

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: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/26/2015 1:28 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OTTAWA REGIONAL HOSPITAL & HEALTHCARE (140110) for the cost reporting period beginning 10/01/2013 and ending 09/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	218,840	-12,313	-352,166	0	1.00
2.00 Subprovider - IPF	0	12,770	-78		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	231,610	-12,391	-352,166	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/26/2015 1:28 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1100 EAST NORRIS DRIVE	PO Box:	3.00 State: IL	4.00 Zip Code: 61350	County: LASALLE	1.00	2.00
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	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	OTTAWA REGIONAL HOSPITAL & HEALTHCARE	140110	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	OTTAWA REGIONAL PSYCHIATRIC UNIT	14S110	16974	4	05/01/1984	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	OTTAWA VISITING NURSING SERVICE	147048	16974		11/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF COMMUNITY HOSPITAL	141570	16974		02/01/1984				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:		To:		
		1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2013		09/30/2014		20.00
21.00	Type of Control (see instructions)			2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
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.							24.00
	1,258	691	0	0	1,673	77		
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.							25.00
	0	0	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/26/2015 1:28 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	10/01/2013		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	Y		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	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.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
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		
61.06	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140110

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

Worksheet S-2
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
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)				N	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/26/2015 1:28 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
1.00 2.00 3.00						
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0
1.00						
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
85.00	TEFRA Providers 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						
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00	97.00		
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				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.		Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	523,767	0	0		
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02		
DO NOT USE THIS LINE						
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	Y	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00		

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		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149006	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 00131			
142.00	Street: 800 N. E. GLEN OAK AVENUE	PO Box:					
143.00	City: PEORIA	State: IL	Zip Code: 61603				
				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.	N		145.00			
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						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		168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75		169.00			
		Beginni ng 1.00		Endi ng 2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013		09/30/2014			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/26/2015 1:28 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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.	N			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	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/15/2014		Y
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			Y
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/26/2015 1:28 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
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.				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.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAWN	TROMPETER		41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF SAINT ELIZABETH MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-431-5458	DAWN.C.TROMPETER@OSFHEALTHCARE.ORG		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)		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)	12/15/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CHIEF FINANCIAL OFFICER	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

HFS Supplemental Information		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 2/26/2015 1:28 pm
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140110

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	82	29,930	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)		82	29,930	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	5	1,825	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		87	31,755	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	8	2,920		0	16.00
17.00 SUBPROVIDER - IRF						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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		95				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140110

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,040	2,509	8,750			1.00
2.00 HMO and other (see instructions)	413	691				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,040	2,509	8,750			7.00
8.00 INTENSIVE CARE UNIT	514	0	834			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		422	741			13.00
14.00 Total (see instructions)	3,554	2,931	10,325	0.00	493.14	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,299	316	1,698	0.00	10.15	16.00
17.00 SUBPROVIDER - IRF						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	8,962	0	14,006	0.00	20.14	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	3.97	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)				0.00	527.40	27.00
28.00 Observation Bed Days		0	1,544			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	77	101			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140110

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,035	465	2,960	1.00
2.00 HMO and other (see instructions)			122	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,035	465	2,960	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	215	41	312	16.00
17.00 SUBPROVIDER - IRF						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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					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: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet S-3 Part II Date/Time Prepared: 2/26/2015 1:28 pm	
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	28,262,326	4	28,262,330	1,101,986.00	25.65	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		191,852	0	191,852	2,048.00	93.68	3.00
4.00	Physician-Part A - Administrative		208,186	0	208,186	1,219.00	170.78	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,176,271	0	2,176,271	13,677.00	159.12	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,054,908	13,074	2,067,982	120,523.00	17.16	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,003,009	0	1,003,009	13,308.00	75.37	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,010,572	0	1,010,572	7,166.00	141.02	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		3,352,955	0	3,352,955	61,150.00	54.83	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		7,890,324	0	7,890,324			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		897,650	0	897,650			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		30,917	0	30,917			21.00
22.00	Physician Part A - Administrative		27,798	0	27,798			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		295,969	0	295,969			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	352,653	0	352,653	15,370.00	22.94	26.00
27.00	Administrative & General	5.00	2,364,841	-1,261	2,363,580	145,472.00	16.25	27.00
28.00	Administrative & General under contract (see inst.)		276,813	0	276,813	1,173.00	235.99	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	876,824	0	876,824	42,615.00	20.58	30.00
31.00	Laundry & Linen Service	8.00	38,952	0	38,952	2,953.00	13.19	31.00
32.00	Housekeeping	9.00	785,377	0	785,377	61,990.00	12.67	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	704,149	0	704,149	50,110.00	14.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,116,798	0	1,116,798	28,700.00	38.91	38.00
39.00	Central Services and Supply	14.00	226,041	0	226,041	15,701.00	14.40	39.00
40.00	Pharmacy	15.00	901,708	0	901,708	23,770.00	37.93	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140110

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

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,369,947	0	1,369,947	62,844.00	21.80	41.00
42.00	Social Service	17.00	180,526	0	180,526	6,178.00	29.22	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140110

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

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2015 1:28 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	26,171,016	4	26,171,020	1,087,434.00	24.07	1.00
2.00	Excluded area salaries (see instructions)	2,054,908	13,074	2,067,982	120,523.00	17.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,116,108	-13,070	24,103,038	966,911.00	24.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,366,536	0	5,366,536	81,624.00	65.75	4.00
5.00	Subtotal wage-related costs (see inst.)	7,918,122	0	7,918,122	0.00	32.85	5.00
6.00	Total (sum of lines 3 thru 5)	37,400,766	-13,070	37,387,696	1,048,535.00	35.66	6.00
7.00	Total overhead cost (see instructions)	9,194,629	-1,261	9,193,368	456,876.00	20.12	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2015 1:28 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			856,768 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)			5,839,402 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			-43,105 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			91,696 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			326,135 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			2,011,744 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			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			60,017 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			9,142,657 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: 140110

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

Worksheet S-3
Part V
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140110 Component CCN: 147048		Period: From 10/01/2013 To 09/30/2014		Worksheet S-4 Date/Time Prepared: 2/26/2015 1:28 pm			
				Home Health Agency I		PPS			
							1.00		
0.00	County						0.00		
		Title V	Title XVIII	Title XIX	Other	Total			
		1.00	2.00	3.00	4.00	5.00			
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	0	0	0	0		1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	0.00	0.00	0.00		2.00	
		Number of Employees (Full Time Equivalent)							
		Enter the number of hours in your normal work week			Staff	Contract	Total		
		0			1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	0.00			1.00	0.00	1.00		3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00		4.00
5.00	Other Administrative Personnel				4.73	0.00	4.73		5.00
6.00	Direct Nursing Service				8.72	0.00	8.72		6.00
7.00	Nursing Supervisor				0.00	0.00	0.00		7.00
8.00	Physical Therapy Service				3.53	0.00	3.53		8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00		9.00
10.00	Occupational Therapy Service				0.01	0.00	0.01		10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00		11.00
12.00	Speech Pathology Service				0.16	0.00	0.16		12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00		13.00
14.00	Medical Social Service				1.00	0.00	1.00		14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00		15.00
16.00	Home Health Aide				0.98	0.00	0.98		16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00		17.00
18.00	Other (specify)				0.00	0.00	0.00		18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00		
20.01		99914					20.01		
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		Without Outliers	With Outliers	3.00	4.00	5.00			
		1.00	2.00	3.00	4.00	5.00			
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	4,403	327	216	120	5,066		21.00	
22.00	Skilled Nursing Visit Charges	1,161,164	96,397	45,416	30,765	1,333,742		22.00	
23.00	Physical Therapy Visits	2,705	18	33	97	2,853		23.00	
24.00	Physical Therapy Visit Charges	762,680	4,981	7,618	26,663	801,942		24.00	
25.00	Occupational Therapy Visits	208	3	0	11	222		25.00	
26.00	Occupational Therapy Visit Charges	58,307	879	0	3,223	62,409		26.00	
27.00	Speech Pathology Visits	89	0	0	1	90		27.00	
28.00	Speech Pathology Visit Charges	25,491	0	0	293	25,784		28.00	
29.00	Medical Social Service Visits	70	3	2	4	79		29.00	
30.00	Medical Social Service Visit Charges	20,510	879	586	1,172	23,147		30.00	
31.00	Home Health Aide Visits	559	66	1	26	652		31.00	
32.00	Home Health Aide Visit Charges	96,918	11,310	174	4,524	112,926		32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,034	417	252	259	8,962		33.00	
34.00	Other Charges	0	0	0	0	0		34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,125,070	114,446	53,794	66,640	2,359,950		35.00	
36.00	Total Number of Episodes (standard/non outlier)	518		69	20	607		36.00	
37.00	Total Number of Outlier Episodes		10		1	11		37.00	
38.00	Total Non-Routine Medical Supply Charges	155,394	73,582	5,290	3,898	238,164		38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140110
Component CCN: 141570

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/26/2015 1:28 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	3,985	884	0	781	0	4,869	
3.00	Inpatient Respite Care	14	3	0	0	0	17	
4.00	General Inpatient Care	112	18	0	0	0	130	
5.00	Total Hospice Days	4,111	905	0	781	0	5,016	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	189	10	0	8	0	199	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	21.75	90.50	0.00	97.63	0.00	25.21	
9.00	Unduplicated Census Count	106	10	0	8	83	199	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/26/2015 1:28 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.296054	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		6,585,864	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		37,906,122	6.00	
7.00	Medicaid cost (line 1 times line 6)		11,222,259	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,636,395	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)		4,636,395	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,881,339	943,787	5,825,126	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,445,140	279,412	1,724,552	21.00
22.00	Partial payment by patients approved for charity care	27,619	54,669	82,288	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,417,521	224,743	1,642,264	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)		3,642,925	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		338,347	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		3,304,578	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		978,334	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,620,598	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,256,993	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140110

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

Worksheet A
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		-1,288,483	-1,288,483	40,982	-1,247,501	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,637,889	4,637,889	20,640	4,658,529	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	352,653	9,284,154	9,636,807	0	9,636,807	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,364,841	10,713,089	13,077,930	-91,311	12,986,619	5.00
7.00	00700	OPERATION OF PLANT	876,824	654,261	1,531,085	-12,266	1,518,819	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,952	205,454	244,406	0	244,406	8.00
9.00	00900	HOUSEKEEPING	785,377	144,288	929,665	68	929,733	9.00
10.00	01000	DIETARY	704,149	719,586	1,423,735	0	1,423,735	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,116,798	70,786	1,187,584	0	1,187,584	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	226,041	384,774	610,815	-185,301	425,514	14.00
15.00	01500	PHARMACY	901,708	1,888,136	2,789,844	-1,826,803	963,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,369,947	266,975	1,636,922	0	1,636,922	16.00
17.00	01700	SOCIAL SERVICE	180,526	8,773	189,299	0	189,299	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	191,916	191,916	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,386,182	404,019	4,790,201	-944,555	3,845,646	30.00
31.00	03100	INTENSIVE CARE UNIT	740,806	162,310	903,116	0	903,116	31.00
40.00	04000	SUBPROVIDER - I/PF	518,264	4,679	522,943	13,070	536,013	40.00
43.00	04300	NURSERY	0	214	214	147,372	147,586	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	825,557	2,740,976	3,566,533	-897,159	2,669,374	50.00
51.00	05100	RECOVERY ROOM	296,084	4,794	300,878	0	300,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	616,046	616,046	52.00
53.00	05300	ANESTHESIOLOGY	1,783,775	237,040	2,020,815	-263,782	1,757,033	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,015,013	1,124,923	3,139,936	-586,163	2,553,773	54.00
58.00	05800	MRI	0	91,558	91,558	187,775	279,333	58.00
60.00	06000	LABORATORY	1,063,594	1,518,999	2,582,593	0	2,582,593	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	491,805	143,536	635,341	-107,883	527,458	65.00
66.00	06600	PHYSICAL THERAPY	1,719,010	208,636	1,927,646	0	1,927,646	66.00
67.00	06700	OCCUPATIONAL THERAPY	157,598	9,297	166,895	0	166,895	67.00
68.00	06800	SPEECH PATHOLOGY	29,511	-3,657	25,854	-2,535	23,319	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	81,793	81,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	710	710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,435,968	1,435,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	694,865	694,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,826,803	1,826,803	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,129,382	669,618	1,799,000	-533,200	1,265,800	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,550,183	237,344	1,787,527	-45,810	1,741,717	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	293,412	293,412	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,101,102	1,374,587	2,475,689	-105,531	2,370,158	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,328,328	417,360	1,745,688	5,733	1,751,421	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	198,320	202,425	400,745	390	401,135	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,252,330	37,238,340	65,490,670	-44,756	65,445,914	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	-4	885,938	885,934	38,594	924,528	192.00
194.00	07950	CARDINAL SLEEP	10,000	19,458	29,458	6,162	35,620	194.00
200.00		TOTAL (SUM OF LINES 118-199)	28,262,326	38,143,736	66,406,062	0	66,406,062	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140110

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

Worksheet A
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,510,069	2,262,568	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,658,529	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-18,412	9,618,395	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-4,132,316	8,854,303	5.00
7.00	00700	OPERATION OF PLANT	0	1,518,819	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	244,406	8.00
9.00	00900	HOUSEKEEPING	0	929,733	9.00
10.00	01000	DIETARY	-444,921	978,814	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,187,584	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	425,514	14.00
15.00	01500	PHARMACY	-72	962,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,381	1,634,541	16.00
17.00	01700	SOCIAL SERVICE	0	189,299	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-191,916	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	3,845,646	30.00
31.00	03100	INTENSIVE CARE UNIT	-127,009	776,107	31.00
40.00	04000	SUBPROVIDER - I PF	0	536,013	40.00
43.00	04300	NURSERY	0	147,586	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,669,374	50.00
51.00	05100	RECOVERY ROOM	0	300,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	616,046	52.00
53.00	05300	ANESTHESIOLOGY	-1,469,795	287,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-54	2,553,719	54.00
58.00	05800	MRI	0	279,333	58.00
60.00	06000	LABORATORY	0	2,582,593	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	527,458	65.00
66.00	06600	PHYSICAL THERAPY	-32,677	1,894,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	166,895	67.00
68.00	06800	SPEECH PATHOLOGY	0	23,319	68.00
69.00	06900	ELECTROCARDIOLOGY	0	81,793	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,435,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	694,865	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-33,785	1,793,018	73.00
75.00	07500	ASC (NON-DISTINCT PART)	-35,120	1,230,680	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-914,495	827,222	76.01
76.97	07697	CARDIAC REHABILITATION	0	293,412	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-432,885	1,937,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,751,421	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-25,915	375,220	116.00
117.00	06950	HOMEMAKER	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,351,684	61,094,230	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	924,528	192.00
194.00	07950	CARDINAL SLEEP	0	35,620	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-4,351,684	62,054,378	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet Non-CMS W Date/Time Prepared: 2/26/2015 1:28 pm
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
3.00	OTHER CAP REL COSTS	00300		3.00
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
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I/PF	04000		40.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
58.00	MRI	05800		58.00
60.00	LABORATORY	06000		60.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	STRESS TESTING	03160		76.00
76.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00
116.00	HOSPICE	11600		116.00
117.00	HOMEMAKER	06950		117.00
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	CARDINAL SLEEP	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140110

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

Worksheet A-6
Date/Time Prepared:
2/26/2015 1:28 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	40,982	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	20,640	2.00
	O		0	61,622	
B - DELIVERY ROOM AND NURSERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	646,342	100,613	1.00
2.00	NURSERY	43.00	127,521	19,851	2.00
	O		773,863	120,464	
C - EKG HOLTER, STRESS, EEG					
1.00	ELECTROCARDIOLOGY	69.00	81,793		1.00
2.00	CARDIAC REHABILITATION	76.97	59,777	233,635	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	710		3.00
	O		142,280	233,635	
D - ER WARD CLERKS					
1.00	EMERGENCY	91.00	19,343	0	1.00
	O		19,343	0	
I - C-SECTION					
1.00	OPERATING ROOM	50.00	113,276	17,633	1.00
	O		113,276	17,633	
K - NONPHYSICIAN ANESTHETISTS					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	191,852	1.00
2.00	NONPHYSICIAN ANESTHETISTS	19.00	0	64	2.00
	O		0	191,916	
M - MOB HOSPITAL STORAGE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,081	1.00
	O		0	13,081	
O - PSYCH ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	32,740	0	1.00
2.00	SUBPROVIDER - IPF	40.00	13,070	0	2.00
	O		45,810	0	
U - NORRIS BUILDING					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64,978	1.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	O		0	64,978	
V - MERCURY CIRCLE BUILDING					
1.00	HOUSEKEEPING	9.00	0	68	1.00
2.00	HOME HEALTH AGENCY	101.00	0	5,733	2.00
3.00	HOSPICE	116.00	0	390	3.00
4.00	CARDINAL SLEEP	194.00	0	6,162	4.00
	O		0	12,353	
W - RADIOLOGY SPACE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	950	1.00
	O		0	950	
Y - GLOBAL BILLING					
1.00		0.00	0	0	1.00
	O		0	0	
Z - IV THERAPY					
1.00		0.00	0	0	1.00
	O		0	0	
AA - EMS					
1.00	ADMINISTRATIVE & GENERAL	5.00	18,082	0	1.00
	O		18,082	0	
AB - MED SUPPLIES SOLD IMPLANTS AND DRUGS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,435,968	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	694,865	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,826,803	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
	O		0	3,957,636	
AC - NEG SALARIES					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	4	0	1.00
	TOTALS		4	0	

RECLASSIFICATIONS

Provider CCN: 140110

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

Worksheet A-6

Date/Time Prepared:
2/26/2015 1:28 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
	AD - MRI SALARIES				
1.00	MRI	58.00	187,775	0	1.00
	TOTALS		187,775	0	
500.00	Grand Total: Increases		1,300,433	4,674,268	500.00

RECLASSIFICATIONS

Provider CCN: 140110

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

Worksheet A-6
Date/Time Prepared:
2/26/2015 1:28 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	61,622	12	1.00	
2.00		0.00	0	0	12	2.00	
	O		0	61,622			
B - DELIVERY ROOM AND NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	773,863	120,464	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		773,863	120,464			
C - EKG HOLTER, STRESS, EEG							
1.00	ASC (NON-DISTINCT PART)	75.00	142,280	233,635	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	O		142,280	233,635			
D - ER WARD CLERKS							
1.00	ADMINISTRATIVE & GENERAL	5.00	19,343	0	0	1.00	
	O		19,343	0			
I - C-SECTION							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	113,276	17,633	0	1.00	
	O		113,276	17,633			
K - NONPHYSICIAN ANESTHETISTS							
1.00	ANESTHESIOLOGY	53.00	0	191,852	0	1.00	
2.00	ANESTHESIOLOGY	53.00	0	64	0	2.00	
	O		0	191,916			
M - MOB HOSPITAL STORAGE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,081	0	1.00	
	O		0	13,081			
O - PSYCH ADMIN							
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	45,810	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	O		45,810	0			
U - NORRIS BUILDING							
1.00	OPERATION OF PLANT	7.00	0	12,266	0	1.00	
3.00	SPEECH PATHOLOGY	68.00	0	2,535	0	3.00	
4.00	ASC (NON-DISTINCT PART)	75.00	0	8,668	0	4.00	
5.00	ADMINISTRATIVE & GENERAL	5.00	0	41,509	0	5.00	
	O		0	64,978			
V - MERCURY CIRCLE BUILDING							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,353	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	
	O		0	12,353			
W - RADIOLOGY SPACE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	950	0	1.00	
	O		0	950			
Y - GLOBAL BILLING							
1.00		0.00	0	0	0	1.00	
	O		0	0			
Z - IV THERAPY							
1.00		0.00	0	0	0	1.00	
	O		0	0			
AA - EMS							
1.00	EMERGENCY	91.00	18,082	0	0	1.00	
	O		18,082	0			
AB - MED SUPPLIES SOLD IMPLANTS AND DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	185,301	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	82,968	0	2.00	
3.00	OPERATING ROOM	50.00	0	333,203	0	3.00	
4.00	ANESTHESIOLOGY	53.00	0	71,866	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	399,338	0	5.00	
6.00	RESPIRATORY THERAPY	65.00	0	107,883	0	6.00	
7.00	ASC (NON-DISTINCT PART)	75.00	0	148,617	0	7.00	
8.00	EMERGENCY	91.00	0	106,792	0	8.00	
9.00	OPERATING ROOM	50.00	0	694,865	0	9.00	
10.00	PHARMACY	15.00	0	1,826,803	0	10.00	
	O		0	3,957,636			
AC - NEG SALARIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4	0	1.00	
	TOTALS		0	4			
AD - MRI SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	187,775	0	0	1.00	
	TOTALS		187,775	0			
500.00	Grand Total: Decreases		1,300,429	4,674,272		500.00	

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - INSURANCE									
1.00	CAP REL COSTS-BLDG & FI XT	1.00	0	40,982	ADMINISTRATIVE & GENERAL	5.00	0	61,622	1.00
2.00	CAP REL COSTS-MVBLE EQUI P	2.00	0	20,640		0.00	0	0	2.00
			0	61,622			0	61,622	
B - DELIVERY ROOM AND NURSERY									
1.00	DELIVERY ROOM & LABOR ROOM	52.00	646,342	100,613	ADULTS & PEDIATRICS	30.00	773,863	120,464	1.00
2.00	NURSERY	43.00	127,521	19,851		0.00	0	0	2.00
			773,863	120,464			773,863	120,464	
C - EKG HOLTER, STRESS, EEG									
1.00	ELECTROCARDIOLOGY	69.00	81,793		ASC (NON-DI STINCT PART)	75.00	142,280	233,635	1.00
2.00	CARDIAC REHABILITATION	76.97	59,777	233,635		0.00	0	0	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	710			0.00	0	0	3.00
			142,280	233,635			142,280	233,635	
D - ER WARD CLERKS									
1.00	EMERGENCY	91.00	19,343	0	ADMINISTRATIVE & GENERAL	5.00	19,343	0	1.00
			19,343	0			19,343	0	
I - C-SECTION									
1.00	OPERATING ROOM	50.00	113,276	17,633	DELIVERY ROOM & LABOR ROOM	52.00	113,276	17,633	1.00
			113,276	17,633			113,276	17,633	
K - NONPHYSICIAN ANESTHETISTS									
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	191,852	ANESTHESIOLOGY	53.00	0	191,852	1.00
2.00	NONPHYSICIAN ANESTHETISTS	19.00	0	64	ANESTHESIOLOGY	53.00	0	64	2.00
			0	191,916			0	191,916	
M - MOB HOSPITAL STORAGE									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,081	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,081	1.00
			0	13,081			0	13,081	
O - PSYCH ADMIN									
1.00	ADULTS & PEDIATRICS	30.00	32,740	0	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	45,810	0	1.00
2.00	SUBPROVIDER - I PF	40.00	13,070	0		0.00	0	0	2.00
			45,810	0			45,810	0	
U - NORRIS BUILDING									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64,978	OPERATION OF PLANT	7.00	0	12,266	1.00
3.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	2,535	3.00
4.00		0.00	0	0	ASC (NON-DI STINCT PART)	75.00	0	8,668	4.00
5.00		0.00	0	0	ADMINISTRATIVE & GENERAL	5.00	0	41,509	5.00
			0	64,978			0	64,978	
V - MERCURY CIRCLE BUILDING									
1.00	HOUSEKEEPING	9.00	0	68	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,353	1.00
2.00	HOME HEALTH AGENCY	101.00	0	5,733		0.00	0	0	2.00
3.00	HOSPICE	116.00	0	390		0.00	0	0	3.00
4.00	CARDINAL SLEEP	194.00	0	6,162		0.00	0	0	4.00
			0	12,353			0	12,353	
W - RADIOLOGY SPACE									
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	950	PHYSICIANS' PRIVATE OFFICES	192.00	0	950	1.00
			0	950			0	950	
Y - GLOBAL BILLING									
1.00		0.00	0	0		0.00	0	0	1.00
			0	0			0	0	
Z - IV THERAPY									
1.00		0.00	0	0		0.00	0	0	1.00
			0	0			0	0	
AA - EMS									
1.00	ADMINISTRATIVE & GENERAL	5.00	18,082	0	EMERGENCY	91.00	18,082	0	1.00
			18,082	0			18,082	0	

RECLASSIFICATIONS

Provider CCN: 140110

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
2/26/2015 1:28 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
AB - MED SUPPLIES SOLD IMPLANTS AND DRUGS									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,435,968	CENTRAL SERVICES & SUPPLY	14.00	0	185,301	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	694,865	ADULTS & PEDIATRICS	30.00	0	82,968	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,826,803	OPERATING ROOM	50.00	0	333,203	3.00
4.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	71,866	4.00
5.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	399,338	5.00
6.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	107,883	6.00
7.00		0.00	0	0	ASC (NON-DISTINCT PART)	75.00	0	148,617	7.00
8.00		0.00	0	0	EMERGENCY	91.00	0	106,792	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	694,865	9.00
10.00		0.00	0	0	PHARMACY	15.00	0	1,826,803	10.00
0			0	3,957,636	0		0	3,957,636	
AC - NEG SALARIES									
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	4	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	4	1.00
	TOTALS		4	0	TOTALS		0	4	
AD - MRI SALARIES									
1.00	MRI	58.00	187,775	0	RADIOLOGY-DIAGNOSTIC	54.00	187,775	0	1.00
	TOTALS		187,775	0	TOTALS		187,775	0	
500.00	Grand Total: Increases		1,300,433	4,674,268	Grand Total: Decreases		1,300,429	4,674,272	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140110

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

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,123,081	5,314	0	5,314	0	1.00
2.00	Land Improvements	2,862,859	0	0	0	0	2.00
3.00	Buildings and Fixtures	72,060,797	1,694,229	0	1,694,229	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	39,372,039	1,140,376	0	1,140,376	0	6.00
7.00	HIT designated Assets	694,477	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	118,113,253	2,839,919	0	2,839,919	0	8.00
9.00	Reconciling Items	5,043,743	0	0	0	243,014	9.00
10.00	Total (line 8 minus line 9)	113,069,510	2,839,919	0	2,839,919	-243,014	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,128,395	0				1.00
2.00	Land Improvements	2,862,859	0				2.00
3.00	Buildings and Fixtures	73,755,026	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	40,512,415	0				6.00
7.00	HIT designated Assets	694,477	0				7.00
8.00	Subtotal (sum of lines 1-7)	120,953,172	0				8.00
9.00	Reconciling Items	4,800,729	0				9.00
10.00	Total (line 8 minus line 9)	116,152,443	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140110

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

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	-1,385,233	0	96,750	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,637,889	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,252,656	0	96,750	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	-1,288,483				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,637,889				2.00
3.00	Total (sum of lines 1-2)	0	3,349,406				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140110

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

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	80,440,757	0	80,440,757	0.665057	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,512,415	0	40,512,415	0.334943	0	2.00
3.00	Total (sum of lines 1-2)	120,953,172	0	120,953,172	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	747,864	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,637,889	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,385,753	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of 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	1,473,722	40,982	0	0	2,262,568	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	20,640	0	0	4,658,529	2.00
3.00	Total (sum of lines 1-2)	1,473,722	61,622	0	0	6,921,097	3.00

Provider CCN: 140110

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

Worksheet A-8
 Date/Time Prepared:
 2/26/2015 1:28 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-1,319		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-63,226		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,850,814				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	-559,502				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-443,955		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	B	-33,785		DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,381		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-966		DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A	-191,916		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 AMORTIZED CAPITALIZED INTEREST	A	-33,754		CAP REL COSTS-BLDG & FIXT	1.00	11	33.00
33.01 PHYSICIAN RECRUITING EXPENSE	A	-18,412		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

Provider CCN: 140110

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

Worksheet A-8
 Date/Time Prepared:
 2/26/2015 1:28 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02	PHYSICIAN RECRUITING EXPENSE	A	705	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03	TRUSTEE FEES	A	4,180	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04	ADMINISTRATION ALCOHOL	A	-1,685	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05	DUES & SUBSCRIPTIONS	A	-4,050	ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06	ADVERTISING	A	-226,286	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07	AHA LOBBYING FEES	A	-4,206	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08	IHA LOBBYING FEES	A	-26,752	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	IL HOME CARE LOBBYING FEES	A	-82	HOSPICE	116.00	0 33.09
33.10	PATIENT TRANSPORTATION	A	-29,568	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11	ROTARY FEES	A	-100	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12			0		0.00	0 33.12
33.13			0		0.00	0 33.13
33.14	PHYSICIAN RELATED COST	A	-15,680	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15	MEDICAID TAX ASSESSMENT - APPEAL	A	-2,457,642	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16			0		0.00	0 33.16
33.17	COMMUNITY EDUCATION REVENUE	B	-16,848	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18	RENT REVENUE	B	-12,343	ASC (NON-DISTINCT PART)	75.00	0 33.18
33.19	PHARMACY VENDING COMMISSION	B	-72	PHARMACY	15.00	0 33.19
33.20	FINANCE CHARGES ON PATIENT ACCTS	B	-35,504	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21	MEDICAL RECORD OTHER REVENUE	B	-54	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	MISCELLANEOUS REVENUE	B	-306,208	ADMINISTRATIVE & GENERAL	5.00	0 33.22
33.23	MISCELLANEOUS REVENUE	B	-2,884	EMERGENCY	91.00	0 33.23
33.24	INTEREST/INVESTMENT INCOME OFFSET	B	-148,871	CAP REL COSTS-BLDG & FIXT	1.00	11 33.24
33.25	ASSET REDUCTION ADD-BACK	A	3,177,060	CAP REL COSTS-BLDG & FIXT	1.00	9 33.25
33.26			0		0.00	0 33.26
33.27	LEASED PHYSICIAN OTHER EXPENSES	A	-18,931	ASC (NON-DISTINCT PART)	75.00	0 33.27
33.28	HOSPICE PHYSICIAN FEES	A	-25,833	HOSPICE	116.00	0 33.28
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,351,684			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140110

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

Worksheet A-8-1

Date/Time Prepared: 2/26/2015 1:28 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	96,750	1.00	
2.00	1.00	CAP REL COSTS-BLDG & FIXT	CORPORATE ALLOCATIONS	1,043,963	2.00	
3.00	5.00	ADMINISTRATIVE & GENERAL	CORPORATE ALLOCATIONS	6,205,575	3.00	
4.00	31.00	INTENSIVE CARE UNIT	EICU	127,009	4.00	
4.01	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	1,656,347	4.01	
4.02	5.00	ADMINISTRATIVE & GENERAL	NONCAPITAL EXPENSE	1,074,050	4.02	
4.03	5.00	ADMINISTRATIVE & GENERAL	NEW BLDG EXPENSE	132,498	4.03	
4.04	5.00	ADMINISTRATIVE & GENERAL	NEW MME EXPENSE	1,110,139	4.04	
4.05	5.00	ADMINISTRATIVE & GENERAL	NONCAPITAL EXPENSE	2,940,761	4.05	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			6,913,795	7,473,297	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	OSF HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140110

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2015 1:28 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-96,750	11		1.00
2.00	-1,043,963	9		2.00
3.00	-6,205,575	0		3.00
4.00	-127,009	0		4.00
4.01	1,656,347	11		4.01
4.02	1,074,050	0		4.02
4.03	132,498	0		4.03
4.04	1,110,139	0		4.04
4.05	2,940,761	0		4.05
5.00	-559,502			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140110

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

Worksheet A-8-2

Date/Time Prepared:
2/26/2015 1:28 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	25,613	24,570	1,043	154,100	57	1.00
2.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	182,897	175,446	7,451	154,100	31	2.00
3.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	300,248	288,017	12,231	154,100	100	3.00
4.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	308,841	296,260	12,581	154,100	63	4.00
5.00	53.00	ANESTHESIOLOGY	387,483	310,055	77,428	200,300	416	5.00
6.00	53.00	ANESTHESIOLOGY	373,166	349,714	23,452	200,300	131	6.00
7.00	53.00	ANESTHESIOLOGY	362,168	337,740	24,428	200,300	140	7.00
8.00	53.00	ANESTHESIOLOGY	222,514	195,786	26,728	200,300	150	8.00
9.00	53.00	ANESTHESIOLOGY	217,681	194,837	22,844	200,300	131	9.00
10.00	75.00	ASC (NON-DISTINCT PART)	3,846	3,846	0	0	0	10.00
11.00	60.00	LABORATORY	106,002	0	106,002	215,700	1,979	11.00
12.00	66.00	PHYSICAL THERAPY	42,900	0	42,900	177,200	120	12.00
13.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	112,312	112,312	0	0	0	13.00
14.00	91.00	EMERGENCY	760,248	0	760,248	177,200	4,755	14.00
15.00	91.00	EMERGENCY	101,422	0	101,422	177,200	312	15.00
200.00			3,507,341	2,288,583	1,218,758		8,385	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	4,223	211	0	0	0	1.00
2.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	2,297	115	0	0	0	2.00
3.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	7,409	370	0	0	0	3.00
4.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	4,667	233	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	40,060	2,003	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	12,615	631	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	13,482	674	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	14,445	722	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	12,615	631	0	0	0	9.00
10.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	205,226	10,261	0	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	10,223	511	0	0	0	12.00
13.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	405,089	20,254	0	0	0	14.00
15.00	91.00	EMERGENCY	26,580	1,329	0	0	0	15.00
200.00			758,931	37,945	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	4,223	0	24,570	1.00
2.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	2,297	5,154	180,600	2.00
3.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	7,409	4,822	292,839	3.00
4.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	4,667	7,914	304,174	4.00
5.00	53.00	ANESTHESIOLOGY	0	40,060	37,368	347,423	5.00
6.00	53.00	ANESTHESIOLOGY	0	12,615	10,837	360,551	6.00
7.00	53.00	ANESTHESIOLOGY	0	13,482	10,946	348,686	7.00
8.00	53.00	ANESTHESIOLOGY	0	14,445	12,283	208,069	8.00
9.00	53.00	ANESTHESIOLOGY	0	12,615	10,229	205,066	9.00
10.00	75.00	ASC (NON-DISTINCT PART)	0	0	0	3,846	10.00
11.00	60.00	LABORATORY	0	205,226	0	0	11.00
12.00	66.00	PHYSICAL THERAPY	0	10,223	32,677	32,677	12.00
13.00	76.01	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	0	0	112,312	13.00
14.00	91.00	EMERGENCY	0	405,089	355,159	355,159	14.00
15.00	91.00	EMERGENCY	0	26,580	74,842	74,842	15.00
200.00			0	758,931	562,231	2,850,814	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140110

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,262,568	2,262,568			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,658,529		4,658,529		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,618,395	13,345	87,834	9,719,574	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,854,303	151,478	1,603,912	823,119	11,432,812
7.00 00700	OPERATION OF PLANT	1,518,819	843,206	55,153	305,355	2,722,533
8.00 00800	LAUNDRY & LINEN SERVICE	244,406	11,277	0	13,565	269,248
9.00 00900	HOUSEKEEPING	929,733	20,041	3,838	273,508	1,227,120
10.00 01000	DIETARY	978,814	95,119	9,035	245,221	1,328,189
11.00 01100	CAFETERIA	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,187,584	14,174	12,100	388,926	1,602,784
14.00 01400	CENTRAL SERVICES & SUPPLY	425,514	56,191	132,550	78,719	692,974
15.00 01500	PHARMACY	962,969	14,547	64,770	314,021	1,356,307
16.00 01600	MEDICAL RECORDS & LIBRARY	1,634,541	45,299	6,025	477,085	2,162,950
17.00 01700	SOCIAL SERVICE	189,299	8,403	67	62,868	260,637
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,845,646	264,522	159,754	1,269,397	5,539,319
31.00 03100	INTENSIVE CARE UNIT	776,107	23,046	6,869	257,986	1,064,008
40.00 04000	SUBPROVIDER - IPF	536,013	30,512	8,744	185,038	760,307
43.00 04300	NURSERY	147,586	0	0	44,409	191,995
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,669,374	82,952	418,579	326,950	3,497,855
51.00 05100	RECOVERY ROOM	300,878	8,896	3,388	103,112	416,274
52.00 05200	DELIVERY ROOM & LABOR ROOM	616,046	0	0	185,641	801,687
53.00 05300	ANESTHESIOLOGY	287,238	0	12,005	621,201	920,444
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,553,719	80,824	645,122	636,337	3,916,002
58.00 05800	MRI	279,333	25,246	24,654	65,393	394,626
60.00 06000	LABORATORY	2,582,593	75,823	25,200	370,398	3,054,014
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	527,458	14,246	22,025	171,272	735,001
66.00 06600	PHYSICAL THERAPY	1,894,969	181,690	60,460	598,647	2,735,766
67.00 06700	OCCUPATIONAL THERAPY	166,895	10,219	0	54,884	231,998
68.00 06800	SPEECH PATHOLOGY	23,319	5,747	7,230	10,277	46,573
69.00 06900	ELECTROCARDIOLOGY	81,793	0	0	28,484	110,277
70.00 07000	ELECTROENCEPHALOGRAPHY	710	0	0	247	957
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,435,968	0	0	0	1,435,968
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	694,865	0	0	0	694,865
73.00 07300	DRUGS CHARGED TO PATIENTS	1,793,018	0	0	0	1,793,018
75.00 07500	ASC (NON-DISTINCT PART)	1,230,680	99,411	126,032	343,759	1,799,882
76.00 03160	STRESS TESTING	0	0	0	0	0
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	827,222	38,278	387,521	523,899	1,776,920
76.97 07697	CARDIAC REHABILITATION	293,412	0	0	20,817	314,229
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	1,937,273	48,076	77,504	383,899	2,446,752
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,751,421	0	56,755	462,592	2,270,768
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
116.00 11600	HOSPICE	375,220	0	392	69,065	444,677
117.00 06950	HOMEMAKER	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	61,094,230	2,262,568	4,017,518	9,716,091	60,449,736
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	924,528	0	633,494	0	1,558,022
194.00 07950	CARDINAL SLEEP	35,620	0	7,517	3,483	46,620
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	62,054,378	2,262,568	4,658,529	9,719,574	62,054,378

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140110

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

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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	11,432,812				5.00
7.00	00700	OPERATION OF PLANT	614,881	3,337,414			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	60,809	29,999	360,056		8.00
9.00	00900	HOUSEKEEPING	277,144	53,314	0	1,557,578	9.00
10.00	01000	DIETARY	299,970	253,041	0	26,770	1,907,970
11.00	01100	CAFETERIA	0	0	0	21,416	1,532,688
13.00	01300	NURSING ADMINISTRATION	361,987	37,707	0	37,477	0
14.00	01400	CENTRAL SERVICES & SUPPLY	156,507	149,484	0	1,912	0
15.00	01500	PHARMACY	306,321	38,698	0	16,062	0
16.00	01600	MEDICAL RECORDS & LIBRARY	488,500	120,508	0	21,416	0
17.00	01700	SOCIAL SERVICE	58,865	22,355	0	1,912	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,251,032	703,699	139,687	519,946	294,883
31.00	03100	INTENSIVE CARE UNIT	240,305	61,309	26,265	53,539	14,553
40.00	04000	SUBPROVIDER - IPF	171,715	81,170	7,726	15,444	63,990
43.00	04300	NURSERY	43,362	0	1,935	10,708	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	789,987	220,676	5,369	99,430	0
51.00	05100	RECOVERY ROOM	94,015	23,667	3,654	16,062	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	181,060	0	0	16,062	0
53.00	05300	ANESTHESIOLOGY	207,881	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	884,425	215,015	32,806	59,276	0
58.00	05800	MRI	89,126	67,162	0	21,416	0
60.00	06000	LABORATORY	689,746	201,710	0	42,831	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	165,999	37,899	0	16,062	0
66.00	06600	PHYSICAL THERAPY	617,870	483,343	41,411	74,955	0
67.00	06700	OCCUPATIONAL THERAPY	52,397	27,185	0	0	0
68.00	06800	SPEECH PATHOLOGY	10,518	15,287	0	3,559	0
69.00	06900	ELECTROCARDIOLOGY	24,906	0	0	5,354	0
70.00	07000	ELECTROENCEPHALOGRAPHY	216	0	0	3,824	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	324,312	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	156,935	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	404,951	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	406,502	264,459	45,656	122,287	1,856
76.00	03160	STRESS TESTING	0	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	401,316	101,831	0	101,724	0
76.97	07697	CARDIAC REHABILITATION	70,968	0	0	5,354	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	552,596	127,896	55,547	128,494	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	512,851	0	0	40,596	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	100,430	0	0	0	0
117.00	06950	HOMEMAKER	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,070,405	3,337,414	360,056	1,483,888	1,907,970
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	351,878	0	0	69,101	0
194.00	07950	CARDINAL SLEEP	10,529	0	0	4,589	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,432,812	3,337,414	360,056	1,557,578	1,907,970

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140110

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

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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,554,104					11.00
13.00	01300	62,237	2,102,192				13.00
14.00	01400	33,639	0	1,034,516			14.00
15.00	01500	50,950	0	0	1,768,338		15.00
16.00	01600	132,238	331,173	0	0	3,256,785	16.00
17.00	01700	13,251	0	0	0	797	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	304,317	761,988	15,231	0	453,177	30.00
31.00	03100	47,604	119,173	23,369	0	36,576	31.00
40.00	04000	34,889	87,398	0	0	117,538	40.00
43.00	04300	10,752	0	0	0	29,962	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	61,300	153,477	0	0	29,484	50.00
51.00	05100	10,752	26,941	0	0	8,845	51.00
52.00	05200	35,156	88,069	0	0	1,355	52.00
53.00	05300	27,572	0	905	0	9,005	53.00
54.00	05400	139,956	0	0	0	897,029	54.00
58.00	05800	11,644	0	0	0	0	58.00
60.00	06000	97,974	0	1,884	0	33,468	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	37,833	0	0	0	637	65.00
66.00	06600	146,871	0	0	0	61,438	66.00
67.00	06700	8,923	0	0	0	14,822	67.00
68.00	06800	1,249	0	0	0	29,564	68.00
69.00	06900	8,164	0	0	0	99,210	69.00
70.00	07000	89	0	0	0	558	70.00
71.00	07100	0	0	838,416	0	0	71.00
72.00	07200	0	0	153,962	0	0	72.00
73.00	07300	0	0	0	1,768,338	2,391	73.00
75.00	07500	102,435	256,548	148	0	471,345	75.00
76.00	03160	0	0	0	0	0	76.00
76.01	03550	57,553	0	0	0	656,855	76.01
76.97	07697	5,978	0	0	0	3,028	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	110,778	277,425	601	0	299,701	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
117.00	06950	0	0	0	0	0	117.00
118.00		1,554,104	2,102,192	1,034,516	1,768,338	3,256,785	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,554,104	2,102,192	1,034,516	1,768,338	3,256,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140110

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

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Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	19.00	23.00	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	357,817				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	326,869	0	0	10,310,148	30.00
31.00	03100	INTENSIVE CARE UNIT	18,991	0	0	1,705,692	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,340,177	40.00
43.00	04300	NURSERY	0	0	0	288,714	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	4,857,578	50.00
51.00	05100	RECOVERY ROOM	0	0	0	600,210	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,123,389	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,165,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,144,509	54.00
58.00	05800	MRI	0	0	0	583,974	58.00
60.00	06000	LABORATORY	0	0	0	4,121,627	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	993,431	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	4,161,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	335,325	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	106,750	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	247,911	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,644	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,598,696	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,005,762	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,968,698	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,110	0	0	3,473,228	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	3,096,199	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	399,557	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,847	0	0	4,009,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	2,824,215	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	545,107	116.00
117.00	06950	HOMEMAKER	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	357,817	0	0	60,013,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,979,001	192.00
194.00	07950	CARDINAL SLEEP	0	0	0	61,738	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	357,817	0	0	62,054,378	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140110

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03160	STRESS TESTING	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
117.00	06950	HOMEMAKER	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CARDINAL SLEEP	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140110

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

Worksheet Non-CMS W
Date/Time Prepared:
2/26/2015 1:28 pm

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	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	4	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	5	HOURS OF SERVICE	9.00
10.00	DIETARY	6	MEALS SERVED	10.00
11.00	CAFETERIA	7	FTES SERVED	11.00
13.00	NURSING ADMINISTRATION	8	HOURS SUPERVISED	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS.	14.00
15.00	PHARMACY	10	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	11	TIME SPENT	16.00
17.00	SOCIAL SERVICE	12	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	13	ASSIGNED TIME	19.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	14	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140110

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	0	13,345	87,834	101,179	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,206,548	151,478	1,603,912	2,961,938	5.00
7.00 00700	OPERATION OF PLANT	0	843,206	55,153	898,359	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	11,277	0	11,277	8.00
9.00 00900	HOUSEKEEPING	0	20,041	3,838	23,879	9.00
10.00 01000	DIETARY	0	95,119	9,035	104,154	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	14,174	12,100	26,274	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	56,191	132,550	188,741	14.00
15.00 01500	PHARMACY	0	14,547	64,770	79,317	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	45,299	6,025	51,324	16.00
17.00 01700	SOCIAL SERVICE	0	8,403	67	8,470	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	264,522	159,754	424,276	30.00
31.00 03100	INTENSIVE CARE UNIT	0	23,046	6,869	29,915	31.00
40.00 04000	SUBPROVIDER - IPF	0	30,512	8,744	39,256	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	82,952	418,579	501,531	50.00
51.00 05100	RECOVERY ROOM	0	8,896	3,388	12,284	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	12,005	12,005	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	80,824	645,122	725,946	54.00
58.00 05800	MRI	0	25,246	24,654	49,900	58.00
60.00 06000	LABORATORY	0	75,823	25,200	101,023	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	14,246	22,025	36,271	65.00
66.00 06600	PHYSICAL THERAPY	0	181,690	60,460	242,150	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,219	0	10,219	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,747	7,230	12,977	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	99,411	126,032	225,443	75.00
76.00 03160	STRESS TESTING	0	0	0	0	76.00
76.01 03550	PSYCHIATRICAL/PSYCHOLOGICAL SERVICES	0	38,278	387,521	425,799	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	48,076	77,504	125,580	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	56,755	56,755	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	392	392	116.00
117.00 06950	HOMEMAKER	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,206,548	2,262,568	4,017,518	7,486,634	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	633,494	633,494	192.00
194.00 07950	CARDINAL SLEEP	0	0	7,517	7,517	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,206,548	2,262,568	4,658,529	8,127,645	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140110

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

Worksheet B
Part II
Date/Time Prepared:
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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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	2,970,506					5.00
7.00	00700	159,761	1,061,298				7.00
8.00	00800	15,800	9,540	36,758			8.00
9.00	00900	72,009	16,954	0	115,689		9.00
10.00	01000	77,939	80,467	0	1,988	267,101	10.00
11.00	01100	0	0	0	1,591	214,565	11.00
13.00	01300	94,053	11,991	0	2,784	0	13.00
14.00	01400	40,664	47,536	0	142	0	14.00
15.00	01500	79,589	12,306	0	1,193	0	15.00
16.00	01600	126,924	38,322	0	1,591	0	16.00
17.00	01700	15,294	7,109	0	142	0	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	325,036	223,775	14,260	38,618	41,281	30.00
31.00	03100	62,437	19,496	2,681	3,977	2,037	31.00
40.00	04000	44,616	25,812	789	1,147	8,958	40.00
43.00	04300	11,266	0	198	795	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	205,258	70,175	548	7,385	0	50.00
51.00	05100	24,427	7,526	373	1,193	0	51.00
52.00	05200	47,044	0	0	1,193	0	52.00
53.00	05300	54,013	0	0	0	0	53.00
54.00	05400	229,795	68,375	3,349	4,403	0	54.00
58.00	05800	23,157	21,358	0	1,591	0	58.00
60.00	06000	179,213	64,144	0	3,181	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	43,131	12,052	0	1,193	0	65.00
66.00	06600	160,537	153,703	4,228	5,567	0	66.00
67.00	06700	13,614	8,645	0	0	0	67.00
68.00	06800	2,733	4,861	0	264	0	68.00
69.00	06900	6,471	0	0	398	0	69.00
70.00	07000	56	0	0	284	0	70.00
71.00	07100	84,264	0	0	0	0	71.00
72.00	07200	40,775	0	0	0	0	72.00
73.00	07300	105,216	0	0	0	0	73.00
75.00	07500	105,619	84,098	4,661	9,083	260	75.00
76.00	03160	0	0	0	0	0	76.00
76.01	03550	104,271	32,382	0	7,556	0	76.01
76.97	07697	18,439	0	0	398	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	143,578	40,671	5,671	9,544	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	133,251	0	0	3,015	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	26,094	0	0	0	0	116.00
117.00	06950	0	0	0	0	0	117.00
118.00		2,876,344	1,061,298	36,758	110,216	267,101	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	91,426	0	0	5,132	0	192.00
194.00	07950	2,736	0	0	341	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,970,506	1,061,298	36,758	115,689	267,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140110

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	216,156					11.00
13.00	01300	8,656	147,806				13.00
14.00	01400	4,679	0	282,581			14.00
15.00	01500	7,086	0	0	182,760		15.00
16.00	01600	18,393	23,285	0	0	264,805	16.00
17.00	01700	1,843	0	0	0	65	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	42,326	53,576	4,160	0	36,847	30.00
31.00	03100	6,621	8,379	6,383	0	2,974	31.00
40.00	04000	4,853	6,145	0	0	9,557	40.00
43.00	04300	1,495	0	0	0	2,436	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,526	10,791	0	0	2,397	50.00
51.00	05100	1,495	1,894	0	0	719	51.00
52.00	05200	4,890	6,192	0	0	110	52.00
53.00	05300	3,835	0	247	0	732	53.00
54.00	05400	19,466	0	0	0	72,939	54.00
58.00	05800	1,620	0	0	0	0	58.00
60.00	06000	13,627	0	515	0	2,721	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	5,262	0	0	0	52	65.00
66.00	06600	20,428	0	0	0	4,995	66.00
67.00	06700	1,241	0	0	0	1,205	67.00
68.00	06800	174	0	0	0	2,404	68.00
69.00	06900	1,136	0	0	0	8,067	69.00
70.00	07000	12	0	0	0	45	70.00
71.00	07100	0	0	229,017	0	0	71.00
72.00	07200	0	0	42,055	0	0	72.00
73.00	07300	0	0	0	182,760	194	73.00
75.00	07500	14,247	18,038	40	0	38,324	75.00
76.00	03160	0	0	0	0	0	76.00
76.01	03550	8,005	0	0	0	53,408	76.01
76.97	07697	832	0	0	0	246	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	15,408	19,506	164	0	24,368	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
117.00	06950	0	0	0	0	0	117.00
118.00		216,156	147,806	282,581	182,760	264,805	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		216,156	147,806	282,581	182,760	264,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/26/2015 1:28 pm		
Cost Center	Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		17.00	19.00	23.00	24.00	25.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500					15.00
16.00	01600					16.00
17.00	01700	33,577				17.00
19.00	01900		0			19.00
23.00	02300			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	30,673			1,248,051	0 30.00
31.00	03100	1,782			149,367	0 31.00
40.00	04000	0			143,059	0 40.00
43.00	04300	0			16,652	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0			810,014	0 50.00
51.00	05100	0			50,984	0 51.00
52.00	05200	0			61,361	0 52.00
53.00	05300	0			77,298	0 53.00
54.00	05400	0			1,130,897	0 54.00
58.00	05800	0			98,307	0 58.00
60.00	06000	0			368,280	0 60.00
64.00	06400	0			0	0 64.00
65.00	06500	0			99,744	0 65.00
66.00	06600	0			597,839	0 66.00
67.00	06700	0			35,495	0 67.00
68.00	06800	0			23,520	0 68.00
69.00	06900	0			16,368	0 69.00
70.00	07000	0			400	0 70.00
71.00	07100	0			313,281	0 71.00
72.00	07200	0			82,830	0 72.00
73.00	07300	0			288,170	0 73.00
75.00	07500	198			503,589	0 75.00
76.00	03160	0			0	0 76.00
76.01	03550	0			636,874	0 76.01
76.97	07697	0			20,132	0 76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	924			389,410	0 91.00
92.00	09200					0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	0			197,836	0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
116.00	11600	0			27,205	0 116.00
117.00	06950	0			0	0 117.00
118.00		33,577	0	0	7,386,963	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0			0	0 190.00
192.00	19200	0			730,052	0 192.00
194.00	07950	0			10,630	0 194.00
200.00			0	0	0	0 200.00
201.00		0	0	0	0	0 201.00
202.00		33,577	0	0	8,127,645	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/26/2015 1:28 pm
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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
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
76.00	03160	STRESS TESTING	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
117.00	06950	HOMEMAKER	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	CARDINAL SLEEP	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

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

Worksheet B-1
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	188,201				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,634,596			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,110	87,383	27,909,677		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	12,600	1,595,671	2,363,580	-11,432,812	5.00
7.00 00700	OPERATION OF PLANT	70,138	54,870	876,824	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	938	0	38,952	0	8.00
9.00 00900	HOUSEKEEPING	1,667	3,818	785,377	0	9.00
10.00 01000	DIETARY	7,912	8,989	704,149	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,179	12,038	1,116,798	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,674	131,869	226,041	0	14.00
15.00 01500	PHARMACY	1,210	64,437	901,708	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,768	5,994	1,369,947	0	16.00
17.00 01700	SOCIAL SERVICE	699	67	180,526	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,003	158,933	3,645,059	0	30.00
31.00 03100	INTENSIVE CARE UNIT	1,917	6,834	740,806	0	31.00
40.00 04000	SUBPROVIDER - IPF	2,538	8,699	531,334	0	40.00
43.00 04300	NURSERY	0	0	127,521	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,900	416,429	938,833	0	50.00
51.00 05100	RECOVERY ROOM	740	3,371	296,084	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	533,066	0	52.00
53.00 05300	ANESTHESIOLOGY	0	11,943	1,783,775	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,723	641,808	1,827,238	0	54.00
58.00 05800	MRI	2,100	24,527	187,775	0	58.00
60.00 06000	LABORATORY	6,307	25,071	1,063,594	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,185	21,912	491,805	0	65.00
66.00 06600	PHYSICAL THERAPY	15,113	60,149	1,719,010	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	850	0	157,598	0	67.00
68.00 06800	SPEECH PATHOLOGY	478	7,193	29,511	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	81,793	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	710	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	8,269	125,385	987,102	0	75.00
76.00 03160	STRESS TESTING	0	0	0	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,184	385,530	1,504,373	0	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	59,777	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,999	77,106	1,102,363	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	56,463	1,328,328	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	390	198,320	0	116.00
117.00 06950	HOMEMAKER	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	188,201	3,996,879	27,899,677	-11,432,812	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	630,239	0	0	192.00
194.00 07950	CARDINAL SLEEP	0	7,478	10,000	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,262,568	4,658,529	9,719,574		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.022083	1.005164	0.348251		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			101,179		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.003625		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

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

Worksheet B-1

Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTEs SERVED)		
		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	104,353				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	938	498,305			8.00	
9.00	00900	HOUSEKEEPING	1,667	0	52,948		9.00	
10.00	01000	DIETARY	7,912	0	910	210,685	10.00	
11.00	01100	CAFETERIA	0	0	728	169,245	34,834	11.00
13.00	01300	NURSING ADMINISTRATION	1,179	0	1,274	0	1,395	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,674	0	65	0	754	14.00
15.00	01500	PHARMACY	1,210	0	546	0	1,142	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,768	0	728	0	2,964	16.00
17.00	01700	SOCIAL SERVICE	699	0	65	0	297	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,003	193,323	17,675	32,562	6,821	30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	36,350	1,820	1,607	1,067	31.00
40.00	04000	SUBPROVIDER - IPF	2,538	10,692	525	7,066	782	40.00
43.00	04300	NURSERY	0	2,678	364	0	241	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,900	7,430	3,380	0	1,374	50.00
51.00	05100	RECOVERY ROOM	740	5,057	546	0	241	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	546	0	788	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,723	45,402	2,015	0	3,137	54.00
58.00	05800	MRI	2,100	0	728	0	261	58.00
60.00	06000	LABORATORY	6,307	0	1,456	0	2,196	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,185	0	546	0	848	65.00
66.00	06600	PHYSICAL THERAPY	15,113	57,312	2,548	0	3,292	66.00
67.00	06700	OCCUPATIONAL THERAPY	850	0	0	0	200	67.00
68.00	06800	SPEECH PATHOLOGY	478	0	121	0	28	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	182	0	183	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	130	0	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	8,269	63,186	4,157	205	2,296	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,184	0	3,458	0	1,290	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	182	0	134	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,999	76,875	4,368	0	2,483	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	1,380	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	HOMEMAKER	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,353	498,305	50,443	210,685	34,834	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	2,349	0	0	192.00
194.00	07950	CARDINAL SLEEP	0	0	156	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,337,414	360,056	1,557,578	1,907,970	1,554,104	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.981965	0.722561	29.417126	9.056032	44.614572	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,061,298	36,758	115,689	267,101	216,156	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	10.170268	0.073766	2.184955	1.267774	6.205317	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

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

Worksheet B-1
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		NURSING ADMINISTRATION (HOURS SUPPLIED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	391,394					13.00
14.00	01400	0	125,725				14.00
15.00	01500	0	0	100			15.00
16.00	01600	61,659	0	0	40,870		16.00
17.00	01700	0	0	0	10	3,561	17.00
19.00	01900	0	0	0	0	0	19.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	141,870	1,851	0	5,687	3,253	30.00
31.00	03100	22,188	2,840	0	459	189	31.00
40.00	04000	16,272	0	0	1,475	0	40.00
43.00	04300	0	0	0	376	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,575	0	0	370	0	50.00
51.00	05100	5,016	0	0	111	0	51.00
52.00	05200	16,397	0	0	17	0	52.00
53.00	05300	0	110	0	113	0	53.00
54.00	05400	0	0	0	11,257	0	54.00
58.00	05800	0	0	0	0	0	58.00
60.00	06000	0	229	0	420	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	8	0	65.00
66.00	06600	0	0	0	771	0	66.00
67.00	06700	0	0	0	186	0	67.00
68.00	06800	0	0	0	371	0	68.00
69.00	06900	0	0	0	1,245	0	69.00
70.00	07000	0	0	0	7	0	70.00
71.00	07100	0	101,893	0	0	0	71.00
72.00	07200	0	18,711	0	0	0	72.00
73.00	07300	0	0	100	30	0	73.00
75.00	07500	47,765	18	0	5,915	21	75.00
76.00	03160	0	0	0	0	0	76.00
76.01	03550	0	0	0	8,243	0	76.01
76.97	07697	0	0	0	38	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	51,652	73	0	3,761	98	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
117.00	06950	0	0	0	0	0	117.00
118.00		391,394	125,725	100	40,870	3,561	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		2,102,192	1,034,516	1,768,338	3,256,785	357,817	202.00
203.00		5,371,038	8,228,403	17,683,380,000	79,686,445	100,482,168	203.00
204.00		147,806	282,581	182,760	264,805	33,577	204.00
205.00		0.377640	2.247612	1,827.600000	6.479202	9.429093	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

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

Worksheet B-1
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	
		19.00	23.00	
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	19.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	23.00
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
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03160	STRESS TESTING	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
117.00	06950	HOMEMAKER	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	CARDINAL SLEEP	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140110

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	10,310,148		10,310,148	0	10,310,148	30.00
31.00	03100 INTENSIVE CARE UNIT	1,705,692		1,705,692	0	1,705,692	31.00
40.00	04000 SUBPROVIDER - IPF	1,340,177		1,340,177	0	1,340,177	40.00
43.00	04300 NURSERY	288,714		288,714	0	288,714	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,857,578		4,857,578	0	4,857,578	50.00
51.00	05100 RECOVERY ROOM	600,210		600,210	0	600,210	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,123,389		1,123,389	0	1,123,389	52.00
53.00	05300 ANESTHESIOLOGY	1,165,807		1,165,807	81,663	1,247,470	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,144,509		6,144,509	0	6,144,509	54.00
58.00	05800 MRI	583,974		583,974	0	583,974	58.00
60.00	06000 LABORATORY	4,121,627		4,121,627	0	4,121,627	60.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	993,431	0	993,431	0	993,431	65.00
66.00	06600 PHYSICAL THERAPY	4,161,654	0	4,161,654	32,677	4,194,331	66.00
67.00	06700 OCCUPATIONAL THERAPY	335,325	0	335,325	0	335,325	67.00
68.00	06800 SPEECH PATHOLOGY	106,750	0	106,750	0	106,750	68.00
69.00	06900 ELECTROCARDIOLOGY	247,911		247,911	0	247,911	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,644		5,644	0	5,644	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,598,696		2,598,696	0	2,598,696	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,005,762		1,005,762	0	1,005,762	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,968,698		3,968,698	0	3,968,698	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,473,228		3,473,228	0	3,473,228	75.00
76.00	03160 STRESS TESTING	0		0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,096,199		3,096,199	17,890	3,114,089	76.01
76.97	07697 CARDIAC REHABILITATION	399,557		399,557	0	399,557	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,009,637		4,009,637	430,001	4,439,638	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,546,424		1,546,424		1,546,424	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,824,215		2,824,215		2,824,215	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	545,107		545,107		545,107	116.00
117.00	06950 HOMEMAKER	0		0		0	117.00
200.00	Subtotal (see instructions)	61,560,063	0	61,560,063	562,231	62,122,294	200.00
201.00	Less Observation Beds	1,546,424		1,546,424		1,546,424	201.00
202.00	Total (see instructions)	60,013,639	0	60,013,639	562,231	60,575,870	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140110

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,848,915		12,848,915		30.00
31.00	03100	INTENSIVE CARE UNIT	2,161,270		2,161,270		31.00
40.00	04000	SUBPROVIDER - IPF	2,762,222		2,762,222		40.00
43.00	04300	NURSERY	629,630		629,630		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,062,171	10,169,720	13,231,891	0.367111	50.00
51.00	05100	RECOVERY ROOM	284,636	2,573,569	2,858,205	0.209995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,667,159	524,135	3,191,294	0.352017	52.00
53.00	05300	ANESTHESIOLOGY	1,472,296	4,013,665	5,485,961	0.212507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,412,130	32,110,700	37,522,830	0.163754	54.00
58.00	05800	MRI	270,981	6,545,830	6,816,811	0.085667	58.00
60.00	06000	LABORATORY	8,028,189	21,776,712	29,804,901	0.138287	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,050,537	1,081,069	3,131,606	0.317227	65.00
66.00	06600	PHYSICAL THERAPY	467,021	6,033,140	6,500,161	0.640239	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,730	831,763	878,493	0.381705	67.00
68.00	06800	SPEECH PATHOLOGY	44,704	285,038	329,742	0.323738	68.00
69.00	06900	ELECTROCARDIOLOGY	696,657	1,238,855	1,935,512	0.128085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,555	15,392	18,947	0.297884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,869,448	8,982,567	14,852,015	0.174973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,051,943	2,207,803	4,259,746	0.236108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,580,760	6,432,021	12,012,781	0.330373	73.00
75.00	07500	ASC (NON-DISTINCT PART)	503,010	9,207,484	9,710,494	0.357678	75.00
76.00	03160	STRESS TESTING	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,523	1,643,699	1,648,222	1.878508	76.01
76.97	07697	CARDIAC REHABILITATION	716,784	3,010,285	3,727,069	0.107204	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,720,283	13,873,686	17,593,969	0.227898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	291,265	2,278,961	2,570,226	0.601668	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	4,197,845	4,197,845		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,031,350	2,031,350		116.00
117.00	06950	HOMEMAKER	0	0	0		117.00
200.00		Subtotal (see instructions)	61,646,819	141,065,289	202,712,108		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	61,646,819	141,065,289	202,712,108		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/26/2015 1:28 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.367111		50.00
51.00	05100 RECOVERY ROOM	0.209995		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352017		52.00
53.00	05300 ANESTHESIOLOGY	0.227393		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163754		54.00
58.00	05800 MRI	0.085667		58.00
60.00	06000 LABORATORY	0.138287		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.317227		65.00
66.00	06600 PHYSICAL THERAPY	0.645266		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381705		67.00
68.00	06800 SPEECH PATHOLOGY	0.323738		68.00
69.00	06900 ELECTROCARDIOLOGY	0.128085		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.297884		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.236108		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.330373		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.357678		75.00
76.00	03160 STRESS TESTING	0.000000		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.889363		76.01
76.97	07697 CARDIAC REHABILITATION	0.107204		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.252339		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.601668		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
117.00	06950 HOMEMAKER			117.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140110

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	10,310,148		10,310,148	0	10,310,148	30.00
31.00	03100 INTENSIVE CARE UNIT	1,705,692		1,705,692	0	1,705,692	31.00
40.00	04000 SUBPROVIDER - IPF	1,340,177		1,340,177	0	1,340,177	40.00
43.00	04300 NURSERY	288,714		288,714	0	288,714	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,857,578		4,857,578	0	4,857,578	50.00
51.00	05100 RECOVERY ROOM	600,210		600,210	0	600,210	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,123,389		1,123,389	0	1,123,389	52.00
53.00	05300 ANESTHESIOLOGY	1,165,807		1,165,807	81,663	1,247,470	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,144,509		6,144,509	0	6,144,509	54.00
58.00	05800 MRI	583,974		583,974	0	583,974	58.00
60.00	06000 LABORATORY	4,121,627		4,121,627	0	4,121,627	60.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	993,431	0	993,431	0	993,431	65.00
66.00	06600 PHYSICAL THERAPY	4,161,654	0	4,161,654	32,677	4,194,331	66.00
67.00	06700 OCCUPATIONAL THERAPY	335,325	0	335,325	0	335,325	67.00
68.00	06800 SPEECH PATHOLOGY	106,750	0	106,750	0	106,750	68.00
69.00	06900 ELECTROCARDIOLOGY	247,911		247,911	0	247,911	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,644		5,644	0	5,644	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,598,696		2,598,696	0	2,598,696	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,005,762		1,005,762	0	1,005,762	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,968,698		3,968,698	0	3,968,698	73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,473,228		3,473,228	0	3,473,228	75.00
76.00	03160 STRESS TESTING	0		0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,096,199		3,096,199	17,890	3,114,089	76.01
76.97	07697 CARDIAC REHABILITATION	399,557		399,557	0	399,557	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,009,637		4,009,637	430,001	4,439,638	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,546,424		1,546,424		1,546,424	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	2,824,215		2,824,215		2,824,215	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	545,107		545,107		545,107	116.00
117.00	06950 HOMEMAKER	0		0		0	117.00
200.00	Subtotal (see instructions)	61,560,063	0	61,560,063	562,231	62,122,294	200.00
201.00	Less Observation Beds	1,546,424		1,546,424		1,546,424	201.00
202.00	Total (see instructions)	60,013,639	0	60,013,639	562,231	60,575,870	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140110

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,848,915		12,848,915		30.00
31.00	03100	INTENSIVE CARE UNIT	2,161,270		2,161,270		31.00
40.00	04000	SUBPROVIDER - IPF	2,762,222		2,762,222		40.00
43.00	04300	NURSERY	629,630		629,630		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,062,171	10,169,720	13,231,891	0.367111	50.00
51.00	05100	RECOVERY ROOM	284,636	2,573,569	2,858,205	0.209995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,667,159	524,135	3,191,294	0.352017	52.00
53.00	05300	ANESTHESIOLOGY	1,472,296	4,013,665	5,485,961	0.212507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,412,130	32,110,700	37,522,830	0.163754	54.00
58.00	05800	MRI	270,981	6,545,830	6,816,811	0.085667	58.00
60.00	06000	LABORATORY	8,028,189	21,776,712	29,804,901	0.138287	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,050,537	1,081,069	3,131,606	0.317227	65.00
66.00	06600	PHYSICAL THERAPY	467,021	6,033,140	6,500,161	0.640239	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,730	831,763	878,493	0.381705	67.00
68.00	06800	SPEECH PATHOLOGY	44,704	285,038	329,742	0.323738	68.00
69.00	06900	ELECTROCARDIOLOGY	696,657	1,238,855	1,935,512	0.128085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,555	15,392	18,947	0.297884	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,869,448	8,982,567	14,852,015	0.174973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,051,943	2,207,803	4,259,746	0.236108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,580,760	6,432,021	12,012,781	0.330373	73.00
75.00	07500	ASC (NON-DISTINCT PART)	503,010	9,207,484	9,710,494	0.357678	75.00
76.00	03160	STRESS TESTING	0	0	0	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,523	1,643,699	1,648,222	1.878508	76.01
76.97	07697	CARDIAC REHABILITATION	716,784	3,010,285	3,727,069	0.107204	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,720,283	13,873,686	17,593,969	0.227898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	291,265	2,278,961	2,570,226	0.601668	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	4,197,845	4,197,845		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,031,350	2,031,350		116.00
117.00	06950	HOMEMAKER	0	0	0		117.00
200.00		Subtotal (see instructions)	61,646,819	141,065,289	202,712,108		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	61,646,819	141,065,289	202,712,108		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/26/2015 1:28 pm
		Title XIX	Hospital	Cost

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
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
58.00	05800 MRI	0.000000		58.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03160 STRESS TESTING	0.000000		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
117.00	06950 HOMEMAKER			117.00
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: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/26/2015 1:28 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,248,051	0	1,248,051	10,294	121.24	30.00	
31.00	INTENSIVE CARE UNIT	149,367	0	149,367	834	179.10	31.00	
40.00	SUBPROVIDER - IPF	143,059	0	143,059	1,698	84.25	40.00	
43.00	NURSERY	16,652	0	16,652	741	22.47	43.00	
200.00	Total (lines 30-199)	1,557,129	0	1,557,129	13,567		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	3,040	368,570					30.00
31.00	INTENSIVE CARE UNIT	514	92,057					31.00
40.00	SUBPROVIDER - IPF	1,299	109,441					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	4,853	570,068					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/26/2015 1:28 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	810,014	13,231,891	0.061217	2,377,776	145,560	50.00
51.00	05100	RECOVERY ROOM	50,984	2,858,205	0.017838	122,384	2,183	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,361	3,191,294	0.019228	73,132	1,406	52.00
53.00	05300	ANESTHESIOLOGY	77,298	5,485,961	0.014090	573,316	8,078	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,130,897	37,522,830	0.030139	2,753,597	82,991	54.00
58.00	05800	MRI	98,307	6,816,811	0.014421	0	0	58.00
60.00	06000	LABORATORY	368,280	29,804,901	0.012356	3,706,912	45,803	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	99,744	3,131,606	0.031851	1,254,265	39,950	65.00
66.00	06600	PHYSICAL THERAPY	597,839	6,500,161	0.091973	305,948	28,139	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,495	878,493	0.040404	33,229	1,343	67.00
68.00	06800	SPEECH PATHOLOGY	23,520	329,742	0.071328	35,362	2,522	68.00
69.00	06900	ELECTROCARDIOLOGY	16,368	1,935,512	0.008457	372,475	3,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	400	18,947	0.021112	1,435	30	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	313,281	14,852,015	0.021094	3,103,924	65,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,830	4,259,746	0.019445	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,170	12,012,781	0.023989	2,469,481	59,240	73.00
75.00	07500	ASC (NON-DISTINCT PART)	503,589	9,710,494	0.051860	350,111	18,157	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	636,874	1,648,222	0.386401	1,006	389	76.01
76.97	07697	CARDIAC REHABILITATION	20,132	3,727,069	0.005402	479,534	2,590	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	389,410	17,593,969	0.022133	1,533,185	33,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	187,196	2,570,226	0.072833	139,341	10,149	92.00
200.00		Total (lines 50-199)	5,791,989	178,080,876		19,686,413	551,088	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part III Date/Time Prepared: 2/26/2015 1:28 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	10,294	0.00	3,040	0	30.00
31.00	03100	INTENSIVE CARE UNIT	834	0.00	514	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,698	0.00	1,299	0	40.00
43.00	04300	NURSERY	741	0.00	0	0	43.00
200.00		Total (lines 30-199)	13,567		4,853	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
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140110

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

Worksheet D
Part IV
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 1:28 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	13,231,891	0.000000	0.000000	2,377,776	50.00
51.00	05100 RECOVERY ROOM	0	2,858,205	0.000000	0.000000	122,384	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,191,294	0.000000	0.000000	73,132	52.00
53.00	05300 ANESTHESIOLOGY	0	5,485,961	0.000000	0.000000	573,316	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,522,830	0.000000	0.000000	2,753,597	54.00
58.00	05800 MRI	0	6,816,811	0.000000	0.000000	0	58.00
60.00	06000 LABORATORY	0	29,804,901	0.000000	0.000000	3,706,912	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,131,606	0.000000	0.000000	1,254,265	65.00
66.00	06600 PHYSICAL THERAPY	0	6,500,161	0.000000	0.000000	305,948	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	878,493	0.000000	0.000000	33,229	67.00
68.00	06800 SPEECH PATHOLOGY	0	329,742	0.000000	0.000000	35,362	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,935,512	0.000000	0.000000	372,475	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	18,947	0.000000	0.000000	1,435	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,852,015	0.000000	0.000000	3,103,924	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,259,746	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,012,781	0.000000	0.000000	2,469,481	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	9,710,494	0.000000	0.000000	350,111	75.00
76.00	03160 STRESS TESTING	0	0	0.000000	0.000000	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,648,222	0.000000	0.000000	1,006	76.01
76.97	07697 CARDIAC REHABILITATION	0	3,727,069	0.000000	0.000000	479,534	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	17,593,969	0.000000	0.000000	1,533,185	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,570,226	0.000000	0.000000	139,341	92.00
200.00	Total (lines 50-199)	0	178,080,876			19,686,413	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140110

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

Worksheet D
Part IV
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	4,858,450	0	0	50.00
51.00	05100	RECOVERY ROOM	0	900,872	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,745	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,464,948	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,098,962	0	0	54.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	2,810,596	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	424,236	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	378,527	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	515,399	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,499	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,433,475	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,418,646	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,978,368	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	585,967	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,381,728	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	3,517,095	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	847,132	0	0	92.00
200.00		Total (lines 50-199)	0	41,621,645	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140110

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

Worksheet D
Part IV
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
58.00	05800 MRI	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03160 STRESS TESTING	0	0			76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
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: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.367111	4,858,450	1	59	1,783,590	50.00
51.00	05100 RECOVERY ROOM	0.209995	900,872	0	0	189,179	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352017	3,745	0	0	1,318	52.00
53.00	05300 ANESTHESIOLOGY	0.212507	1,464,948	0	0	311,312	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163754	13,098,962	48	3,405	2,145,007	54.00
58.00	05800 MRI	0.085667	0	0	0	0	58.00
60.00	06000 LABORATORY	0.138287	2,810,596	1,018	1	388,669	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.317227	424,236	6	0	134,579	65.00
66.00	06600 PHYSICAL THERAPY	0.640239	378,527	1	57	242,348	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381705	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.323738	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.128085	515,399	0	0	66,015	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.297884	3,499	0	0	1,042	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	3,433,475	4	253	600,765	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.330373	3,418,646	140	8,840	1,129,428	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.357678	3,978,368	0	0	1,422,975	75.00
76.00	03160 STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.878508	585,967	0	0	1,100,744	76.01
76.97	07697 CARDIAC REHABILITATION	0.107204	1,381,728	0	0	148,127	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.227898	3,517,095	0	0	801,539	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	847,132	0	0	509,692	92.00
200.00	Subtotal (see instructions)		41,621,645	1,218	12,615	10,976,329	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,621,645	1,218	12,615	10,976,329	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 1:28 pm
	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	22	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8	558	54.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	141	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2	0	65.00
66.00	06600 PHYSICAL THERAPY	1	36	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1	44	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	46	2,920	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03160 STRESS TESTING	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
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)	199	3,580	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	199	3,580	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140110 Component CCN: 14S110		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/26/2015 1:28 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	810,014	13,231,891	0.061217	321	20	50.00
51.00	05100	RECOVERY ROOM	50,984	2,858,205	0.017838	1,368	24	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,361	3,191,294	0.019228	0	0	52.00
53.00	05300	ANESTHESIOLOGY	77,298	5,485,961	0.014090	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,130,897	37,522,830	0.030139	68,764	2,072	54.00
58.00	05800	MRI	98,307	6,816,811	0.014421	0	0	58.00
60.00	06000	LABORATORY	368,280	29,804,901	0.012356	295,939	3,657	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	99,744	3,131,606	0.031851	76,466	2,436	65.00
66.00	06600	PHYSICAL THERAPY	597,839	6,500,161	0.091973	13,998	1,287	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,495	878,493	0.040404	1,174	47	67.00
68.00	06800	SPEECH PATHOLOGY	23,520	329,742	0.071328	834	59	68.00
69.00	06900	ELECTROCARDIOLOGY	16,368	1,935,512	0.008457	30,682	259	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	400	18,947	0.021112	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	313,281	14,852,015	0.021094	11,403	241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	82,830	4,259,746	0.019445	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,170	12,012,781	0.023989	386,948	9,282	73.00
75.00	07500	ASC (NON-DISTINCT PART)	503,589	9,710,494	0.051860	10,030	520	75.00
76.00	03160	STRESS TESTING	0	0	0.000000	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	636,874	1,648,222	0.386401	1,163	449	76.01
76.97	07697	CARDIAC REHABILITATION	20,132	3,727,069	0.005402	2,323	13	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	389,410	17,593,969	0.022133	223,505	4,947	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,570,226	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,604,793	178,080,876		1,124,918	25,313	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 1:28 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
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: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 1:28 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	13,231,891	0.000000	0.000000	321 50.00
51.00 05100 RECOVERY ROOM	0	2,858,205	0.000000	0.000000	1,368 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,191,294	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	5,485,961	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	37,522,830	0.000000	0.000000	68,764 54.00
58.00 05800 MRI	0	6,816,811	0.000000	0.000000	0 58.00
60.00 06000 LABORATORY	0	29,804,901	0.000000	0.000000	295,939 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	3,131,606	0.000000	0.000000	76,466 65.00
66.00 06600 PHYSICAL THERAPY	0	6,500,161	0.000000	0.000000	13,998 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	878,493	0.000000	0.000000	1,174 67.00
68.00 06800 SPEECH PATHOLOGY	0	329,742	0.000000	0.000000	834 68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,935,512	0.000000	0.000000	30,682 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	18,947	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,852,015	0.000000	0.000000	11,403 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,259,746	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	12,012,781	0.000000	0.000000	386,948 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	9,710,494	0.000000	0.000000	10,030 75.00
76.00 03160 STRESS TESTING	0	0	0.000000	0.000000	0 76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,648,222	0.000000	0.000000	1,163 76.01
76.97 07697 CARDIAC REHABILITATION	0	3,727,069	0.000000	0.000000	2,323 76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	17,593,969	0.000000	0.000000	223,505 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,570,226	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	178,080,876			1,124,918 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 1:28 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	112	0	0	75.00
76.00	03160	STRESS TESTING	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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	112	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 1:28 pm
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
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03160 STRESS TESTING	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
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: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services (see inst.)				Costs (see inst.)
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.367111	0	0	3	0	50.00
51.00	05100	RECOVERY ROOM	0.209995	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352017	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.212507	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163754	0	0	282	0	54.00
58.00	05800	MRI	0.085667	0	0	0	0	58.00
60.00	06000	LABORATORY	0.138287	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.317227	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.640239	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381705	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.323738	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128085	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297884	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.330373	0	0	6	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357678	112	0	0	40	75.00
76.00	03160	STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.878508	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.107204	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.227898	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	0	0	0	0	92.00
200.00		Subtotal (see instructions)		112	0	291	40	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		112	0	291	40	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140110	Period: From 10/01/2013	Worksheet D Part V Date/Time Prepared: 2/26/2015 1:28 pm
	Component CCN: 14S110	To 09/30/2014	
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	1	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46	54.00
58.00	05800	MRI	0	0	58.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
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	49	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	49	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140110

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

Worksheet D
Part V
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XIX		Hospital		Cost	
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	0.367111	0	1,510,968	0	0	50.00
51.00	05100 RECOVERY ROOM	0.209995	0	493,590	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352017	0	382,480	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.212507	0	635,287	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.163754	0	5,421,022	0	0	54.00
58.00	05800 MRI	0.085667	0	1,056,197	0	0	58.00
60.00	06000 LABORATORY	0.138287	0	3,668,764	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.317227	0	174,094	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.640239	0	520,021	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.381705	0	175,184	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.323738	0	80,858	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.128085	0	198,641	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.297884	0	4,956	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	0	1,310,083	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	186,363	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.330373	0	684,047	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.357678	0	699,539	0	0	75.00
76.00	03160 STRESS TESTING	0.000000	0	0	0	0	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.878508	0	527,974	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.107204	0	269,045	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0.227898	0	4,697,942	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	0	535,408	0	0	92.00
200.00	Subtotal (see instructions)		0	23,232,463	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	23,232,463	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 1:28 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost	
	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	554,693	0	50.00
51.00	05100	RECOVERY ROOM	103,651	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	134,639	0	52.00
53.00	05300	ANESTHESIOLOGY	135,003	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	887,714	0	54.00
58.00	05800	MRI	90,481	0	58.00
60.00	06000	LABORATORY	507,342	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,227	0	65.00
66.00	06600	PHYSICAL THERAPY	332,938	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,869	0	67.00
68.00	06800	SPEECH PATHOLOGY	26,177	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,443	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,476	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	229,229	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,002	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	225,991	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	250,210	0	75.00
76.00	03160	STRESS TESTING	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	991,803	0	76.01
76.97	07697	CARDIAC REHABILITATION	28,843	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	1,070,652	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	322,138	0	92.00
200.00		Subtotal (see instructions)	6,084,521	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	6,084,521	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/26/2015 1:28 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,294	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,294	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)		8,750	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,040	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)		10,310,148	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)		10,310,148	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)		10,310,148	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,001.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,044,773	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,044,773	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/26/2015 1:28 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	0	0	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT	1,705,692	834	2,045.19	514	1,051,228	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)					4,694,031	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,790,032	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)					460,627	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					551,088	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,011,715	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,778,317	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)					1,544	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,001.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,546,424	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140110

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

Worksheet D-1

Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,248,051	10,310,148	0.121051	1,546,424	187,196	90.00
91.00	Nursing School cost	0	10,310,148	0.000000	1,546,424	0	91.00
92.00	Allied health cost	0	10,310,148	0.000000	1,546,424	0	92.00
93.00	All other Medical Education	0	10,310,148	0.000000	1,546,424	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	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)		1,698	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,698	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,698	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)		1,299	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,340,177	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,340,177	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,340,177	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)		789.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,025,262	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)		1,025,262	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14S110				Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					282,792		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,308,054		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)					109,441		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,313		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					134,754		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,173,300		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: 140110 Component CCN: 14S110		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	143,059	1,340,177	0.106746	0	0	90.00
91.00	Nursing School cost	0	1,340,177	0.000000	0	0	91.00
92.00	Allied health cost	0	1,340,177	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,340,177	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/26/2015 1:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,499,001	30.00
31.00	03100	INTENSIVE CARE UNIT		1,255,170	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.367111	2,377,776	50.00
51.00	05100	RECOVERY ROOM	0.209995	122,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352017	73,132	52.00
53.00	05300	ANESTHESIOLOGY	0.227393	573,316	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163754	2,753,597	54.00
58.00	05800	MRI	0.085667	0	58.00
60.00	06000	LABORATORY	0.138287	3,706,912	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.317227	1,254,265	65.00
66.00	06600	PHYSICAL THERAPY	0.645266	305,948	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381705	33,229	67.00
68.00	06800	SPEECH PATHOLOGY	0.323738	35,362	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128085	372,475	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297884	1,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	3,103,924	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.330373	2,469,481	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357678	350,111	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.889363	1,006	76.01
76.97	07697	CARDIAC REHABILITATION	0.107204	479,534	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.252339	1,533,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	139,341	92.00
200.00		Total (sum of lines 50-94 and 96-98)		19,686,413	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)		19,686,413	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
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		2,211,672	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.367111	321	50.00
51.00	05100	RECOVERY ROOM	0.209995	1,368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352017	0	52.00
53.00	05300	ANESTHESIOLOGY	0.227393	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163754	68,764	54.00
58.00	05800	MRI	0.085667	0	58.00
60.00	06000	LABORATORY	0.138287	295,939	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.317227	76,466	65.00
66.00	06600	PHYSICAL THERAPY	0.645266	13,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381705	1,174	67.00
68.00	06800	SPEECH PATHOLOGY	0.323738	834	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128085	30,682	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297884	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	11,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.330373	386,948	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357678	10,030	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.889363	1,163	76.01
76.97	07697	CARDIAC REHABILITATION	0.107204	2,323	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.252339	223,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,124,918	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)		1,124,918	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/26/2015 1:28 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,802,853	30.00
31.00	03100	INTENSIVE CARE UNIT		258,397	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		422,650	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.367111	321,440	50.00
51.00	05100	RECOVERY ROOM	0.209995	37,889	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352017	1,609,711	52.00
53.00	05300	ANESTHESIOLOGY	0.212507	259,397	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163754	691,384	54.00
58.00	05800	MRI	0.085667	33,796	58.00
60.00	06000	LABORATORY	0.138287	1,564,432	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.317227	267,849	65.00
66.00	06600	PHYSICAL THERAPY	0.640239	35,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381705	1,434	67.00
68.00	06800	SPEECH PATHOLOGY	0.323738	3,530	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128085	89,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297884	1,435	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	596,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236108	77,202	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.330373	1,109,385	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357678	48,228	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.878508	308	76.01
76.97	07697	CARDIAC REHABILITATION	0.107204	55,859	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.227898	720,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	57,288	92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,583,023	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)		7,583,023	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140110 Component CCN: 14S110	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XIX	Subprovider - IPF	Cost	
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		550,550	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.367111	0	50.00
51.00	05100	RECOVERY ROOM	0.209995	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352017	0	52.00
53.00	05300	ANESTHESIOLOGY	0.212507	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.163754	12,825	54.00
58.00	05800	MRI	0.085667	0	58.00
60.00	06000	LABORATORY	0.138287	99,695	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.317227	13,679	65.00
66.00	06600	PHYSICAL THERAPY	0.640239	1,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.381705	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.323738	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.128085	8,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.297884	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.174973	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236108	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.330373	71,451	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.357678	0	75.00
76.00	03160	STRESS TESTING	0.000000	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.878508	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.107204	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.227898	84,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.601668	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		291,612	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)		291,612	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII		Hospital	
		0	before 1/1	on/after 1/1	2.00
				PPS	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		6,704,270		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		79,934		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		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		82.77		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)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		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.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		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		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		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)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58		30.00
31.00	Percentage of Medicaid patient days (see instructions)		35.48		31.00
32.00	Sum of lines 30 and 31		38.06		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		20.61	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		345,438		34.00
		0	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)		0		35.00
35.01	Factor 3 (see instructions)		0.00000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	609,884	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	609,884	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		609,884		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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		7,739,526		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)		7,739,526		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		541,478		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,281,004		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,281,004		61.00
62.00	Deductibles billed to program beneficiaries		915,008		62.00
63.00	Coinurance billed to program beneficiaries		4,440		63.00
64.00	Allowable bad debts (see instructions)		226,363		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		147,136		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 1:28 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		175,269		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,508,692		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		14,542		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-8,046		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)	2014	171,533		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)		7,686,721		71.00
71.01	Sequestration adjustment (see instructions)		153,734		71.01
72.00	Interim payments		7,314,147		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		218,840		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		175,543		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 2/26/2015 1:28 pm	
		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)	2.58	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	35.48	0.00			35.48	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	38.06	0.00			35.48	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	RRC				RRC	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	82.77	0.00			82.77	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	20.61	0.00			18.49	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)?	No				No	9.00
10.00	S-2, Line 45	No				No	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)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,258	0			1,258	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	691	0			691	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)	1,673	0			1,673	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	77	0			77	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	3,699	0			3,699	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	10,325	0			10,325	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	101	0			101	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)	10,426	0			10,426	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	35.48	0.00			35.48	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140110		Period: From 10/01/2013 To 09/30/2014		Worksheet DSH Date/Time Prepared: 2/26/2015 1:28 pm	
		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	20.61		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		20.61		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.		20.61		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 amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	True				True	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet DSH Date/Time Prepared: 2/26/2015 1:28 pm
		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	18.49		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	18.49		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.	18.49		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140110

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	6,704,270	0	0	6,704,270	6,704,270	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	79,934	0	0	79,934	79,934	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2061	0.2061	0.2061	0.2061		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	345,438	0	0	345,438	345,438	11.00
11.01	Uncompensated care payments	36.00	609,884	0	0	609,884	609,884	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	7,739,526	0	0	7,739,526	7,739,526	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	7,739,526	0	0	7,739,526	7,739,526	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	541,478	0	0	541,478	541,478	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	8,281,004	8,281,004	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140110

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	535,755	0	0	535,755	535,755	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,723	0	0	5,723	5,723	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	541,478	0	0	541,478	541,478	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.020714		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				171,533	171,533	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,779	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,976,329	2.00
3.00	PPS payments		7,329,901	3.00
4.00	Outlier payment (see instructions)		267,144	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)		3,779	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		13,833	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)		13,833	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)		13,833	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,054	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)		3,779	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7,597,045	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)		1,682,654	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)		5,918,170	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)		5,918,170	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,918,170	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)		274,209	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		178,236	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		207,768	36.00
37.00	Subtotal (see instructions)		6,096,406	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)		6,096,406	40.00
40.01	Sequestration adjustment (see instructions)		121,928	40.01
41.00	Interim payments		5,986,791	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-12,313	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/26/2015 1:28 pm
		Component CCN: 14S110	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		49	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40	2.00
3.00	PPS payments		55	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)		49	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		291	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)		291	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)		291	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		242	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)		49	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		55	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		104	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)		104	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		104	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)		104	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)		104	40.00
40.01	Sequestration adjustment (see instructions)		2	40.01
41.00	Interim payments		180	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-78	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			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: 140110

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,029,224		5,798,995	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	09/30/2014	178,665	09/30/2014	127,046	3.01	
3.02		05/20/2014	106,258	05/20/2014	60,750	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)		284,923		187,796	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)		7,314,147		5,986,791	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		218,840		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		12,313	6.02	
7.00	Total Medicare program liability (see instructions)		7,532,987		5,974,478	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: 140110
Component CCN: 14S110

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		934,797		180	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)		934,797		180	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		12,770		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		78	6.02
7.00	Total Medicare program liability (see instructions)		947,567		102	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: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		2,960	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		3,554	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		413	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		9,584	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		202,712,108	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		5,825,126	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)		755,078	8.00
9.00	Sequestration adjustment amount (see instructions)		15,102	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		739,976	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,092,142	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)		-352,166	32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part II Date/Time Prepared: 2/26/2015 1:28 pm
		Component CCN: 14S110	Title XVIIII	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)		1,122,086	1.00
2.00	Net IPF PPS Outlier Payments		2,356	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)		4.652055	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)		1,124,442	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 physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,124,442	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,124,442	18.00
19.00	Deductibles		160,608	19.00
20.00	Subtotal (line 18 minus line 19)		963,834	20.00
21.00	Coinsurance		9,904	21.00
22.00	Subtotal (line 20 minus line 21)		953,930	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		19,961	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		12,975	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)		966,905	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)		966,905	31.00
31.01	Sequestration adjustment (see instructions)		19,338	31.01
32.00	Interim payments		934,797	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		12,770	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		2,356	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

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

Provider CCN: 140110

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

Worksheet G

Date/Time Prepared:
2/26/2015 1:28 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,508,117	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	38,918,435	0	0	0	4.00
5.00	Other receivable	631,521	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-31,357,033	0	0	0	6.00
7.00	Inventory	1,423,571	0	0	0	7.00
8.00	Prepaid expenses	421,990	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-2,032,918	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	11,513,683	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,128,395	0	0	0	12.00
13.00	Land improvements	2,862,859	0	0	0	13.00
14.00	Accumulated depreciation	-2,477,018	0	0	0	14.00
15.00	Buildings	73,755,026	0	0	0	15.00
16.00	Accumulated depreciation	-56,350,931	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	36,406,163	0	0	0	19.00
20.00	Accumulated depreciation	-29,557,300	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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	4,800,729	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	32,567,923	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	13,672,621	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,672,621	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	57,754,227	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,312,905	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,847,842	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	0	0	0	0	43.00
44.00	Other current liabilities	230,622	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,391,369	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,391,369	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	47,362,858				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	47,362,858	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	57,754,227	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140110

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

Worksheet G-1

Date/Time Prepared:
2/26/2015 1:28 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		43,991,495		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,371,363			2.00
3.00	Total (sum of line 1 and line 2)		47,362,858		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		47,362,858		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		47,362,858		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			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: 140110

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	13,508,345		13,508,345	1.00
2.00	SUBPROVIDER - IPF	2,732,422		2,732,422	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	16,240,767		16,240,767	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,161,270		2,161,270	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)	2,161,270		2,161,270	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,402,037		18,402,037	17.00
18.00	Ancillary services	39,233,234	118,683,447	157,916,681	18.00
19.00	Outpatient services	4,011,548	16,152,647	20,164,195	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		4,197,845	4,197,845	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	1	2,031,349	2,031,350	26.00
27.00	PROF FEES	2,061,778	4,589,972	6,651,750	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	63,708,598	145,655,260	209,363,858	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		66,406,062		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)		66,406,062		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140110

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

Worksheet G-3

Date/Time Prepared:
2/26/2015 1:28 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	209,363,858	1.00
2.00	Less contractual allowances and discounts on patients' accounts	145,326,265	2.00
3.00	Net patient revenues (line 1 minus line 2)	64,037,593	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	66,406,062	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,368,469	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,650,664	6.00
7.00	Income from investments	747,593	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	1,319	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	443,955	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	33,785	17.00
18.00	Revenue from sale of medical records and abstracts	2,381	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	966	21.00
22.00	Rental of hospital space	927,801	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER RENTAL INCOME	16,848	24.00
24.01	OTHER INCOME	1,914,717	24.01
25.00	Total other income (sum of lines 6-24)	5,740,029	25.00
26.00	Total (line 5 plus line 25)	3,371,560	26.00
27.00	GAIN LOSS ON SALE OF ASSETS	197	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	197	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,371,363	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet H

HHA CCN: 147048

To 09/30/2014

Date/Time Prepared: 2/26/2015 1:28 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	289,051	0	6,913	218,414	31,148	545,526
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	602,898	0	64,830	2,196	54,447	724,371
7.00	Physical Therapy	371,559	0	18,352	976	7,713	398,600
8.00	Occupational Therapy	18,449	0	3,398	0	0	21,847
9.00	Speech Pathology	13,631	0	2,040	0	0	15,671
10.00	Medical Social Services	3,045	0	318	0	0	3,363
11.00	Home Health Aide	29,695	0	6,224	0	391	36,310
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,328,328	0	102,075	221,586	93,699	1,745,688
		Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
		7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	5,733	551,259	0	551,259		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	724,371	0	724,371		6.00
7.00	Physical Therapy	0	398,600	0	398,600		7.00
8.00	Occupational Therapy	0	21,847	0	21,847		8.00
9.00	Speech Pathology	0	15,671	0	15,671		9.00
10.00	Medical Social Services	0	3,363	0	3,363		10.00
11.00	Home Health Aide	0	36,310	0	36,310		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	5,733	1,751,421	0	1,751,421		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part I Date/Time Prepared: 2/26/2015 1:28 pm
		HHA CCN: 147048	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	551,259	0	0	0	551,259	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	724,371	0	0	0	724,371	6.00
7.00	Physical Therapy	398,600	0	0	0	398,600	7.00
8.00	Occupational Therapy	21,847	0	0	0	21,847	8.00
9.00	Speech Pathology	15,671	0	0	0	15,671	9.00
10.00	Medical Social Services	3,363	0	0	0	3,363	10.00
11.00	Home Health Aide	36,310	0	0	0	36,310	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,751,421	0	0	0	1,751,421	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	551,259					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	332,718	1,057,089				6.00
7.00	Physical Therapy	183,085	581,685				7.00
8.00	Occupational Therapy	10,035	31,882				8.00
9.00	Speech Pathology	7,198	22,869				9.00
10.00	Medical Social Services	1,545	4,908				10.00
11.00	Home Health Aide	16,678	52,988				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		1,751,421				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140110 HHA CCN: 147048	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part II Date/Time Prepared: 2/26/2015 1:28 pm PPS
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-551,259	1,200,162
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	724,371
7.00	Physical Therapy	0	0	0	0	0	398,600
8.00	Occupational Therapy	0	0	0	0	0	21,847
9.00	Speech Pathology	0	0	0	0	0	15,671
10.00	Medical Social Services	0	0	0	0	0	3,363
11.00	Home Health Aide	0	0	0	0	0	36,310
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-551,259	1,200,162
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		551,259
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.459320

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147048

To 09/30/2014

Part I
Date/Time Prepared: 2/26/2015 1:28 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	56,755	100,662	157,417	35,552	1.00
2.00 Skilled Nursing Care	1,057,089	0	0	209,961	1,267,050	286,162	2.00
3.00 Physical Therapy	581,685	0	0	129,396	711,081	160,597	3.00
4.00 Occupational Therapy	31,882	0	0	6,425	38,307	8,652	4.00
5.00 Speech Pathology	22,869	0	0	4,747	27,616	6,237	5.00
6.00 Medical Social Services	4,908	0	0	1,060	5,968	1,348	6.00
7.00 Home Health Aide	52,988	0	0	10,341	63,329	14,303	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,751,421	0	56,755	462,592	2,270,768	512,851	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	40,596	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	40,596	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet H-2

HHA CCN: 147048

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	
		14.00	15.00	16.00	17.00	19.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	233,565	0	233,565				1.00
2.00	Skilled Nursing Care	1,553,212	0	1,553,212	140,032	1,693,244		2.00
3.00	Physical Therapy	871,678	0	871,678	78,588	950,266		3.00
4.00	Occupational Therapy	46,959	0	46,959	4,234	51,193		4.00
5.00	Speech Pathology	33,853	0	33,853	3,052	36,905		5.00
6.00	Medical Social Services	7,316	0	7,316	660	7,976		6.00
7.00	Home Health Aide	77,632	0	77,632	6,999	84,631		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	2,824,215	0	2,824,215	233,565	2,824,215		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.090157			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140110
HHA CCN: 147048

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

Worksheet H-2 Part II
Date/Time Prepared: 2/26/2015 1:28 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	56,463	289,051	0	157,417	0	1.00
2.00 Skilled Nursing Care	0	0	602,898	0	1,267,050	0	2.00
3.00 Physical Therapy	0	0	371,559	0	711,081	0	3.00
4.00 Occupational Therapy	0	0	18,449	0	38,307	0	4.00
5.00 Speech Pathology	0	0	13,631	0	27,616	0	5.00
6.00 Medical Social Services	0	0	3,045	0	5,968	0	6.00
7.00 Home Health Aide	0	0	29,695	0	63,329	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	56,463	1,328,328		2,270,768	0	20.00
21.00 Total cost to be allocated	0	56,755	462,592		512,851	0	21.00
22.00 Unit cost multiplier	0.000000	1.005172	0.348251		0.225849	0.000000	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (HOURS SUPPLIED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	1,380	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,380	0	0	0	0	20.00
21.00 Total cost to be allocated	0	40,596	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	29.417391	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140110
HHA CCN: 147048

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)		
	15.00	16.00	17.00	19.00	23.00		
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140110 HHA CCN: 147048	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/26/2015 1:28 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,693,244		1,693,244	8,229	205.77	1.00
2.00	Physical Therapy	3.00	950,266	0	950,266	4,086	232.57	2.00
3.00	Occupational Therapy	4.00	51,193	0	51,193	410	124.86	3.00
4.00	Speech Pathology	5.00	36,905	0	36,905	221	166.99	4.00
5.00	Medical Social Services	6.00	7,976		7,976	940	8.49	5.00
6.00	Home Health Aide	7.00	84,631		84,631	120	705.26	6.00
7.00	Total (sum of lines 1-6)		2,824,215	0	2,824,215	14,006		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	5	132			8.00
8.01	Skilled Nursing Care		99914	277	4,652			8.01
9.00	Physical Therapy		16974	0	64			9.00
9.01	Physical Therapy		99914	167	2,622			9.01
10.00	Occupational Therapy		16974	0	0			10.00
10.01	Occupational Therapy		99914	19	203			10.01
11.00	Speech Pathology		16974	0	0			11.00
11.01	Speech Pathology		99914	0	90			11.01
12.00	Medical Social Services		16974	0	1			12.00
12.01	Medical Social Services		99914	3	75			12.01
13.00	Home Health Aide		16974	0	0			13.00
13.01	Home Health Aide		99914	18	634			13.01
14.00	Total (sum of lines 8-13)			489	8,473			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	282	4,784		58,027	984,404		1.00
2.00	Physical Therapy	167	2,686		38,839	624,683		2.00
3.00	Occupational Therapy	19	203		2,372	25,347		3.00
4.00	Speech Pathology	0	90		0	15,029		4.00
5.00	Medical Social Services	3	76		25	645		5.00
6.00	Home Health Aide	18	634		12,695	447,135		6.00
7.00	Total (sum of lines 1-6)	489	8,473		111,958	2,097,243		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140110
HHA CCN: 147048

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

Worksheet H-3
Part I
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Title XVIII

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,042,431					1.00
2.00	Physical Therapy	663,522					2.00
3.00	Occupational Therapy	27,719					3.00
4.00	Speech Pathology	15,029					4.00
5.00	Medical Social Services	670					5.00
6.00	Home Health Aide	459,830					6.00
7.00	Total (sum of lines 1-6)	2,209,201					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140110 HHA CCN: 147048	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part II Date/Time Prepared: 2/26/2015 1:28 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.640239	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.381705	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.323738	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.174973	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.330373	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140110 HHA CCN: 147048	Period: From 10/01/2013 To 09/30/2014	Worksheet H-4 Part I-II Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,251	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-1,251
11.00	Total PPS Reimbursement - Full Episodes without Outliers		69,994	1,226,460
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,806	19,930
13.00	Total PPS Reimbursement - LUPA Episodes		993	22,898
14.00	Total PPS Reimbursement - PEP Episodes		1,230	14,479
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		339	5,682
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	794
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		74,362	1,288,992
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		74,362	1,288,992
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		74,362	1,288,992
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		74,362	1,288,992
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		74,362	1,288,992
31.01	Sequestration adjustment (see instructions)		1,487	25,780
32.00	Interim payments (see instructions)		72,875	1,263,212
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140110
HHA CCN: 147048

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

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Date/Time Prepared:
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		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		72,875		1,263,212	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		72,875		1,263,212	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		72,875		1,263,212	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141570

To 09/30/2014

Date/Time Prepared: 2/26/2015 1:28 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	38,460	0	0	0	43,511	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	71,550	0	9.00
10.00	Nursing Care	106,994	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	34,563	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	18,303	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	13,016	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	41,558	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	5,423	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	27,367	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	198,320	0	0	76,973	125,452	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141570

To 09/30/2014

Date/Time Prepared: 2/26/2015 1:28 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	81,971	390	82,361	-82	82,279	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	71,550	0	71,550	-25,833	45,717	9.00
10.00	Nursing Care	106,994	0	106,994	0	106,994	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	34,563	0	34,563	0	34,563	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	18,303	0	18,303	0	18,303	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	13,016	0	13,016	0	13,016	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	41,558	0	41,558	0	41,558	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	5,423	0	5,423	0	5,423	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	27,367	0	27,367	0	27,367	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	400,745	390	401,135	-25,915	375,220	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 141570

To 09/30/2014

Date/Time Prepared: 2/26/2015 1:28 pm

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	38,460	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	34,563	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	38,460	0	34,563	0	106,994

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 141570

To 09/30/2014

Date/Time Prepared: 2/26/2015 1:28 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	38,460	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	106,994	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	34,563	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		18,303	0	18,303	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	18,303	0	198,320	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 141570		Date/Time Prepared: 2/26/2015 1:28 pm

		Hospice I				
		Administrator	Director	Social Services	Nurses	
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140110	Period: From 10/01/2013	Worksheet K-3
		Hospice CCN: 141570	To 09/30/2014	Date/Time Prepared: 2/26/2015 1:28 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	71,550	71,550	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	5,423	5,423	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	76,973	76,973	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140110

Period:

Worksheet K-4

Hospice CCN: 141570

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

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Hospice I

	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0		2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	82,279	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	45,717	0	0	0	9.00
10.00	Nursing Care	106,994	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	34,563	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	18,303	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	13,016	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	41,558	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	5,423	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	27,367	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	375,220	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141570

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	82,279	82,279		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	45,717	12,841	58,558	9.00
10.00	Nursing Care	0	106,994	30,051	137,045	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	34,563	9,708	44,271	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	18,303	5,141	23,444	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	13,016	3,656	16,672	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	41,558	11,672	53,230	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	5,423	1,523	6,946	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	27,367	7,687	35,054	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	375,220		375,220	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141570

To 09/30/2014

Part II
Date/Time Prepared:
2/26/2015 1:28 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141570

To 09/30/2014

Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-82,279	292,941	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	45,717	9.00
10.00	Nursing Care	0	106,994	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	34,563	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	18,303	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	13,016	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	41,558	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	5,423	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	27,367	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		82,279	39.00
40.00	Unit Cost Multiplier		0.280872	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141570

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0			4.00	4A	
1.00	Administrative and General		0	392	13,394	13,786	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	58,558	0	0	0	58,558	4.00
5.00	Nursing Care	137,045	0	0	37,260	174,305	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	44,271	0	0	12,037	56,308	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	23,444	0	0	6,374	29,818	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	16,672	0	0	0	16,672	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	53,230	0	0	0	53,230	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	6,946	0	0	0	6,946	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	35,054	0	0	0	35,054	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	375,220	0	392	69,065	444,677	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140110

Period:

Worksheet K-5

Hospice CCN: 141570

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

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	3,114	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	13,225	0	0	0	0	4.00
5.00	Nursing Care	39,367	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	12,717	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	6,734	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	3,765	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	12,022	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	1,569	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	7,917	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	100,430	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140110

Period:

Worksheet K-5

Hospice CCN: 141570

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

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141570

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Hospice I				
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments
		17.00	19.00	23.00	24.00	25.00
1.00	Administrative and General	0	0	0	16,900	1.00
2.00	Inpatient - General Care	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	3.00
4.00	Physician Services	0	0	0	71,783	4.00
5.00	Nursing Care	0	0	0	213,672	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	69,025	10.00
11.00	Spiritual Counseling	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	36,552	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00
16.00	Other	0	0	0	20,437	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	65,252	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	8,515	22.00
23.00	Imaging Services	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	42,971	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	28.00
29.00	Other	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	545,107	34.00
35.00	Unit Cost Multiplier (see instructions)					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140110

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141570

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	71,783	2,297	74,080		4.00
5.00	Nursing Care	213,672	6,837	220,509		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	69,025	2,208	71,233		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	36,552	1,169	37,721		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	20,437	654	21,091		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	65,252	2,088	67,340		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	8,515	272	8,787		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	42,971	1,375	44,346		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	545,107		545,107		34.00
35.00	Unit Cost Multiplier (see instructions)		0.031995			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140110

Hospice CCN: 141570

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	0	390	38,460	0	13,786	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	58,558	4.00	
5.00 Nursing Care	0	0	106,994	0	174,305	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	34,563	0	56,308	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	18,303	0	29,818	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	16,672	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	53,230	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	6,946	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	35,054	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	390	198,320	0	444,677	34.00	
35.00 Total cost to be allocated	0	392	69,065	0	100,430	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.005128	0.348250	0	0.225849	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140110

Hospice CCN: 141570

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

Worksheet K-5
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description	Hospice I					
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140110
Hospice CCN: 141570

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

Worksheet K-5
Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (HOURS SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140110

Period:

Worksheet K-5

Hospice CCN: 141570

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

Part II
Date/Time Prepared:
2/26/2015 1:28 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL PRGM (ASSIGNED TIME)	Hospice I	
		19.00	23.00		
1.00	Administrative and General	0	0		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0		34.00
35.00	Total cost to be allocated	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet K-5 Part III Date/Time Prepared: 2/26/2015 1:28 pm	
Hospice I					
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.645266	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.381705	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.323738	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.330373	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.138287	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.174973	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	STRESS TESTING	76.00	0.000000	0	10.00
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	1.889363	0	10.01
10.97	CARDIAC REHABILITATION	76.97	0.107204	0	10.97
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140110

Period:

Worksheet K-6

Hospice CCN: 141570

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

Date/Time Prepared:
2/26/2015 1:28 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				545,107	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				5,016	2.00
3.00	Average cost per diem (line 1 divided by line 2)				108.67	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,111				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	446,742				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		905			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		98,346			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		781			10.00
11.00	Aggregate NF cost (line 3 times line 10)		84,871			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140110	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/26/2015 1:28 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		535,755	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,723	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)		26.26	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		541,478	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