery Room	3,360	3,360	654,061	0		930,238	51.00
53.00 05300	Anesthesiology	395	395	134,695	0		281,212	53.00
54.00 05400	Radiology - Diagnostic	11,857	11,857	1,224,749	0		2,068,637	54.00
54.01 03630	Ultra Sound	171	171	168,433	0		206,968	54.01
55.00 05500	Radiology - Therapeutic	3,681	3,681	256,766	0		762,125	55.00
56.00 05600	Radioisotope	2,977	2,977	180,469	0		698,430	56.00
56.01 03650	Vascular Lab	0	0	172,126	0		231,061	56.01
56.02 03950	Strauss Oncology	0	0	548,467	0		702,791	56.02
57.00 05700	CT Scan	899	899	420,747	0		850,754	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	1,026	1,026	118,743	0		201,445	58.00
59.00 05900	Cardiac Catheterization	1,536	1,536	388,933	0		756,063	59.00
60.00 06000	Laboratory	4,582	4,582	1,137,455	0		2,816,029	60.00
63.00 06300	Blood Storing, Processing, & Trans.	219	219	0	0		670,847	63.00
65.00 06500	Respiratory Therapy	1,044	1,044	873,541	0		1,026,993	65.00
66.00 06600	Physical Therapy	3,581	3,581	1,709,501	0		2,144,173	66.00
69.00 06900	Electrocardiology	7,176	7,176	428,609	0		861,328	69.00
70.00 07000	Electroencephalography	100	100	50,700	0		63,152	70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	0	0		2,234,896	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0		6,364,365	72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0		5,799,568	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0		364,452	74.00
76.00 03951	wound Care	2,654	2,654	232,678	0		613,267	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00 09000	Clinic	6,836	6,836	1,247,572	0		1,819,650	90.00
91.00 09100	Emergency	11,851	11,851	1,885,989	0		2,949,376	91.00
92.00 09200	Observation Beds (Non-Distinct Part)							92.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (sum of lines 1-117)	300,527	300,527	44,654,391	-18,777,438		85,583,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0		0	190.00
192.00 19200	Physicians' Private Offices	36,196	36,196	1,036,358	0		3,060,647	192.00
194.00 07950	Marketing	310	310	269,910	0		1,385,205	194.00
194.01 07951	Hospice	2,094	2,094	0	0		82,029	194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	58,432	0		69,886	194.02
194.03 07953	Vacant Area	8,173	8,173	0	0		279,225	194.03
194.04 07954	Lakefront	1,859	1,859	0	0		63,511	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)	4,696,913	7,231,868	7,756,006			18,777,438	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	13.452075	20.712249	0.168539			0.207432	203.00
204.00	Cost to be allocated (per wkst. B, Part II)			96,583			1,341,596	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits DEPARTMENT (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)				
	1.00	2.00				
205.00	Unit cost multiplier (wkst. B, Part II)		4.00 0.002099	5A	5.00 0.014820	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
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
7.00	00700	Operation of Plant	259,299				7.00
8.00	00800	Laundry & Linen Service	2,817	757,917			8.00
9.00	00900	Housekeeping	3,031	0	253,451		9.00
10.00	01000	Dietary	6,408	0	6,408	290,207	10.00
11.00	01100	Cafeteria	3,226	0	3,226	118,288	50,460
13.00	01300	Nursing Administration	350	0	350	0	909
14.00	01400	Central Services & Supply	3,379	0	3,379	0	670
15.00	01500	Pharmacy	1,215	0	1,215	0	1,367
16.00	01600	Medical Records & Library	2,658	0	2,658	0	1,435
17.00	01700	Social Service	0	0	0	0	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	7,392
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	10,135	0	10,135	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	55,664	296,934	55,664	82,974	12,544
31.00	03100	Intensive Care Unit	11,745	97,000	11,745	11,093	2,390
40.00	04000	SUBPROVIDER - IPF	5,066	21,731	5,066	11,268	1,476
41.00	04100	SUBPROVIDER - IRF	9,816	64,905	9,816	12,490	1,422
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	27,625	82,061	27,625	0	4,052
50.01	03340	Gastro Intestinal Services	3,587	11,651	3,587	0	350
51.00	05100	Recovery Room	3,360	0	3,360	0	782
53.00	05300	Anesthesiology	395	0	395	0	307
54.00	05400	Radiology - Diagnostic	11,857	58,472	11,857	0	1,841
54.01	03630	Ultra Sound	171	0	171	0	157
55.00	05500	Radiology - Therapeutic	3,681	5,862	3,681	0	340
56.00	05600	Radioisotope	2,977	5,862	2,977	0	212
56.01	03650	Vascular Lab	0	0	0	0	219
56.02	03950	Strauss Oncology	0	5,862	0	0	787
57.00	05700	CT Scan	899	0	899	0	500
58.00	05800	Magnetic Resonance Imaging (MRI)	1,026	0	1,026	0	127
59.00	05900	Cardiac Catheterization	1,536	0	1,536	0	373
60.00	06000	Laboratory	4,582	0	4,582	0	2,180
63.00	06300	Blood Storing, Processing, & Trans.	219	0	219	0	0
65.00	06500	Respiratory Therapy	1,044	0	1,044	0	1,318
66.00	06600	Physical Therapy	3,581	0	3,581	0	2,201
69.00	06900	Electrocardiology	7,176	5,862	7,176	0	676
70.00	07000	Electroencephalography	100	5,862	100	0	93
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0
73.00	07300	Drugs Charged to Patients	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03951	Wound Care	2,654	0	2,654	0	341
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	6,836	11,866	6,836	0	179
91.00	09100	Emergency	11,851	38,028	11,851	0	2,748
92.00	09200	Observation Beds (Non-Distinct Part)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	210,667	711,958	204,819	236,113	49,388
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee shop, & Canteen	0	0	0	0	0
192.00	19200	Physicians' Private Offices	36,196	2,860	36,196	50,180	725
194.00	07950	Marketing	310	0	310	0	275
194.01	07951	Hospice	2,094	43,099	2,094	3,612	0
194.02	07952	Other Nonreimbursable Cost Centers	0	0	0	302	72
194.03	07953	Vacant Area	8,173	0	8,173	0	0
194.04	07954	Lakefront	1,859	0	1,859	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per wkst. B, Part I)	9,185,605	872,294	1,796,344	2,101,694	1,126,869
203.00		Unit cost multiplier (wkst. B, Part I)	35.424761	1.150910	7.087540	7.242051	22.331926
204.00		Cost to be allocated (per wkst. B, Part II)	1,763,263	124,878	146,790	290,656	254,124
205.00		Unit cost multiplier (wkst. B, Part II)	6.800115	0.164765	0.579165	1.001547	5.036147

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Gross Charges)	Social Service (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
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
7.00	00700 Operation of Plant						7.00
8.00	00800 Laundry & Linen Service						8.00
9.00	00900 Housekeeping						9.00
10.00	01000 Dietary						10.00
11.00	01100 Cafeteria						11.00
13.00	01300 Nursing Administration	609,127					13.00
14.00	01400 Central Services & Supply	0	8,599,261				14.00
15.00	01500 Pharmacy	0	0	5,799,568			15.00
16.00	01600 Medical Records & Library	0	0	0	474,551,002		16.00
17.00	01700 Social Service	0	0	0	0	0	17.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	260,921	0	0	33,880,302	0	30.00
31.00	03100 Intensive Care Unit	49,719	0	0	5,451,637	0	31.00
40.00	04000 SUBPROVIDER - IPF	30,708	0	0	2,889,988	0	40.00
41.00	04100 SUBPROVIDER - IRF	29,581	0	0	2,630,711	0	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	84,291	0	0	82,170,995	0	50.00
50.01	03340 Gastro Intestinal Services	7,271	0	0	7,036,644	0	50.01
51.00	05100 Recovery Room	16,269	0	0	12,714,340	0	51.00
53.00	05300 Anesthesiology	0	0	0	12,763,422	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	0	14,770,786	0	54.00
54.01	03630 Ultra Sound	0	0	0	2,893,842	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	0	4,958,837	0	55.00
56.00	05600 Radioisotope	0	0	0	6,284,920	0	56.00
56.01	03650 Vascular Lab	0	0	0	3,458,777	0	56.01
56.02	03950 Strauss Oncology	0	0	0	2,686,749	0	56.02
57.00	05700 CT Scan	0	0	0	27,713,258	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	0	6,869,420	0	58.00
59.00	05900 Cardiac Catheterization	0	0	0	13,165,170	0	59.00
60.00	06000 Laboratory	0	0	0	55,201,701	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	4,023,771	0	63.00
65.00	06500 Respiratory Therapy	27,418	0	0	5,893,881	0	65.00
66.00	06600 Physical Therapy	45,783	0	0	13,230,067	0	66.00
69.00	06900 Electro cardiology	0	0	0	14,665,125	0	69.00
70.00	07000 Electroencephalography	0	0	0	363,840	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	2,234,896	0	24,629,908	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	6,364,365	0	17,759,243	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	5,799,568	59,726,365	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	629,429	0	74.00
76.00	03951 Wound Care	0	0	0	2,631,584	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	0	0	1,075,373	0	90.00
91.00	09100 Emergency	57,166	0	0	32,380,917	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	609,127	8,599,261	5,799,568	474,551,002	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	19200 Physicians' Private Offices	0	0	0	0	0	192.00
194.00	07950 Marketing	0	0	0	0	0	194.00
194.01	07951 Hospice	0	0	0	0	0	194.01
194.02	07952 Other Nonreimbursable Cost Centers	0	0	0	0	0	194.02
194.03	07953 Vacant Area	0	0	0	0	0	194.03
194.04	07954 Lakefront	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)	1,473,787	1,248,748	1,263,726	1,614,838	0	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	2.419507	0.145216	0.217900	0.003403	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	38,395	157,726	74,185	137,349	0	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.063033	0.018342	0.012791	0.000289	0.000000	205.00

Cost Center Description	INTERNS & RESIDENTS			
	Services-Salary & Fringes (Assigned Time)	Services-Other Prgrm Costs (Assigned Time)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
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
7.00 00700	Operation of Plant			7.00
8.00 00800	Laundry & Linen Service			8.00
9.00 00900	Housekeeping			9.00
10.00 01000	Dietary			10.00
11.00 01100	Cafeteria			11.00
13.00 01300	Nursing Administration			13.00
14.00 01400	Central Services & Supply			14.00
15.00 01500	Pharmacy			15.00
16.00 01600	Medical Records & Library			16.00
17.00 01700	Social Service			17.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	79,854		21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd		79,854	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	Adults & Pediatrics	57,800	57,800	30.00
31.00 03100	Intensive Care Unit	0	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	41.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	Operating Room	17,536	17,536	50.00
50.01 03340	Gastro Intestinal Services	0	0	50.01
51.00 05100	Recovery Room	0	0	51.00
53.00 05300	Anesthesiology	0	0	53.00
54.00 05400	Radiology - Diagnostic	0	0	54.00
54.01 03630	Ultra Sound	0	0	54.01
55.00 05500	Radiology - Therapeutic	0	0	55.00
56.00 05600	Radioisotope	0	0	56.00
56.01 03650	Vascular Lab	0	0	56.01
56.02 03950	Strauss Oncology	0	0	56.02
57.00 05700	CT Scan	0	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900	Cardiac Catheterization	0	0	59.00
60.00 06000	Laboratory	0	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00 06500	Respiratory Therapy	0	0	65.00
66.00 06600	Physical Therapy	0	0	66.00
69.00 06900	Electro cardiology	0	0	69.00
70.00 07000	Electroencephalography	0	0	70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	Clinic	0	0	90.00
91.00 09100	Emergency	4,518	4,518	91.00
92.00 09200	Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	79,854	79,854	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00 19200	Physicians' Private Offices	0	0	192.00
194.00 07950	Marketing	0	0	194.00
194.01 07951	Hospice	0	0	194.01
194.02 07952	Other Nonreimbursable Cost Centers	0	0	194.02
194.03 07953	Vacant Area	0	0	194.03
194.04 07954	Lakefront	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)	6,097,368	3,566,612	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	76.356451	44.664162	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	118,865	459,533	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	1.488529	5.754665	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
				Total Costs	RCE Disallowance	Total Costs	Total Costs	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	18,779,234		18,779,234	65,289	18,844,523	30.00
31.00	03100	Intensive Care Unit	4,471,883		4,471,883	0	4,471,883	31.00
40.00	04000	SUBPROVIDER - IPF	2,022,800		2,022,800	16,701	2,039,501	40.00
41.00	04100	SUBPROVIDER - IRF	2,713,372		2,713,372	0	2,713,372	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	12,118,033		12,118,033	239,418	12,357,451	50.00
50.01	03340	Gastro Intestinal Services	1,019,356		1,019,356	0	1,019,356	50.01
51.00	05100	Recovery Room	1,366,134		1,366,134	0	1,366,134	51.00
53.00	05300	Anesthesiology	406,627		406,627	0	406,627	53.00
54.00	05400	Radiology - Diagnostic	3,160,481		3,160,481	20,618	3,181,099	54.00
54.01	03630	Ultra Sound	270,524		270,524	0	270,524	54.01
55.00	05500	Radiology - Therapeutic	1,107,917		1,107,917	7,999	1,115,916	55.00
56.00	05600	Radioisotope	1,002,736		1,002,736	0	1,002,736	56.00
56.01	03650	Vascular Lab	295,651		295,651	0	295,651	56.01
56.02	03950	Strauss Oncology	882,037		882,037	0	882,037	56.02
57.00	05700	CT Scan	1,170,921		1,170,921	0	1,170,921	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	313,062		313,062	0	313,062	58.00
59.00	05900	Cardiac Catheterization	1,031,324		1,031,324	0	1,031,324	59.00
60.00	06000	Laboratory	3,831,490		3,831,490	0	3,831,490	60.00
63.00	06300	Blood Storing, Processing, & Trans.	833,005		833,005	0	833,005	63.00
65.00	06500	Respiratory Therapy	1,400,234	0	1,400,234	0	1,400,234	65.00
66.00	06600	Physical Therapy	2,946,126	0	2,946,126	0	2,946,126	66.00
69.00	06900	Electro cardiology	1,416,811		1,416,811	0	1,416,811	69.00
70.00	07000	Electroencephalography	90,565		90,565	0	90,565	70.00
71.00	07100	Medical Supplies Charged to Patients	3,106,844		3,106,844	0	3,106,844	71.00
72.00	07200	Implantable Devices Chrgd to Patient	8,669,178		8,669,178	0	8,669,178	72.00
73.00	07300	Drugs Charged to Patients	8,469,559		8,469,559	0	8,469,559	73.00
74.00	07400	RENAL DIALYSIS	442,193		442,193	0	442,193	74.00
76.00	03951	wound Care	869,875		869,875	10,162	880,037	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2,509,031		2,509,031	0	2,509,031	90.00
91.00	09100	Emergency	4,418,625		4,418,625	0	4,418,625	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	1,139,136		1,139,136	0	1,139,136	92.00
200.00		Subtotal (see instructions)	92,274,764	0	92,274,764	360,187	92,634,951	200.00
201.00		Less observation Beds	1,139,136		1,139,136	0	1,139,136	201.00
202.00		Total (see instructions)	91,135,628	0	91,135,628	360,187	91,495,815	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/21/2014 9:52 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	31,580,660		31,580,660			30.00
31.00	03100 Intensive Care Unit	5,451,637		5,451,637			31.00
40.00	04000 SUBPROVIDER - IPF	2,889,988		2,889,988			40.00
41.00	04100 SUBPROVIDER - IRF	2,630,711		2,630,711			41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	33,721,886	48,449,109	82,170,995	0.147473	0.000000	50.00
50.01	03340 Gastro Intestinal Services	2,170,759	4,865,885	7,036,644	0.144864	0.000000	50.01
51.00	05100 Recovery Room	4,354,099	8,360,241	12,714,340	0.107448	0.000000	51.00
53.00	05300 Anesthesiology	5,644,767	7,118,655	12,763,422	0.031859	0.000000	53.00
54.00	05400 Radiology - Diagnostic	4,565,911	10,204,875	14,770,786	0.213968	0.000000	54.00
54.01	03630 Ultra Sound	1,022,372	1,871,470	2,893,842	0.093483	0.000000	54.01
55.00	05500 Radiology - Therapeutic	364,316	4,594,521	4,958,837	0.223423	0.000000	55.00
56.00	05600 Radioisotope	2,115,395	4,169,525	6,284,920	0.159546	0.000000	56.00
56.01	03650 Vascular Lab	1,760,716	1,698,061	3,458,777	0.085478	0.000000	56.01
56.02	03950 Strauss Oncology	71,717	2,615,032	2,686,749	0.328292	0.000000	56.02
57.00	05700 CT Scan	11,954,397	15,758,861	27,713,258	0.042251	0.000000	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	1,444,371	5,425,049	6,869,420	0.045573	0.000000	58.00
59.00	05900 Cardiac Catheterization	8,243,256	4,921,914	13,165,170	0.078337	0.000000	59.00
60.00	06000 Laboratory	34,531,071	20,670,630	55,201,701	0.069409	0.000000	60.00
63.00	06300 Blood Storing, Processing, & Trans.	3,397,829	625,942	4,023,771	0.207021	0.000000	63.00
65.00	06500 Respiratory Therapy	5,491,856	402,025	5,893,881	0.237574	0.000000	65.00
66.00	06600 Physical Therapy	8,948,390	4,281,677	13,230,067	0.222684	0.000000	66.00
69.00	06900 Electro cardiology	8,088,242	6,576,883	14,665,125	0.096611	0.000000	69.00
70.00	07000 Electroencephalography	254,784	109,056	363,840	0.248914	0.000000	70.00
71.00	07100 Medical Supplies Charged to Patients	12,610,773	12,019,135	24,629,908	0.126141	0.000000	71.00
72.00	07200 Implantable Devices Chrgd to Patient	13,496,071	4,263,172	17,759,243	0.488150	0.000000	72.00
73.00	07300 Drugs Charged to Patients	22,523,491	37,202,874	59,726,365	0.141806	0.000000	73.00
74.00	07400 RENAL DIALYSIS	602,453	26,976	629,429	0.702530	0.000000	74.00
76.00	03951 Wound Care	34,780	2,596,804	2,631,584	0.330552	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	2,667	1,072,706	1,075,373	2.333173	0.000000	90.00
91.00	09100 Emergency	8,961,221	23,419,696	32,380,917	0.136458	0.000000	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	184,078	2,115,564	2,299,642	0.495354	0.000000	92.00
200.00	Subtotal (see instructions)	239,114,664	235,436,338	474,551,002			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	239,114,664	235,436,338	474,551,002			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics		30.00
31.00	03100 Intensive Care Unit		31.00
40.00	04000 SUBPROVIDER - IPF		40.00
41.00	04100 SUBPROVIDER - IRF		41.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	0.150387	50.00
50.01	03340 Gastro Intestinal Services	0.144864	50.01
51.00	05100 Recovery Room	0.107448	51.00
53.00	05300 Anesthesiology	0.031859	53.00
54.00	05400 Radiology - Diagnostic	0.215364	54.00
54.01	03630 Ultra Sound	0.093483	54.01
55.00	05500 Radiology - Therapeutic	0.225036	55.00
56.00	05600 Radioisotope	0.159546	56.00
56.01	03650 Vascular Lab	0.085478	56.01
56.02	03950 Strauss Oncology	0.328292	56.02
57.00	05700 CT Scan	0.042251	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.045573	58.00
59.00	05900 Cardiac Catheterization	0.078337	59.00
60.00	06000 Laboratory	0.069409	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.207021	63.00
65.00	06500 Respiratory Therapy	0.237574	65.00
66.00	06600 Physical Therapy	0.222684	66.00
69.00	06900 Electro cardiology	0.096611	69.00
70.00	07000 Electroencephalography	0.248914	70.00
71.00	07100 Medical Supplies Charged to Patients	0.126141	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.488150	72.00
73.00	07300 Drugs Charged to Patients	0.141806	73.00
74.00	07400 RENAL DIALYSIS	0.702530	74.00
76.00	03951 Wound Care	0.334413	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 Clinic	2.333173	90.00
91.00	09100 Emergency	0.136458	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.495354	92.00
200.00	Subtotal (see instructions)		200.00
201.00	Less observation Beds		201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part I
Date/Time Prepared:
10/21/2014 9:52 am

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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	2,727,590	0	2,727,590	23,524	115.95	30.00
31.00	Intensive Care Unit	579,788		579,788	2,955	196.21	31.00
40.00	SUBPROVIDER - IPF	256,939	0	256,939	3,022	85.02	40.00
41.00	SUBPROVIDER - IRF	467,643	0	467,643	3,363	139.06	41.00
200.00	Total (lines 30-199)	4,031,960		4,031,960	32,864		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	10,940	1,268,493				
31.00	Intensive Care Unit	1,620	317,860				
40.00	SUBPROVIDER - IPF	2,377	202,093				
41.00	SUBPROVIDER - IRF	2,450	340,697				
200.00	Total (lines 30-199)	17,387	2,129,143				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Title XVIII			Hospital	PPS			
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	1,343,252	82,170,995	0.016347	15,563,109	254,410	50.00
50.01	03340	Gastro Intestinal Services	165,652	7,036,644	0.023541	844,373	19,877	50.01
51.00	05100	Recovery Room	163,382	12,714,340	0.012850	1,968,297	25,293	51.00
53.00	05300	Anesthesiology	26,096	12,763,422	0.002045	2,528,927	5,172	53.00
54.00	05400	Radiology - Diagnostic	548,985	14,770,786	0.037167	1,747,524	64,950	54.00
54.01	03630	ultra Sound	12,152	2,893,842	0.004199	688,953	2,893	54.01
55.00	05500	Radiology - Therapeutic	168,867	4,958,837	0.034054	173,694	5,915	55.00
56.00	05600	Radioisotope	138,255	6,284,920	0.021998	999,177	21,980	56.00
56.01	03650	vascular Lab	5,888	3,458,777	0.001702	875,830	1,491	56.01
56.02	03950	Strauss Oncology	17,271	2,686,749	0.006428	0	0	56.02
57.00	05700	CT Scan	61,365	27,713,258	0.002214	5,660,921	12,533	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	48,483	6,869,420	0.007058	645,528	4,556	58.00
59.00	05900	Cardiac Catheterization	81,515	13,165,170	0.006192	3,532,274	21,872	59.00
60.00	06000	Laboratory	261,407	55,201,701	0.004735	17,503,445	82,879	60.00
63.00	06300	Blood Storing, Processing, & Trans.	20,203	4,023,771	0.005021	1,174,811	5,899	63.00
65.00	06500	Respiratory Therapy	70,495	5,893,881	0.011961	2,647,592	31,668	65.00
66.00	06600	Physical Therapy	201,927	13,230,067	0.015263	2,629,756	40,138	66.00
69.00	06900	Electro cardiology	320,390	14,665,125	0.021847	4,156,882	90,815	69.00
70.00	07000	Electroencephalography	6,735	363,840	0.018511	126,796	2,347	70.00
71.00	07100	Medical Supplies Charged to Patients	81,231	24,629,908	0.003298	5,873,092	19,369	71.00
72.00	07200	Implantable Devices Chrgd to Patient	216,186	17,759,243	0.012173	6,568,586	79,959	72.00
73.00	07300	Drugs Charged to Patients	177,396	59,726,365	0.002970	10,060,355	29,879	73.00
74.00	07400	RENAL DIALYSIS	5,583	629,429	0.008870	337,130	2,990	74.00
76.00	03951	wound Care	122,312	2,631,584	0.046478	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	316,745	1,075,373	0.294544	0	0	90.00
91.00	09100	Emergency	573,069	32,380,917	0.017698	4,101,002	72,580	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	164,881	2,299,642	0.071699	92,628	6,641	92.00
200.00		Total (lines 50-199)	5,319,723	431,998,006		90,500,682	906,106	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part III
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	1 through 3, minus col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0	0	0	0 30.00	
31.00	03100	Intensive Care Unit	0	0	0	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00	
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	23,524	0.00	10,940	0	0 30.00	
31.00	03100	Intensive Care Unit	2,955	0.00	1,620	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	3,022	0.00	2,377	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	3,363	0.00	2,450	0	0 41.00	
200.00		Total (lines 30-199)	32,864		17,387	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
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 140082
 Period: From 06/01/2013 To 05/31/2014
 Worksheet D Part IV Date/Time Prepared: 10/21/2014 9:52 am

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4)		
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Title XVIII			Hospital		PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	82,170,995	0.000000	0.000000	15,563,109	50.00
50.01	03340	Gastro Intestinal Services	0	7,036,644	0.000000	0.000000	844,373	50.01
51.00	05100	Recovery Room	0	12,714,340	0.000000	0.000000	1,968,297	51.00
53.00	05300	Anesthesiology	0	12,763,422	0.000000	0.000000	2,528,927	53.00
54.00	05400	Radiology - Diagnostic	0	14,770,786	0.000000	0.000000	1,747,524	54.00
54.01	03630	Ultra Sound	0	2,893,842	0.000000	0.000000	688,953	54.01
55.00	05500	Radiology - Therapeutic	0	4,958,837	0.000000	0.000000	173,694	55.00
56.00	05600	Radioisotope	0	6,284,920	0.000000	0.000000	999,177	56.00
56.01	03650	Vascular Lab	0	3,458,777	0.000000	0.000000	875,830	56.01
56.02	03950	Strauss Oncology	0	2,686,749	0.000000	0.000000	0	56.02
57.00	05700	CT Scan	0	27,713,258	0.000000	0.000000	5,660,921	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	6,869,420	0.000000	0.000000	645,528	58.00
59.00	05900	Cardiac Catheterization	0	13,165,170	0.000000	0.000000	3,532,274	59.00
60.00	06000	Laboratory	0	55,201,701	0.000000	0.000000	17,503,445	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,023,771	0.000000	0.000000	1,174,811	63.00
65.00	06500	Respiratory Therapy	0	5,893,881	0.000000	0.000000	2,647,592	65.00
66.00	06600	Physical Therapy	0	13,230,067	0.000000	0.000000	2,629,756	66.00
69.00	06900	Electro cardiology	0	14,665,125	0.000000	0.000000	4,156,882	69.00
70.00	07000	Electroencephalography	0	363,840	0.000000	0.000000	126,796	70.00
71.00	07100	Medical Supplies Charged to Patients	0	24,629,908	0.000000	0.000000	5,873,092	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	17,759,243	0.000000	0.000000	6,568,586	72.00
73.00	07300	Drugs Charged to Patients	0	59,726,365	0.000000	0.000000	10,060,355	73.00
74.00	07400	RENAL DIALYSIS	0	629,429	0.000000	0.000000	337,130	74.00
76.00	03951	Wound Care	0	2,631,584	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,075,373	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	32,380,917	0.000000	0.000000	4,101,002	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,299,642	0.000000	0.000000	92,628	92.00
200.00		Total (lines 50-199)	0	431,998,006			90,500,682	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Title XVIII			Hospital	PPS	
	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	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	0	13,509,671	0	0	0	50.00
50.01 03340 Gastro Intestinal Services	0	1,726,058	0	0	0	50.01
51.00 05100 Recovery Room	0	3,225,325	0	0	0	51.00
53.00 05300 Anesthesiology	0	1,867,664	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0	5,854,806	0	0	0	54.00
54.01 03630 Ultra Sound	0	858,203	0	0	0	54.01
55.00 05500 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 05600 Radioisotope	0	2,266,619	0	0	0	56.00
56.01 03650 Vascular Lab	0	886,234	0	0	0	56.01
56.02 03950 Strauss Oncology	0	1,369,670	0	0	0	56.02
57.00 05700 CT Scan	0	7,482,097	0	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	2,174,455	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0	1,862,103	0	0	0	59.00
60.00 06000 Laboratory	0	3,658,511	0	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	190,897	0	0	0	63.00
65.00 06500 Respiratory Therapy	0	153,044	0	0	0	65.00
66.00 06600 Physical Therapy	0	0	0	0	0	66.00
69.00 06900 Electro cardiology	0	3,797,080	0	0	0	69.00
70.00 07000 Electroencephalography	0	44,209	0	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0	4,342,779	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	1,707,000	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0	22,209,004	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	24,930	0	0	0	74.00
76.00 03951 Wound Care	0	112,660	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	0	359,635	0	0	0	90.00
91.00 09100 Emergency	0	6,942,690	0	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	859,658	0	0	0	92.00
200.00 Total (lines 50-199)	0	87,485,002	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	50.01
51.00	05100	Recovery Room	0	0	51.00
53.00	05300	Anesthesiology	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	54.00
54.01	03630	Ultra Sound	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	55.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03650	Vascular Lab	0	0	56.01
56.02	03950	Strauss Oncology	0	0	56.02
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
69.00	06900	Electro cardiology	0	0	69.00
70.00	07000	Electroencephalography	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	Clinic	0	0	90.00
91.00	09100	Emergency	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services			
					1.00	2.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.147473	13,509,671	0	0	1,992,312	50.00
50.01	03340	Gastro Intestinal Services	0.144864	1,726,058	0	0	250,044	50.01
51.00	05100	Recovery Room	0.107448	3,225,325	0	0	346,555	51.00
53.00	05300	Anesthesiology	0.031859	1,867,664	0	0	59,502	53.00
54.00	05400	Radiology - Diagnostic	0.213968	5,854,806	0	0	1,252,741	54.00
54.01	03630	Ultra Sound	0.093483	858,203	0	0	80,227	54.01
55.00	05500	Radiology - Therapeutic	0.223423	0	0	0	0	55.00
56.00	05600	Radioisotope	0.159546	2,266,619	0	0	361,630	56.00
56.01	03650	Vascular Lab	0.085478	886,234	0	0	75,754	56.01
56.02	03950	Strauss Oncology	0.328292	1,369,670	0	0	449,652	56.02
57.00	05700	CT Scan	0.042251	7,482,097	0	0	316,126	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.045573	2,174,455	0	0	99,096	58.00
59.00	05900	Cardiac Catheterization	0.078337	1,862,103	0	0	145,872	59.00
60.00	06000	Laboratory	0.069409	3,658,511	0	0	253,934	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.207021	190,897	0	0	39,520	63.00
65.00	06500	Respiratory Therapy	0.237574	153,044	0	0	36,359	65.00
66.00	06600	Physical Therapy	0.222684	0	0	0	0	66.00
69.00	06900	Electro cardiology	0.096611	3,797,080	0	0	366,840	69.00
70.00	07000	Electroencephalography	0.248914	44,209	0	0	11,004	70.00
71.00	07100	Medical Supplies Charged to Patients	0.126141	4,342,779	0	0	547,802	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.488150	1,707,000	0	0	833,272	72.00
73.00	07300	Drugs Charged to Patients	0.141806	22,209,004	0	51,275	3,149,370	73.00
74.00	07400	RENAL DIALYSIS	0.702530	24,930	0	0	17,514	74.00
76.00	03951	wound Care	0.330552	112,660	0	0	37,240	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	2.333173	359,635	0	0	839,091	90.00
91.00	09100	Emergency	0.136458	6,942,690	0	0	947,386	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.495354	859,658	0	0	425,835	92.00
200.00		Subtotal (see instructions)		87,485,002	0	51,275	12,934,678	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		87,485,002	0	51,275	12,934,678	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	50.01
51.00	05100	Recovery Room	0	0	51.00
53.00	05300	Anesthesiology	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	54.00
54.01	03630	Ultra Sound	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	55.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03650	Vascular Lab	0	0	56.01
56.02	03950	Strauss Oncology	0	0	56.02
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
69.00	06900	Electro cardiology	0	0	69.00
70.00	07000	Electroencephalography	0	0	70.00
71.00	07100	Medical supplies charged to Patients	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	7,271	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	clinic	0	0	90.00
91.00	09100	Emergency	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00		Subtotal (see instructions)	0	7,271	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	7,271	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Component CCN: 14S082

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	1,343,252	82,170,995	0.016347	0	0	50.00
50.01	03340 Gastro Intestinal Services	165,652	7,036,644	0.023541	0	0	50.01
51.00	05100 Recovery Room	163,382	12,714,340	0.012850	0	0	51.00
53.00	05300 Anesthesiology	26,096	12,763,422	0.002045	0	0	53.00
54.00	05400 Radiology - Diagnostic	548,985	14,770,786	0.037167	22,994	855	54.00
54.01	03630 Ultra Sound	12,152	2,893,842	0.004199	3,985	17	54.01
55.00	05500 Radiology - Therapeutic	168,867	4,958,837	0.034054	0	0	55.00
56.00	05600 Radioisotope	138,255	6,284,920	0.021998	7,149	157	56.00
56.01	03650 Vascular Lab	5,888	3,458,777	0.001702	15,300	26	56.01
56.02	03950 Strauss Oncology	17,271	2,686,749	0.006428	0	0	56.02
57.00	05700 CT Scan	61,365	27,713,258	0.002214	62,574	139	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	48,483	6,869,420	0.007058	3,468	24	58.00
59.00	05900 Cardiac Catheterization	81,515	13,165,170	0.006192	0	0	59.00
60.00	06000 Laboratory	261,407	55,201,701	0.004735	476,062	2,254	60.00
63.00	06300 Blood Storing, Processing, & Trans.	20,203	4,023,771	0.005021	0	0	63.00
65.00	06500 Respiratory Therapy	70,495	5,893,881	0.011961	12,082	145	65.00
66.00	06600 Physical Therapy	201,927	13,230,067	0.015263	156,780	2,393	66.00
69.00	06900 Electro cardiology	320,390	14,665,125	0.021847	66,135	1,445	69.00
70.00	07000 Electroencephalography	6,735	363,840	0.018511	1,069	20	70.00
71.00	07100 Medical Supplies Charged to Patients	81,231	24,629,908	0.003298	7,365	24	71.00
72.00	07200 Implantable Devices Chrgd to Patient	216,186	17,759,243	0.012173	0	0	72.00
73.00	07300 Drugs Charged to Patients	177,396	59,726,365	0.002970	605,801	1,799	73.00
74.00	07400 RENAL DIALYSIS	5,583	629,429	0.008870	0	0	74.00
76.00	03951 wound Care	122,312	2,631,584	0.046478	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	316,745	1,075,373	0.294544	0	0	90.00
91.00	09100 Emergency	573,069	32,380,917	0.017698	178,386	3,157	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	2,299,642	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,154,842	431,998,006		1,619,150	12,455	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 Operating Room	0	0	0	0	0	50.00
50.01 03340 Gastro Intestinal Services	0	0	0	0	0	50.01
51.00 05100 Recovery Room	0	0	0	0	0	51.00
53.00 05300 Anesthesiology	0	0	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0	0	0	0	0	54.00
54.01 03630 ultra Sound	0	0	0	0	0	54.01
55.00 05500 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 05600 Radioisotope	0	0	0	0	0	56.00
56.01 03650 Vascular Lab	0	0	0	0	0	56.01
56.02 03950 Strauss Oncology	0	0	0	0	0	56.02
57.00 05700 CT Scan	0	0	0	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 06000 Laboratory	0	0	0	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0	0	0	0	0	65.00
66.00 06600 Physical Therapy	0	0	0	0	0	66.00
69.00 06900 Electro cardiology	0	0	0	0	0	69.00
70.00 07000 Electroencephalography	0	0	0	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 wound Care	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 Clinic	0	0	0	0	0	90.00
91.00 09100 Emergency	0	0	0	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/21/2014 9:52 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	82,170,995	0.000000	0.000000	0	50.00
50.01	03340 Gastro Intestinal Services	0	7,036,644	0.000000	0.000000	0	50.01
51.00	05100 Recovery Room	0	12,714,340	0.000000	0.000000	0	51.00
53.00	05300 Anesthesiology	0	12,763,422	0.000000	0.000000	0	53.00
54.00	05400 Radiology - Diagnostic	0	14,770,786	0.000000	0.000000	22,994	54.00
54.01	03630 Ultra Sound	0	2,893,842	0.000000	0.000000	3,985	54.01
55.00	05500 Radiology - Therapeutic	0	4,958,837	0.000000	0.000000	0	55.00
56.00	05600 Radioisotope	0	6,284,920	0.000000	0.000000	7,149	56.00
56.01	03650 Vascular Lab	0	3,458,777	0.000000	0.000000	15,300	56.01
56.02	03950 Strauss Oncology	0	2,686,749	0.000000	0.000000	0	56.02
57.00	05700 CT Scan	0	27,713,258	0.000000	0.000000	62,574	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	6,869,420	0.000000	0.000000	3,468	58.00
59.00	05900 Cardiac Catheterization	0	13,165,170	0.000000	0.000000	0	59.00
60.00	06000 Laboratory	0	55,201,701	0.000000	0.000000	476,062	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	4,023,771	0.000000	0.000000	0	63.00
65.00	06500 Respiratory Therapy	0	5,893,881	0.000000	0.000000	12,082	65.00
66.00	06600 Physical Therapy	0	13,230,067	0.000000	0.000000	156,780	66.00
69.00	06900 Electro cardiology	0	14,665,125	0.000000	0.000000	66,135	69.00
70.00	07000 Electroencephalography	0	363,840	0.000000	0.000000	1,069	70.00
71.00	07100 Medical Supplies Charged to Patients	0	24,629,908	0.000000	0.000000	7,365	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	17,759,243	0.000000	0.000000	0	72.00
73.00	07300 Drugs Charged to Patients	0	59,726,365	0.000000	0.000000	605,801	73.00
74.00	07400 RENAL DIALYSIS	0	629,429	0.000000	0.000000	0	74.00
76.00	03951 wound Care	0	2,631,584	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	0	1,075,373	0.000000	0.000000	0	90.00
91.00	09100 Emergency	0	32,380,917	0.000000	0.000000	178,386	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	2,299,642	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	431,998,006			1,619,150	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/21/2014 9:52 am PPS
Title XVIII		Subprovider - IPF	

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	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	3,444	0	0	54.00
54.01	03630	ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	2,144	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	4,451	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	5,755	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	346	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	132	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	16,272	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	0	0	50.01
51.00	05100 Recovery Room	0	0	51.00
53.00	05300 Anesthesiology	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	54.00
54.01	03630 ultra sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 wound care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
		Component CCN: 14S082		

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	0.147473	0	0	0	0
50.01	03340 Gastro Intestinal Services	0.144864	0	0	0	0
51.00	05100 Recovery Room	0.107448	0	0	0	0
53.00	05300 Anesthesiology	0.031859	0	0	0	0
54.00	05400 Radiology - Diagnostic	0.213968	3,444	0	0	737
54.01	03630 Ultra Sound	0.093483	0	0	0	0
55.00	05500 Radiology - Therapeutic	0.223423	0	0	0	0
56.00	05600 Radioisotope	0.159546	0	0	0	0
56.01	03650 Vascular Lab	0.085478	0	0	0	0
56.02	03950 Strauss Oncology	0.328292	0	0	0	0
57.00	05700 CT Scan	0.042251	2,144	0	0	91
58.00	05800 Magnetic Resonance Imaging (MRI)	0.045573	0	0	0	0
59.00	05900 Cardiac Catheterization	0.078337	0	0	0	0
60.00	06000 Laboratory	0.069409	4,451	0	0	309
63.00	06300 Blood Storing, Processing, & Trans.	0.207021	0	0	0	0
65.00	06500 Respiratory Therapy	0.237574	0	0	0	0
66.00	06600 Physical Therapy	0.222684	0	0	0	0
69.00	06900 Electro cardiology	0.096611	5,755	0	0	556
70.00	07000 Electroencephalography	0.248914	0	0	0	0
71.00	07100 Medical Supplies Charged to Patients	0.126141	346	0	0	44
72.00	07200 Implantable Devices Chrgd to Patient	0.488150	0	0	0	0
73.00	07300 Drugs Charged to Patients	0.141806	132	0	0	19
74.00	07400 RENAL DIALYSIS	0.702530	0	0	0	0
76.00	03951 wound Care	0.330552	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 Clinic	2.333173	0	0	0	0
91.00	09100 Emergency	0.136458	0	0	0	0
92.00	09200 Observation Beds (Non-Distinct Part)	0.495354	0	0	0	0
200.00	Subtotal (see instructions)		16,272	0	0	1,756
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00	Net Charges (line 200 +/- line 201)		16,272	0	0	1,756

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082	Period: From 06/01/2013	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
	Component CCN: 145082	To 05/31/2014	
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 Operating Room	0	0	50.00
50.01 03340 Gastro Intestinal Services	0	0	50.01
51.00 05100 Recovery Room	0	0	51.00
53.00 05300 Anesthesiology	0	0	53.00
54.00 05400 Radiology - Diagnostic	0	0	54.00
54.01 03630 Ultra Sound	0	0	54.01
55.00 05500 Radiology - Therapeutic	0	0	55.00
56.00 05600 Radioisotope	0	0	56.00
56.01 03650 Vascular Lab	0	0	56.01
56.02 03950 Strauss Oncology	0	0	56.02
57.00 05700 CT Scan	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900 Cardiac Catheterization	0	0	59.00
60.00 06000 Laboratory	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00 06500 Respiratory Therapy	0	0	65.00
66.00 06600 Physical Therapy	0	0	66.00
69.00 06900 Electro cardiology	0	0	69.00
70.00 07000 Electroencephalography	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00 07300 Drugs Charged to Patients	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 Clinic	0	0	90.00
91.00 09100 Emergency	0	0	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part II
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	1,343,252	82,170,995	0.016347	49,838	815	50.00
50.01	03340 Gastro Intestinal Services	165,652	7,036,644	0.023541	0	0	50.01
51.00	05100 Recovery Room	163,382	12,714,340	0.012850	3,770	48	51.00
53.00	05300 Anesthesiology	26,096	12,763,422	0.002045	7,999	16	53.00
54.00	05400 Radiology - Diagnostic	548,985	14,770,786	0.037167	52,255	1,942	54.00
54.01	03630 Ultra Sound	12,152	2,893,842	0.004199	3,948	17	54.01
55.00	05500 Radiology - Therapeutic	168,867	4,958,837	0.034054	0	0	55.00
56.00	05600 Radioisotope	138,255	6,284,920	0.021998	18,589	409	56.00
56.01	03650 Vascular Lab	5,888	3,458,777	0.001702	29,739	51	56.01
56.02	03950 Strauss Oncology	17,271	2,686,749	0.006428	6,037	39	56.02
57.00	05700 CT Scan	61,365	27,713,258	0.002214	40,025	89	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	48,483	6,869,420	0.007058	19,820	140	58.00
59.00	05900 Cardiac Catheterization	81,515	13,165,170	0.006192	0	0	59.00
60.00	06000 Laboratory	261,407	55,201,701	0.004735	521,214	2,468	60.00
63.00	06300 Blood Storing, Processing, & Trans.	20,203	4,023,771	0.005021	18,371	92	63.00
65.00	06500 Respiratory Therapy	70,495	5,893,881	0.011961	97,157	1,162	65.00
66.00	06600 Physical Therapy	201,927	13,230,067	0.015263	2,827,983	43,164	66.00
69.00	06900 Electro cardiology	320,390	14,665,125	0.021847	38,174	834	69.00
70.00	07000 Electroencephalography	6,735	363,840	0.018511	0	0	70.00
71.00	07100 Medical supplies Charged to Patients	81,231	24,629,908	0.003298	95,947	316	71.00
72.00	07200 Implantable Devices Chrgd to Patient	216,186	17,759,243	0.012173	18,448	225	72.00
73.00	07300 Drugs Charged to Patients	177,396	59,726,365	0.002970	682,036	2,026	73.00
74.00	07400 RENAL DIALYSIS	5,583	629,429	0.008870	34,550	306	74.00
76.00	03951 wound Care	122,312	2,631,584	0.046478	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 Clinic	316,745	1,075,373	0.294544	0	0	90.00
91.00	09100 Emergency	573,069	32,380,917	0.017698	103	2	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	2,299,642	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,154,842	431,998,006		4,566,003	54,161	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
54.01	03630	Ultra Sound	0	0	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	0	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Subprovider - TRF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	82,170,995	0.000000	0.000000	49,838	50.00
50.01	03340	Gastro Intestinal Services	0	7,036,644	0.000000	0.000000	0	50.01
51.00	05100	Recovery Room	0	12,714,340	0.000000	0.000000	3,770	51.00
53.00	05300	Anesthesiology	0	12,763,422	0.000000	0.000000	7,999	53.00
54.00	05400	Radiology - Diagnostic	0	14,770,786	0.000000	0.000000	52,255	54.00
54.01	03630	Ultra Sound	0	2,893,842	0.000000	0.000000	3,948	54.01
55.00	05500	Radiology - Therapeutic	0	4,958,837	0.000000	0.000000	0	55.00
56.00	05600	Radioisotope	0	6,284,920	0.000000	0.000000	18,589	56.00
56.01	03650	Vascular Lab	0	3,458,777	0.000000	0.000000	29,739	56.01
56.02	03950	Strauss Oncology	0	2,686,749	0.000000	0.000000	6,037	56.02
57.00	05700	CT Scan	0	27,713,258	0.000000	0.000000	40,025	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	6,869,420	0.000000	0.000000	19,820	58.00
59.00	05900	Cardiac Catheterization	0	13,165,170	0.000000	0.000000	0	59.00
60.00	06000	Laboratory	0	55,201,701	0.000000	0.000000	521,214	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	4,023,771	0.000000	0.000000	18,371	63.00
65.00	06500	Respiratory Therapy	0	5,893,881	0.000000	0.000000	97,157	65.00
66.00	06600	Physical Therapy	0	13,230,067	0.000000	0.000000	2,827,983	66.00
69.00	06900	Electro cardiology	0	14,665,125	0.000000	0.000000	38,174	69.00
70.00	07000	Electroencephalography	0	363,840	0.000000	0.000000	0	70.00
71.00	07100	Medical supplies Charged to Patients	0	24,629,908	0.000000	0.000000	95,947	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	17,759,243	0.000000	0.000000	18,448	72.00
73.00	07300	Drugs Charged to Patients	0	59,726,365	0.000000	0.000000	682,036	73.00
74.00	07400	RENAL DIALYSIS	0	629,429	0.000000	0.000000	34,550	74.00
76.00	03951	Wound Care	0	2,631,584	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	Clinic	0	1,075,373	0.000000	0.000000	0	90.00
91.00	09100	Emergency	0	32,380,917	0.000000	0.000000	103	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	2,299,642	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	431,998,006			4,566,003	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/21/2014 9:52 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	4,567	0	0	54.00
54.01	03630	ultra sound	0	1,570	0	0	54.01
55.00	05500	Radiology - Therapeutic	0	0	0	0	55.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03650	Vascular Lab	0	6,556	0	0	56.01
56.02	03950	Strauss Oncology	0	0	0	0	56.02
57.00	05700	CT Scan	0	7,073	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	2,603	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	4,353	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
69.00	06900	Electro cardiology	0	2,970	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical supplies Charged to Patients	0	1,265	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	239	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03951	wound Care	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	0	0	0	0	90.00
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	31,196	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/21/2014 9:52 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 Gastro Intestinal Services	0	0	50.01
51.00	05100 Recovery Room	0	0	51.00
53.00	05300 Anesthesiology	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	54.00
54.01	03630 Ultra Sound	0	0	54.01
55.00	05500 Radiology - Therapeutic	0	0	55.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03650 Vascular Lab	0	0	56.01
56.02	03950 Strauss Oncology	0	0	56.02
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
69.00	06900 Electro cardiology	0	0	69.00
70.00	07000 Electroencephalography	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03951 wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	0	0	90.00
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0.147473	0	0	0	50.00
50.01	03340	Gastro Intestinal Services	0.144864	0	0	0	50.01
51.00	05100	Recovery Room	0.107448	0	0	0	51.00
53.00	05300	Anesthesiology	0.031859	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.213968	4,567	0	977	54.00
54.01	03630	Ultra sound	0.093483	1,570	0	147	54.01
55.00	05500	Radiology - Therapeutic	0.223423	0	0	0	55.00
56.00	05600	Radioisotope	0.159546	0	0	0	56.00
56.01	03650	Vascular Lab	0.085478	6,556	0	560	56.01
56.02	03950	Strauss Oncology	0.328292	0	0	0	56.02
57.00	05700	CT Scan	0.042251	7,073	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.045573	2,603	0	119	58.00
59.00	05900	Cardiac Catheterization	0.078337	0	0	0	59.00
60.00	06000	Laboratory	0.069409	4,353	0	302	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.207021	0	0	0	63.00
65.00	06500	Respiratory Therapy	0.237574	0	0	0	65.00
66.00	06600	Physical Therapy	0.222684	0	0	0	66.00
69.00	06900	Electro cardiology	0.096611	2,970	0	287	69.00
70.00	07000	Electroencephalography	0.248914	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0.126141	1,265	0	160	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.488150	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.141806	239	0	34	73.00
74.00	07400	RENAL DIALYSIS	0.702530	0	0	0	74.00
76.00	03951	wound Care	0.330552	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	Clinic	2.333173	0	0	0	90.00
91.00	09100	Emergency	0.136458	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.495354	0	0	0	92.00
200.00		Subtotal (see instructions)		31,196	0	2,885	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		31,196	0	2,885	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/21/2014 9:52 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000	Operating Room	0	0	50.00
50.01 03340	Gastro Intestinal Services	0	0	50.01
51.00 05100	Recovery Room	0	0	51.00
53.00 05300	Anesthesiology	0	0	53.00
54.00 05400	Radiology - Diagnostic	0	0	54.00
54.01 03630	Ultra Sound	0	0	54.01
55.00 05500	Radiology - Therapeutic	0	0	55.00
56.00 05600	Radioisotope	0	0	56.00
56.01 03650	vascular Lab	0	0	56.01
56.02 03950	Strauss Oncology	0	0	56.02
57.00 05700	CT Scan	0	0	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 05900	Cardiac Catheterization	0	0	59.00
60.00 06000	Laboratory	0	0	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00 06500	Respiratory Therapy	0	0	65.00
66.00 06600	Physical Therapy	0	0	66.00
69.00 06900	Electro cardiology	0	0	69.00
70.00 07000	Electroencephalography	0	0	70.00
71.00 07100	Medical Supplies Charged to Patients	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	74.00
76.00 03951	wound Care	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	Clinic	0	0	90.00
91.00 09100	Emergency	0	0	91.00
92.00 09200	Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,524 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,524 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)			22,102 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)			10,940 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			18,844,523 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)			18,844,523 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			18,844,523 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			801.08 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			8,763,815 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)			8,763,815 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1			
Date/Time Prepared: 10/21/2014 9:52 am							
Title XVIII		Hospital		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)					42.00	
	Intensive Care Type Inpatient Hospital Units						
43.00	4,471,883	2,955	1,513.33	1,620	2,451,595	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)					13,336,428	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,551,838	49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					1,586,353	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					906,106	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,492,459	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,059,379	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,422	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					801.08	88.00
89.00	Observable bed cost (line 87 x line 88) (see instructions)					1,139,136	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet D-1

Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Cost	Title XVIII		Hospital		PPS
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,727,590	18,844,523	0.144742	1,139,136	164,881	90.00
91.00 Nursing School cost	0	18,844,523	0.000000	1,139,136	0	91.00
92.00 Allied health cost	0	18,844,523	0.000000	1,139,136	0	92.00
93.00 All other Medical Education	0	18,844,523	0.000000	1,139,136	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
		Component CCN: 14S082	Title XVIII	Date/Time Prepared: 10/21/2014 9:52 am
			Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,022	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,022	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,377	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,039,501	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,039,501	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,039,501	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		674.88	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,604,190	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,604,190	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082 Component CCN: 14S082		Period: From 06/01/2013 To 05/31/2014		Worksheet D-1 Date/Time Prepared: 10/21/2014 9:52 am	
Title XVIII		Subprovider - IPF		PPS			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	Intensive Care Unit					0	43.00
44.00	CORONARY CARE UNIT					0	44.00
45.00	BURN INTENSIVE CARE UNIT					0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT					0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					0	47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					199,233	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,803,423	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)					202,093	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					12,455	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					214,548	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,588,875	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
Component CCN: 145082		Date/Time Prepared: 10/21/2014 9:52 am
Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	256,939	2,039,501	0.125981	0	0	90.00
91.00 Nursing School cost	0	2,039,501	0.000000	0	0	91.00
92.00 Allied health cost	0	2,039,501	0.000000	0	0	92.00
93.00 All other Medical Education	0	2,039,501	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
		Component CCN: 14T082		Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,363	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,363	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)		3,363	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,450	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,713,372	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,713,372	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,713,372	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		806.83	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,976,734	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,976,734	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082 Component CCN: 14T082		Period: From 06/01/2013 To 05/31/2014		worksheet D-1 Date/Time Prepared: 10/21/2014 9:52 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)	
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	
Intensive Care Type Inpatient Hospital Units							
43.00	Intensive Care Unit	0	0	0.00	0	0	
44.00	CORONARY CARE UNIT						
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					868,470	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,845,204	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					340,697	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					54,161	
52.00	Total Program excludable cost (sum of lines 50 and 51)					394,858	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,450,346	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
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)					0	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140082 Component CCN: 14T082		Period: From 06/01/2013 To 05/31/2014		Worksheet D-1 Date/Time Prepared: 10/21/2014 9:52 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	467,643	2,713,372	0.172348	0	0	90.00
91.00	Nursing School cost	0	2,713,372	0.000000	0	0	91.00
92.00	Allied health cost	0	2,713,372	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,713,372	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		15,380,746		30.00
31.00	03100 Intensive Care Unit		2,972,700		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.150387	15,563,109	2,340,489	50.00
50.01	03340 Gastro Intestinal Services	0.144864	844,373	122,319	50.01
51.00	05100 Recovery Room	0.107448	1,968,297	211,490	51.00
53.00	05300 Anesthesiology	0.031859	2,528,927	80,569	53.00
54.00	05400 Radiology - Diagnostic	0.215364	1,747,524	376,354	54.00
54.01	03630 ultra Sound	0.093483	688,953	64,405	54.01
55.00	05500 Radiology - Therapeutic	0.225036	173,694	39,087	55.00
56.00	05600 Radioisotope	0.159546	999,177	159,415	56.00
56.01	03650 Vascular Lab	0.085478	875,830	74,864	56.01
56.02	03950 Strauss Oncology	0.328292	0	0	56.02
57.00	05700 CT Scan	0.042251	5,660,921	239,180	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.045573	645,528	29,419	58.00
59.00	05900 Cardiac Catheterization	0.078337	3,532,274	276,708	59.00
60.00	06000 Laboratory	0.069409	17,503,445	1,214,897	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.207021	1,174,811	243,211	63.00
65.00	06500 Respiratory Therapy	0.237574	2,647,592	628,999	65.00
66.00	06600 Physical Therapy	0.222684	2,629,756	585,605	66.00
69.00	06900 Electro cardiology	0.096611	4,156,882	401,601	69.00
70.00	07000 Electroencephalography	0.248914	126,796	31,561	70.00
71.00	07100 Medical Supplies Charged to Patients	0.126141	5,873,092	740,838	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.488150	6,568,586	3,206,455	72.00
73.00	07300 Drugs Charged to Patients	0.141806	10,060,355	1,426,619	73.00
74.00	07400 RENAL DIALYSIS	0.702530	337,130	236,844	74.00
76.00	03951 Wound Care	0.334413	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 Clinic	2.333173	0	0	90.00
91.00	09100 Emergency	0.136458	4,101,002	559,615	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.495354	92,628	45,884	92.00
200.00	Total (sum of lines 50-94 and 96-98)		90,500,682	13,336,428	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		90,500,682		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	worksheet D-3
		Component CCN: 145082	Date/Time Prepared: 10/21/2014 9:52 am	
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	Adults & Pediatrics	0	30.00
31.00	03100	Intensive Care Unit	0	31.00
40.00	04000	SUBPROVIDER - IPF	2,272,412	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	Operating Room	0	50.00
50.01	03340	Gastro Intestinal Services	0	50.01
51.00	05100	Recovery Room	0	51.00
53.00	05300	Anesthesiology	0	53.00
54.00	05400	Radiology - Diagnostic	22,994	54.00
54.01	03630	Ultra Sound	3,985	54.01
55.00	05500	Radiology - Therapeutic	0	55.00
56.00	05600	Radioisotope	7,149	56.00
56.01	03650	Vascular Lab	15,300	56.01
56.02	03950	Strauss Oncology	0	56.02
57.00	05700	CT Scan	62,574	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	3,468	58.00
59.00	05900	Cardiac Catheterization	0	59.00
60.00	06000	Laboratory	476,062	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	63.00
65.00	06500	Respiratory Therapy	12,082	65.00
66.00	06600	Physical Therapy	156,780	66.00
69.00	06900	Electro cardiology	66,135	69.00
70.00	07000	Electroencephalography	1,069	70.00
71.00	07100	Medical supplies charged to Patients	7,365	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	72.00
73.00	07300	Drugs Charged to Patients	605,801	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03951	wound Care	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	Clinic	0	90.00
91.00	09100	Emergency	178,386	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,619,150	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,619,150	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140082 Component CCN: 14T082	Period: From 06/01/2013 To 05/31/2014	Worksheet D-3 Date/Time Prepared: 10/21/2014 9:52 am
Cost Center Description		Title XVIII	Subprovider - IRF	PPS
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics		0	30.00
31.00	03100 Intensive Care Unit		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		1,915,900	41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0.150387	49,838	7,495 50.00
50.01	03340 Gastro Intestinal Services	0.144864	0	0 50.01
51.00	05100 Recovery Room	0.107448	3,770	405 51.00
53.00	05300 Anesthesiology	0.031859	7,999	255 53.00
54.00	05400 Radiology - Diagnostic	0.215364	52,255	11,254 54.00
54.01	03630 Ultra Sound	0.093483	3,948	369 54.01
55.00	05500 Radiology - Therapeutic	0.225036	0	0 55.00
56.00	05600 Radioisotope	0.159546	18,589	2,966 56.00
56.01	03650 Vascular Lab	0.085478	29,739	2,542 56.01
56.02	03950 Strauss Oncology	0.328292	6,037	1,982 56.02
57.00	05700 CT Scan	0.042251	40,025	1,691 57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.045573	19,820	903 58.00
59.00	05900 Cardiac Catheterization	0.078337	0	0 59.00
60.00	06000 Laboratory	0.069409	521,214	36,177 60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.207021	18,371	3,803 63.00
65.00	06500 Respiratory Therapy	0.237574	97,157	23,082 65.00
66.00	06600 Physical Therapy	0.222684	2,827,983	629,747 66.00
69.00	06900 Electro cardiology	0.096611	38,174	3,688 69.00
70.00	07000 Electroencephalography	0.248914	0	0 70.00
71.00	07100 Medical Supplies Charged to Patients	0.126141	95,947	12,103 71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.488150	18,448	9,005 72.00
73.00	07300 Drugs Charged to Patients	0.141806	682,036	96,717 73.00
74.00	07400 RENAL DIALYSIS	0.702530	34,550	24,272 74.00
76.00	03951 wound Care	0.334413	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 Clinic	2.333173	0	0 90.00
91.00	09100 Emergency	0.136458	103	14 91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.495354	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,566,003	868,470 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,566,003	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet E
Part A
Date/Time Prepared:
10/21/2014 9:52 am

		Title XVIII		Hospital	PPS
		before 1/1	on/after 1/1		
		0	1.00	1.01	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		7,384,716		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		14,724,731		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		97,618		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		2,210,409		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.10		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		56.25		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)		1.41		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.		4.46		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		10.78		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)		10.00		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)		71.16		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		72.51		10.00
11.00	FTE count for residents in dental and podiatric programs.		7.34		11.00
12.00	Current year allowable FTE (see instructions)		78.50		12.00
13.00	Total allowable FTE count for the prior year.		77.03		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.		65.78		14.00
15.00	Sum of lines 12 through 14 divided by 3.		73.77		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		73.77		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.460775		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.488033		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.460775		21.00
22.00	IME payment adjustment (see instructions)		5,446,334		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over cap (see instructions)		1.35		24.00
25.00	If the amount on line 24 is greater than 0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		5,446,334		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		12.88		30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.95		31.00
32.00	Sum of lines 30 and 31		40.83		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet E
Part A
Date/Time Prepared:
10/21/2014 9:52 am

		Title XVIII		Hospital	PPS
		0	before 1/1	on/after 1/1	2.00
			1.00	1.01	
33.00	Allowable disproportionate share percentage (see instructions)		22.90		33.00
34.00	Disproportionate share adjustment (see instructions)		2,534,091		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000266705 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				2,412,716 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				1,606,273 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,606,273		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		31,793,763		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		31,793,763		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		2,555,177		50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		3,498,532		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,847,472		59.00
60.00	Primary payer payments		75,518		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,771,954		61.00
62.00	Deductibles billed to program beneficiaries		1,749,184		62.00
63.00	Coinsurance billed to program beneficiaries		203,984		63.00
64.00	Allowable bad debts (see instructions)		1,105,808		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		718,775		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		935,313		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,537,561		67.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part A Date/Time Prepared: 10/21/2014 9:52 am	
		Title XVIII	Hospital	PPS	
		Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		33,646		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-118,711		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,452,496		71.00
71.01	Sequestration adjustment (see instructions)		729,050		71.01
72.00	Interim payments		34,410,482		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		1,312,964		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		594,824		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet DSH
Date/Time Prepared:
10/21/2014 9:52 am

		Title XVIII			Hospital	PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	12.88	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.95	0.00			27.95	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	40.83	0.00			27.95	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)	160.10	0.00			160.10	5.00
6.00	Disproportionate Share Payment Percentage (transfer to worksheet E, Part A, line 33)	22.90	0.00			12.27	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	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)	12.88	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	18.79	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (worksheet S-2, line 24, column 1)	4,034	0			4,034	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	2,741	0			2,741	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)	229	0			229	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)	7,004	0			7,004	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	25,057	0			25,057	22.00
23.00	Plus total labor room days (worksheet S-3, Part I, Column 8, Line 32)	0	0			0	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)	25,057	0			25,057	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.95	0.00			27.95	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet DSH
Date/Time Prepared:
10/21/2014 9:52 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	
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	True	22.90		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		22.90		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.		22.90		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	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (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 Cummunity 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: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet DSH

Date/Time Prepared:
10/21/2014 9:52 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	12.27			28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00			29.00
30.00	Line 28 or 29 as applicable	12.27			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.	12.27			31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part B Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,271	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,934,678	2.00
3.00	PPS payments		11,192,555	3.00
4.00	Outlier payment (see instructions)		60,530	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,271	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		51,275	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		51,275	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		51,275	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		44,004	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)		7,271	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		11,253,085	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,465,584	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		8,794,772	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		1,554,798	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,349,570	30.00
31.00	Primary payer payments		3,012	31.00
32.00	Subtotal (line 30 minus line 31)		10,346,558	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,141,034	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		741,672	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		966,098	36.00
37.00	Subtotal (see instructions)		11,088,230	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,088,230	40.00
40.01	Sequestration adjustment (see instructions)		221,765	40.01
41.00	Interim payments		10,159,386	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		707,079	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part B Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,756	2.00
3.00	PPS payments		1,329	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,329	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		299	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,030	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,030	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,030	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,030	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,030	40.00
40.01	Sequestration adjustment (see instructions)		21	40.01
41.00	Interim payments		1,009	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0,112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part B Date/Time Prepared: 10/21/2014 9:52 am
		Component CCN: 14T082	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPDS (see instructions)		2,885	2.00
3.00	PPS payments		2,315	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,315	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		743	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,572	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,572	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,572	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,572	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,572	40.00
40.01	Sequestration adjustment (see instructions)		31	40.01
41.00	Interim payments		1,540	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
10/21/2014 9:52 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		33,521,541		10,653,066	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	01/30/2014	380,950	01/30/2014	159,175	3.01
3.02		05/30/2014	507,991		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	05/30/2014	652,855	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)		888,941		-493,680	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)		34,410,482		10,159,386	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,312,964		707,079	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		35,723,446		10,866,465	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140082
Component CCN: 14S082

Period:
From 06/01/2013
To 05/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
10/21/2014 9:52 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,992,093		1,009	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		1,992,093		1,009	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,992,093		1,009	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140082
Component CCN: 14T082

Period:
From 06/01/2013
To 05/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
10/21/2014 9:52 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,084,363		1,540	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	01/30/2014	60,698		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		60,698		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or Wkst. E-3, line and column as appropriate)		4,145,061		1,540	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		56,009		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,201,070		1,541	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: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E-1 Part II Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14		5,312	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12		12,560	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2		1,441	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		25,057	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200		474,551,002	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20		11,781,300	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		1,623,080	8.00
9.00	Sequestration adjustment amount (see instructions)		32,462	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,590,618	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,723,837	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)		-133,219	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082 Component CCN: 14S082	Period: From 06/01/2013 To 05/31/2014	Worksheet E-3 Part II Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,180,628	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTES in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.279452	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,180,628	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		2,180,628	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,180,628	18.00
19.00	Deductibles		138,784	19.00
20.00	Subtotal (line 18 minus line 19)		2,041,844	20.00
21.00	Coinsurance		9,096	21.00
22.00	Subtotal (line 20 minus line 21)		2,032,748	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,032,748	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		2,032,748	31.00
31.01	Sequestration adjustment (see instructions)		40,655	31.01
32.00	Interim payments		1,992,093	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E-3 Part III Date/Time Prepared: 10/21/2014 9:52 am
		Component CCN: 14T082	Title XVIII	Subprovider - IRF
				PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,391,945	2,469,837	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.1879		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	207,957	248,466	3.00
4.00	Outlier Payments	12,529		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	9.213699		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	4,330,734		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0		15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	4,330,734		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	4,330,734		19.00
20.00	Deductibles	39,488		20.00
21.00	Subtotal (line 19 minus line 20)	4,291,246		21.00
22.00	Coinsurance	4,440		22.00
23.00	Subtotal (line 21 minus line 22)	4,286,806		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	4,286,806		27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	4,286,806		32.00
32.01	Sequestration adjustment (see instructions)	85,736		32.01
33.00	Interim payments	4,145,061		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	56,009		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4	12,529		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time value of Money	0.00		52.00
53.00	Time value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E-4 Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS
				1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			56.79	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			0.28	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)			3.59	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))			11.25	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)			10.00	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			74.17	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			72.51	6.00
7.00	Enter the lesser of line 5 or line 6			72.51	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.	43.81	27.56	71.37	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.	43.81	27.56	71.37	9.00
10.00	weighted dental and podiatric resident FTE count for the current year		5.90		10.00
11.00	Total weighted FTE count	43.81	33.46		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	37.44	32.26		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	32.98	29.23		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	38.08	31.65		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	38.08	31.65		17.00
18.00	Per resident amount	123,835.76	117,261.58		18.00
19.00	Approved amount for resident costs	4,715,666	3,711,329	8,426,995	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)			0.00	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)			8,426,995	25.00	

		Inpatient Part A	Managed care	
		1.00	2.00	3.00

COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,387	1,709		26.00
27.00	Total Inpatient Days (see instructions)	31,442	31,442		27.00
28.00	Ratio of inpatient days to total inpatient days	0.552986	0.054354		28.00
29.00	Program direct GME amount	4,660,010	458,041		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		64,721		30.00
31.00	Net Program direct GME amount			5,053,330	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet E-4 Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		629,429	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		29,200,465	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		75,518	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,124,947	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		12,946,590	42.00
43.00	Primary payer payments (see instructions)		3,012	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		12,943,578	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		42,068,525	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.692322	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.307678	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		5,053,330	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		3,498,532	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,554,798	50.00

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

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet G

Date/Time Prepared:
10/21/2014 9:52 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-262,300	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	22,037,260	0	0	0	4.00
5.00 Other receivable	226,122	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-3,748,567	0	0	0	6.00
7.00 Inventory	3,121,031	0	0	0	7.00
8.00 Prepaid expenses	164,111	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)	21,537,657	0	0	0	11.00
FIXED ASSETS					
12.00 Land	13,168,721	0	0	0	12.00
13.00 Land improvements	43,156	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	44,525,702	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	2,510,949	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	44,107,955	0	0	0	23.00
24.00 Accumulated depreciation	-63,796,394	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	193,689	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	40,753,778	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	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	4,056,566	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	4,056,566	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	66,348,001	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	8,103,493	0	0	0	37.00
38.00 Salaries, wages, and fees payable	5,016,027	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	-1,171,573	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	11,947,947	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	130,300,163	0	0	0	46.00
47.00 Notes payable	1,753,990	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	4,202,524	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	136,256,677	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	148,204,624	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-81,856,623	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	-81,856,623	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	66,348,001	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-1
Date/Time Prepared:
10/21/2014 9:52 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		-78,501,777			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-2,415,382				2.00
3.00	Total (sum of line 1 and line 2)		-80,917,159			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	RECONCILING ITEM	-939,464		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)		-939,464			0	10.00
11.00	Subtotal (line 3 plus line 10)		-81,856,623			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-81,856,623			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	RECONCILING ITEM		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/21/2014 9:52 am

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	31,580,660		31,580,660	1.00
2.00 SUBPROVIDER - IPF	2,889,988		2,889,988	2.00
3.00 SUBPROVIDER - IRF	2,630,711		2,630,711	3.00
4.00 SUBPROVIDER				4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				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)	37,101,359		37,101,359	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 Intensive Care Unit	5,451,637		5,451,637	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)	5,451,637		5,451,637	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	42,552,996		42,552,996	17.00
18.00 Ancillary services	187,413,702	208,828,370	396,242,072	18.00
19.00 Outpatient services	9,147,966	26,607,967	35,755,933	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 PHYSICIAN PRIVATE OFFICES	0	1,513,752	1,513,752	27.00
27.01 PROFESSIONAL FEES	0	574,040	574,040	27.01
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	239,114,664	237,524,129	476,638,793	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		120,537,690		29.00
30.00 ADD (SPECIFY)	0			30.00
31.00	0			31.00
32.00	0			32.00
33.00	0			33.00
34.00	0			34.00
35.00	0			35.00
36.00 Total additions (sum of lines 30-35)		0		36.00
37.00 DEDUCT (SPECIFY)	0			37.00
38.00	0			38.00
39.00	0			39.00
40.00	0			40.00
41.00	0			41.00
42.00 Total deductions (sum of lines 37-41)		0		42.00
43.00 Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		120,537,690		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140082

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-3

Date/Time Prepared:
10/21/2014 9:52 am

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	476,638,793	1.00
2.00	Less contractual allowances and discounts on patients' accounts	360,357,331	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,281,462	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	120,537,690	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,256,228	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	144,990	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	257,514	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	13,947	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	725,244	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPICE BED RENTAL REVENUE	156,341	24.00
24.01	OTHER OPERATING REVENUE	542,810	24.01
25.00	Total other income (sum of lines 6-24)	1,840,846	25.00
26.00	Total (line 5 plus line 25)	-2,415,382	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,415,382	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140082	Period: From 06/01/2013 To 05/31/2014	Worksheet L Parts I-III Date/Time Prepared: 10/21/2014 9:52 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,763,954	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		14,377	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)		68.65	3.00
4.00	Number of interns & residents (see instructions)		73.77	4.00
5.00	Indirect medical education percentage (see instructions)		35.42	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		624,793	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		12.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.95	8.00
9.00	Sum of lines 7 and 8		40.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.62	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		152,053	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,555,177	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00