

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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/24/2015 4:00 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: 2/24/2015	Time: 4:00 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL (140135) 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	717,402	336,305	-101,930	0	1.00
2.00 Subprovider - IPF	0	0	0		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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	717,402	336,305	-101,930	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet S-2 Part I Date/Time Prepared: 2/24/2015 3:58 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2300 N. EDWARD ST.		PO Box:				1.00					
2.00	City: DECATUR		State: IL		Zip Code: 62526		County: MACON					
		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		DECATUR MEMORIAL HOSPITAL		140135	16580	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		DMH HHA		147206	16580		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice		DMH HOSPICE		141517	16580		06/30/1988				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 days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			6,712	1,727	0	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs 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)	FAMILY MEDICINE	3600	6.46	6.32	0.505477	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	3600	4.83	7.73	0.384554	67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				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
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/24/2015 3:58 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131		141.00	
142.00	Street: 8115 KNUVE ROAD	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250	143.00		
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						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)					0.50	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			04/01/2014	06/30/2014	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/24/2015 3:58 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/23/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/29/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/24/2015 3:58 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	TOM		WEST	41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2178762031		TOMW@DMHHS.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)	01/29/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, ANALYTICS & PERFORMANCE MA	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2015 3:58 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	197	71,905	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)		197	71,905	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	0.00	0	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)		249	90,885	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			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)		249				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: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	15,137	5,953	28,434			1.00
2.00 HMO and other (see instructions)	1,920	0				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)	15,137	5,953	28,434			7.00
8.00 INTENSIVE CARE UNIT	3,169	1,146	5,523			8.00
9.00 CORONARY CARE UNIT	2,064	739	3,559			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		446	2,149			13.00
14.00 Total (see instructions)	20,370	8,284	39,665	13.05	1,631.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			555	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	22,061	1,592	23,653	0.00	42.14	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	5,915	321	6,268	0.00	9.22	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)				13.05	1,682.36	27.00
28.00 Observation Bed Days		1,666	6,224			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			411			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	155	256			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: 140135

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

Worksheet S-3
Part I
Date/Time Prepared:
2/24/2015 3:58 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	4,667	2,220	11,043	1.00
2.00 HMO and other (see instructions)			429	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,667	2,220	11,043	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	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: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet S-3 Part II Date/Time Prepared: 2/24/2015 3:58 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	109,969,904	0	109,969,904	3,501,500.00	31.41	1.00
2.00	Non-physician anesthetist Part A		4,877,153	0	4,877,153	52,246.00	93.35	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		478,343	0	478,343	2,480.00	192.88	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	726,266	726,266	26,124.80	27.80	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)		44,628,095	-1,525,733	43,102,362	924,787.00	46.61	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	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		250,790	0	250,790	1,378.00	182.00	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		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		15,989,236	0	15,989,236			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,599,928	0	4,599,928			19.00
20.00	Non-physician anesthetist Part A		604,094	0	604,094			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		44,542	0	44,542			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		157,447	0	157,447			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	593,213	0	593,213	21,778.00	27.24	26.00
27.00	Administrative & General	5.00	9,746,206	-192,272	9,553,934	364,633.00	26.20	27.00
28.00	Administrative & General under contract (see inst.)		1,388,055	0	1,388,055	7,666.38	181.06	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,134,751	0	1,134,751	62,546.00	18.14	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,424,670	0	1,424,670	128,669.00	11.07	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,734,024	-1,432,177	301,847	21,536.00	14.02	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,432,177	1,432,177	102,182.00	14.02	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,439,847	192,272	1,632,119	49,171.00	33.19	38.00
39.00	Central Services and Supply	14.00	672,587	0	672,587	36,670.00	18.34	39.00
40.00	Pharmacy	15.00	1,706,793	0	1,706,793	49,982.00	34.15	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

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

Worksheet S-3
Part II
Date/Time Prepared:
2/24/2015 3:58 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	1,359,826	0	1,359,826	69,139.00	19.67	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

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

Worksheet S-3
Part III
Date/Time Prepared:
2/24/2015 3:58 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)	106,480,806	-726,266	105,754,540	3,430,795.58	30.83	1.00
2.00	Excluded area salaries (see instructions)	44,628,095	-1,525,733	43,102,362	924,787.00	46.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	61,852,711	799,467	62,652,178	2,506,008.58	25.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	250,790	0	250,790	1,378.00	182.00	4.00
5.00	Subtotal wage-related costs (see inst.)	16,033,778	0	16,033,778	0.00	25.59	5.00
6.00	Total (sum of lines 3 thru 5)	78,137,279	799,467	78,936,746	2,507,386.58	31.48	6.00
7.00	Total overhead cost (see instructions)	21,199,972	0	21,199,972	913,972.38	23.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/24/2015 3:58 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,591,558	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		980,052	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)		10,439,753	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		517,956	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		129,659	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)		458,028	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		144,677	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		6,872,900	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		207,450	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		53,214	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,395,247	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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part V Date/Time Prepared: 2/24/2015 3:58 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			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	0	0	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	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140135 Component CCN: 147206		Period: From 10/01/2013 To 09/30/2014		Worksheet S-4 Date/Time Prepared: 2/24/2015 3:58 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	4,626	636	2,307	7,569	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	742.00	102.00	370.00	1,214.00	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		0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)			2.85	0.00	2.85	4.00	
5.00	Other Administrative Personnel			2.51	0.00	2.51	5.00	
6.00	Direct Nursing Service			22.25	0.00	22.25	6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service			4.27	0.00	4.27	8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service			1.00	0.00	1.00	10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service			0.11	0.00	0.11	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			3.64	0.00	3.64	16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00	
18.00	Other (specify)			0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19500			20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	8,216	1,563	376	90	10,245	21.00	
22.00	Skilled Nursing Visit Charges	1,541,217	277,820	69,221	14,750	1,903,008	22.00	
23.00	Physical Therapy Visits	4,143	133	71	37	4,384	23.00	
24.00	Physical Therapy Visit Charges	703,901	24,550	8,610	5,470	742,531	24.00	
25.00	Occupational Therapy Visits	740	18	3	12	773	25.00	
26.00	Occupational Therapy Visit Charges	131,230	3,300	510	1,920	136,960	26.00	
27.00	Speech Pathology Visits	48	8	0	0	56	27.00	
28.00	Speech Pathology Visit Charges	8,750	1,520	0	0	10,270	28.00	
29.00	Medical Social Service Visits	33	2	0	0	35	29.00	
30.00	Medical Social Service Visit Charges	5,760	360	0	0	6,120	30.00	
31.00	Home Health Aide Visits	1,518	260	19	28	1,825	31.00	
32.00	Home Health Aide Visit Charges	125,800	21,930	1,275	2,210	151,215	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,698	1,984	469	167	17,318	33.00	
34.00	Other Charges	28	0	0	0	28	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,516,686	329,480	79,616	24,350	2,950,132	35.00	
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00	
37.00	Total Number of Outlier Episodes		0		0	0	37.00	
38.00	Total Non-Routine Medical Supply Charges	63,772	14,943	1,609	712	81,036	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140135
Component CCN: 141517

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/24/2015 3:58 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	1.00
2.00	Routine Home Care	5,915	321	0	0	0	6,236	2.00
3.00	Inpatient Respite Care	6	0	0	0	0	6	3.00
4.00	General Inpatient Care	287	30	0	0	0	317	4.00
5.00	Total Hospice Days	6,208	351	0	0	0	6,559	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	237	17	0	0	23	277	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	26.19	20.65	0.00	0.00	0.00	23.68	8.00
9.00	Unduplicated Census Count	237	15	0	0	23	275	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/24/2015 3:58 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)		0.216947		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		14,545,688		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		113,784,556		6.00	
7.00	Medicaid cost (line 1 times line 6)		24,685,218		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)		10,139,530		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)		10,139,530		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		13,194,317	5,990,477	19,184,794	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,862,467	1,299,616	4,162,083	21.00
22.00	Partial payment by patients approved for charity care		257,290	1,153,588	1,410,878	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,605,177	146,028	2,751,205	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)		13,400,062			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,882,324			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		11,517,738			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,498,739			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,249,944			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		15,389,474			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		32,995,581	32,995,581	-25,818,804	7,176,777	1.00
2.00	00200		0	0	11,833,827	11,833,827	2.00
4.00	00400			15,402,643	0	15,402,643	4.00
5.00	00500	593,213	14,809,430	15,402,643	0	15,402,643	5.00
7.00	00700	9,746,206	17,218,388	26,964,594	13,829,141	40,793,735	7.00
8.00	00800	1,134,751	7,698,644	8,833,395	0	8,833,395	8.00
9.00	00900	0	1,156,092	1,156,092	0	1,156,092	9.00
10.00	01000	1,424,670	954,311	2,378,981	0	2,378,981	10.00
11.00	01100	1,734,024	1,763,211	3,497,235	-2,888,460	608,775	11.00
13.00	01300	0	0	0	2,888,460	2,888,460	13.00
14.00	01400	1,439,847	770,342	2,210,189	192,272	2,402,461	14.00
15.00	01500	672,587	5,103,629	5,776,216	-3,704,931	2,071,285	15.00
16.00	01600	1,706,793	8,689,916	10,396,709	-7,830,467	2,566,242	16.00
19.00	01900	1,359,826	1,302,072	2,661,898	0	2,661,898	19.00
21.00	02100	0	0	0	4,877,153	4,877,153	21.00
22.00	02200	0	0	0	726,266	726,266	22.00
23.00	02300	387,553	37,585	425,138	1,263,671	1,263,671	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,056,809	1,036,303	10,093,112	-87,597	10,005,515	30.00
31.00	03100	2,471,633	292,232	2,763,865	-12,709	2,751,156	31.00
32.00	03200	2,069,361	217,970	2,287,331	62,500	2,349,831	32.00
43.00	04300	63	109,647	109,710	0	109,710	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,463,873	14,062,439	18,526,312	-8,857,465	9,668,847	50.00
50.01	05001	76,387	67,626	144,013	0	144,013	50.01
51.00	05100	663,294	70,063	733,357	0	733,357	51.00
52.00	05200	0	25,032	25,032	238,014	263,046	52.00
53.00	05300	5,114,400	860,160	5,974,560	-4,877,153	1,097,407	53.00
54.00	05400	5,307,393	8,018,949	13,326,342	-155,458	13,170,884	54.00
55.00	05500	1,155,188	1,633,797	2,788,985	-7,571	2,781,414	55.00
60.00	06000	2,965,037	4,245,211	7,210,248	0	7,210,248	60.00
65.00	06500	796,004	192,603	988,607	0	988,607	65.00
66.00	06600	2,314,439	812,940	3,127,379	769,885	3,897,264	66.00
67.00	06700	380,077	93,295	473,372	0	473,372	67.00
68.00	06800	251,171	28,082	279,253	0	279,253	68.00
69.00	06900	1,702,175	454,652	2,156,827	0	2,156,827	69.00
69.01	06901	636,910	2,877,315	3,514,225	-2,597,708	916,517	69.01
70.00	07000	540,693	70,653	611,346	0	611,346	70.00
71.00	07100	0	0	0	2,972,393	2,972,393	71.00
72.00	07200	0	0	0	12,743,488	12,743,488	72.00
73.00	07300	0	0	0	7,830,467	7,830,467	73.00
74.00	07400	227,686	232,094	459,780	0	459,780	74.00
75.00	07500	2,647,577	1,645,672	4,293,249	-203,039	4,090,210	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	36,605	828,065	864,670	0	864,670	90.00
91.00	09100	2,653,117	2,682,924	5,336,041	0	5,336,041	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	2,561,327	641,137	3,202,464	-36,436	3,166,028	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	563,688	478,597	1,042,285	0	1,042,285	116.00
118.00	11800	68,854,377	134,176,659	203,031,036	3,149,739	206,180,775	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	248,048	578,089	826,137	0	826,137	190.00
190.01	19001	726,266	1,347,323	2,073,589	-1,989,937	83,652	190.01
190.02	19002	72,097	27,045	99,142	0	99,142	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	281,292	2,577,542	2,858,834	0	2,858,834	190.04
190.05	19005	0	515	515	0	515	190.05
190.06	19006	379,954	32,801	412,755	0	412,755	190.06
190.07	19007	493,089	993,766	1,486,855	0	1,486,855	190.07
190.08	19008	78,938	9,268	88,206	0	88,206	190.08
190.09	19009	0	42,275	42,275	0	42,275	190.09
190.10	19010	0	788,352	788,352	0	788,352	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	121,264	1,785,057	1,906,321	0	1,906,321	190.12
190.13	19013	0	0	0	0	0	190.13
190.14	19014	146,082	278,433	424,515	0	424,515	190.14

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet A Date/Time Prepared: 2/24/2015 3:58 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + - col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.15	19015	CORPORATE HEALTH	1,661,578	1,678,797	3,340,375	0	3,340,375	190.15
190.16	19016	CANCER CARE INSTITUTE	142,527	84,435	226,962	0	226,962	190.16
190.17	19017	INTEGRATED CENTER	456,244	592,886	1,049,130	-730,885	318,245	190.17
190.18	19019	34B ADMINISTRATION	0	206,763	206,763	0	206,763	190.18
191.00	19100	RESEARCH	702,377	123,122	825,499	0	825,499	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,605,771	11,936,239	47,542,010	-428,917	47,113,093	192.00
200.00		TOTAL (SUM OF LINES 118-199)	109,969,904	157,259,367	267,229,271	0	267,229,271	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/24/2015 3:58 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	0	7,176,777	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	11,833,827	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,694,088	10,708,555	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,322,700	23,471,035	5.00
7.00	00700	OPERATION OF PLANT	-2,408	8,830,987	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,156,092	8.00
9.00	00900	HOUSEKEEPING	0	2,378,981	9.00
10.00	01000	DIETARY	-18,891	589,884	10.00
11.00	01100	CAFETERIA	-1,853,345	1,035,115	11.00
13.00	01300	NURSING ADMINISTRATION	-9,440	2,393,021	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,071,285	14.00
15.00	01500	PHARMACY	0	2,566,242	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-94,714	2,567,184	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-4,877,153	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	726,266	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,263,671	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	425,138	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-90,407	9,915,108	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,751,156	31.00
32.00	03200	CORONARY CARE UNIT	-43,237	2,306,594	32.00
43.00	04300	NURSERY	-52,500	57,210	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-206,876	9,461,971	50.00
50.01	05001	ORTHO MEDICAL	0	144,013	50.01
51.00	05100	RECOVERY ROOM	0	733,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	263,046	52.00
53.00	05300	ANESTHESIOLOGY	-308,125	789,282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-138,300	13,032,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-10,077	2,771,337	55.00
60.00	06000	LABORATORY	0	7,210,248	60.00
65.00	06500	RESPIRATORY THERAPY	-89,328	899,279	65.00
66.00	06600	PHYSICAL THERAPY	-52,436	3,844,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	473,372	67.00
68.00	06800	SPEECH PATHOLOGY	0	279,253	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,156,827	69.00
69.01	06901	CATH LAB	-47,616	868,901	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-10,648	600,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-349,958	2,622,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,743,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,830,467	73.00
74.00	07400	RENAL DIALYSIS	0	459,780	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-783	4,089,427	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-6,300	858,370	90.00
91.00	09100	EMERGENCY	-2,127,387	3,208,654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-478	3,165,550	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	-419	1,041,866	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,407,614	173,773,161	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	826,137	190.00
190.01	19001	SIU CLINIC	0	83,652	190.01
190.02	19002	WOMEN'S CENTER	0	99,142	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	2,858,834	190.04
190.05	19005	RENTAL PROPERTY	0	515	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	412,755	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,486,855	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	88,206	190.08
190.09	19009	SHORE	0	42,275	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	788,352	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	1,906,321	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	424,515	190.14
190.15	19015	CORPORATE HEALTH	0	3,340,375	190.15
190.16	19016	CANCER CARE INSTITUTE	0	226,962	190.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

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

Worksheet A
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
190.17	19017	INTEGRATED CENTER	0	318,245	190.17
190.18	19019	34B ADMINISTRATION	0	206,763	190.18
191.00	19100	RESEARCH	0	825,499	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	47,113,093	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-32,407,614	234,821,657	200.00

RECLASSIFICATIONS

Provider CCN: 140135

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

Worksheet A-6
Date/Time Prepared:
2/24/2015 3:58 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - MOVABLE EQUIPMENT						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,802,431	1.00	
	O		0	11,802,431		
B - I.L. PROVIDER TAX						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,021,413	1.00	
	O		0	14,021,413		
C - ANESTHESIA - RN SALARY						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	4,877,153	0	1.00	
	O		4,877,153	0		
D - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,096,121	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
	O		0	17,096,121		
E - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,830,467	1.00	
	O		0	7,830,467		
F - MEDICAL EDUCATION						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	726,266	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,263,671	2.00	
	O		726,266	1,263,671		
G - HHA RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,040	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	31,396	2.00	
	O		0	36,436		
I - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	1,432,177	1,456,283	1.00	
	O		1,432,177	1,456,283		
J - CHIEF NURSING SALARY						
1.00	NURSING ADMINISTRATION	13.00	192,272	0	1.00	
	O		192,272	0		
K - INTEGRATED CENTER						
1.00	PHYSICAL THERAPY	66.00	370,550	360,335	1.00	
	O		370,550	360,335		
L - PHYSICIANS						
1.00	ADULTS & PEDIATRICS	30.00	6,250	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	37,500	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	100,000	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	6,667	0	4.00	
5.00	CORONARY CARE UNIT	32.00	62,500	0	5.00	
6.00	OPERATING ROOM	50.00	177,000	0	6.00	
7.00	PHYSICAL THERAPY	66.00	39,000	0	7.00	
	O		428,917	0		
M - LABOR AND DELIVERY ROOM						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	208,776	29,238	1.00	
	O		208,776	29,238		
N - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	12,743,488	1.00	
	O		0	12,743,488		
O - CHARGEABLE MEDICAL SUPPLIES						
1.00	INTENSIVE CARE UNIT	31.00	0	51,570	1.00	
2.00	OPERATING ROOM	50.00	0	3,548,227	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	630,792	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	30,720	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,972,393	5.00	
6.00	ASC (NON-DISTINCT PART)	75.00	0	823,862	6.00	
	O		0	8,057,564		
500.00	Grand Total: Increases		8,236,111	74,697,447	500.00	

RECLASSIFICATIONS

Provider CCN: 140135

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

Worksheet A-6
Date/Time Prepared:
2/24/2015 3:58 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - MOVABLE EQUIPMENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,802,431	9	1.00
	O		0	11,802,431		
B - I.L. PROVIDER TAX						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	14,021,413	13	1.00
	O		0	14,021,413		
C - ANESTHESIA - RN SALARY						
1.00	ANESTHESIOLOGY	53.00	4,877,153	0	0	1.00
	O		4,877,153	0		
D - MEDICAL SUPPLIES						
1.00	INTENSIVE CARE UNIT	31.00	0	64,279	0	1.00
2.00	OPERATING ROOM	50.00	0	12,582,692	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	786,250	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	38,291	0	4.00
5.00	CATH LAB	69.01	0	2,597,708	0	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	1,026,901	0	6.00
	O		0	17,096,121		
E - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	7,830,467	0	1.00
	O		0	7,830,467		
F - MEDICAL EDUCATION						
1.00	SIU CLINIC	190.01	726,266	0	0	1.00
2.00	SIU CLINIC	190.01	0	1,263,671	0	2.00
	O		726,266	1,263,671		
G - HHA RECLASS						
1.00	HOME HEALTH AGENCY	101.00	0	5,040	9	1.00
2.00	HOME HEALTH AGENCY	101.00	0	31,396	9	2.00
	O		0	36,436		
I - CAFETERIA RECLASS						
1.00	DIETARY	10.00	1,432,177	1,456,283	0	1.00
	O		1,432,177	1,456,283		
J - CHIEF NURSING SALARY						
1.00	ADMINISTRATIVE & GENERAL	5.00	192,272	0	0	1.00
	O		192,272	0		
K - INTEGRATED CENTER						
1.00	INTEGRATED CENTER	190.17	370,550	360,335	0	1.00
	O		370,550	360,335		
L - PHYSICIANS						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	428,917	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	O		428,917	0		
M - LABOR AND DELIVERY ROOM						
1.00	ADULTS & PEDIATRICS	30.00	208,776	29,238	0	1.00
	O		208,776	29,238		
N - IMPLANTABLE DEVICES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	12,743,488	0	1.00
	O		0	12,743,488		
O - CHARGEABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	51,570	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,548,227	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	630,792	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	30,720	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,972,393	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	823,862	0	6.00
	O		0	8,057,564		
500.00	Grand Total: Decreases		8,236,111	74,697,447		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,337,264	0	0	0	1.00
2.00	Land Improvements	9,108,690	0	574,616	574,616	2.00
3.00	Buildings and Fixtures	163,201,500	6,916,679	0	6,916,679	3.00
4.00	Building Improvements	2,236,522	95,430	0	95,430	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	201,149,283	1,015,065	0	1,015,065	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	377,033,259	8,027,174	574,616	8,601,790	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	377,033,259	8,027,174	574,616	8,601,790	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,337,264	0			1.00
2.00	Land Improvements	9,683,306	0			2.00
3.00	Buildings and Fixtures	170,118,179	0			3.00
4.00	Building Improvements	2,331,952	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	202,164,348	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	385,635,049	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	385,635,049	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part II
Date/Time Prepared:
2/24/2015 3:58 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	18,536,345	0	437,823	0	14,021,413	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,536,345	0	437,823	0	14,021,413	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	32,995,581				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	32,995,581				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

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

Worksheet A-7
Part III
Date/Time Prepared:
2/24/2015 3:58 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	182,321,470	0	182,321,470	0.474196	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	202,164,348	0	202,164,348	0.525804	0	2.00
3.00	Total (sum of lines 1-2)	384,485,818	0	384,485,818	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	6,738,954	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,833,827	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,572,781	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	437,823	0	0	0	7,176,777	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,833,827	2.00
3.00	Total (sum of lines 1-2)	437,823	0	0	0	19,010,604	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

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

Worksheet A-8

Date/Time Prepared:
2/24/2015 3:58 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	-5	5	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-349,958	71	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,637,502				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,818,988	11	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-94,714	16	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-34,357	11	CAFETERIA	11.00	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		65	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		66	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	-4,877,153	19	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		67	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		68	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 EMPLOYEE BENEFITS-OTHER REVENUE	B	-14,218	4	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

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

Worksheet A-8

Date/Time Prepared:
2/24/2015 3:58 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	
33.01 A&G - OTHER REVENUE	B	-2,153,243	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 MISC TELEPHONE REVENUE	B	-129,807	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISC ACCOUNTING REVENUE	B	-142,650	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 OPERATION OF PLANT - OTHER REV	B	-2,408	OPERATION OF PLANT	7.00	0	33.04
33.05 DIET-OTHER REVENUE	B	-18,891	DIETARY	10.00	0	33.05
33.06 NURSING ADMIN - OTHER REV	B	-9,440	NURSING ADMINISTRATION	13.00	0	33.06
33.07 PEDS-OTHER REVENUE	B	-2,970	ADULTS & PEDIATRICS	30.00	0	33.07
33.08 OBGY-OTHER REVENUE	B	-2,808	ADULTS & PEDIATRICS	30.00	0	33.08
33.09 RADIOLOGY DIAGNOSTIC - OTHER REV	B	-114,326	RADIOLOGY-DIAGNOSTIC	54.00	0	33.09
33.10 RESPIRATORY - OTHER REV	B	-28,143	RESPIRATORY THERAPY	65.00	0	33.10
33.11 SUR-OTHER REVENUE	B	-6,300	CLINIC	90.00	0	33.11
33.12 HHA - OTHER REVENUE	B	-59	HOME HEALTH AGENCY	101.00	0	33.12
33.13 SELF INSURANCE	A	-4,383,900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14 ADMN-OTHER REVENUE	B	-56,825	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15 OTRV-SILVER RECOVERY	B	-22,444	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16 CANC-OTHER REVENUE	B	-3,016	RADIOLOGY-THERAPEUTIC	55.00	0	33.16
33.17 PT-OTHER REVENUE	B	-2,118	PHYSICAL THERAPY	66.00	0	33.17
33.18 RENT INCOME	B	-369	OPERATING ROOM	50.00	0	33.18
33.19 CATH-OTHER REVENUE	B	-41,516	CATH LAB	69.01	0	33.19
33.20 NON-ALLOWABLE DUES	A	-5,211	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21 ADVERTISING	A	-631,189	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 LOBBYING DUES	A	-49,429	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23 HOME CARE LOBBYING DUES	A	-419	HOME HEALTH AGENCY	101.00	0	33.23
33.24 HOSPICE LOBBYING DUES	A	-419	HOSPICE	116.00	0	33.24
33.25 NON-ALLOWABLE MARKETING	A	-208,395	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26 CRNA BENEFITS	A	-295,970	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
33.27 CRNA ACCRUALS	A	-6,199	ANESTHESIOLOGY	53.00	0	33.27
33.28 CRNA FICA	A	-301,926	ANESTHESIOLOGY	53.00	0	33.28
33.29 ILLINOIS PROVIDER TAX EXPENSE	A	-13,945,946	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 CENT-OTHER REVENUE	B	-783	ASC (NON-DISTINCT PART)	75.00	0	33.30
33.31 OR OTHER REVENUE	B	-13,600	OPERATING ROOM	50.00	0	33.31
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,407,614				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

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

Worksheet A-8-2

Date/Time Prepared:
2/24/2015 3:58 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	30.00 ADULTS & PEDIATRICS	100,000	0	100,000	136,700	520	1.00
2.00	30.00 ADULTS & PEDIATRICS	6,667	0	6,667	136,700	12	2.00
3.00	30.00 ADULTS & PEDIATRICS	37,500	0	37,500	136,700	400	3.00
4.00	30.00 ADULTS & PEDIATRICS	6,250	0	6,250	136,700	69	4.00
5.00	32.00 CORONARY CARE UNIT	62,500	0	62,500	154,100	260	5.00
6.00	50.00 OPERATING ROOM	177,000	0	177,000	204,100	780	6.00
7.00	43.00 NURSERY	52,500	52,500	0	0	0	7.00
8.00	50.00 OPERATING ROOM	45,000	42,360	2,640	204,100	12	8.00
9.00	50.00 OPERATING ROOM	15,000	0	15,000	204,100	65	9.00
10.00	50.00 OPERATING ROOM	40,000	40,000	0	0	0	10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	1,530	1,530	0	0	0	11.00
12.00	55.00 RADIOLOGY-THERAPEUTIC	14,950	0	14,950	231,100	71	12.00
13.00	65.00 RESPIRATORY THERAPY	16,667	0	16,667	154,100	74	13.00
14.00	65.00 RESPIRATORY THERAPY	50,000	50,000	0	0	0	14.00
15.00	66.00 PHYSICAL THERAPY	35,100	0	35,100	154,100	117	15.00
16.00	66.00 PHYSICAL THERAPY	39,000	0	39,000	154,100	204	16.00
17.00	69.01 CATH LAB	8,100	0	8,100	154,100	27	17.00
18.00	70.00 ELECTROENCEPHALOGRAPHY	17,760	0	17,760	154,100	96	18.00
19.00	91.00 EMERGENCY	167,400	167,400	0	0	0	19.00
20.00	91.00 EMERGENCY	2,017,775	1,917,775	100,000	154,100	780	20.00
200.00		2,910,699	2,271,565	639,134		3,487	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	30.00 ADULTS & PEDIATRICS	34,175	1,709	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	789	39	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	26,289	1,314	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	4,535	227	0	0	0	4.00
5.00	32.00 CORONARY CARE UNIT	19,263	963	0	0	0	5.00
6.00	50.00 OPERATING ROOM	76,538	3,827	0	0	0	6.00
7.00	43.00 NURSERY	0	0	0	0	0	7.00
8.00	50.00 OPERATING ROOM	1,177	59	0	0	0	8.00
9.00	50.00 OPERATING ROOM	6,378	319	0	0	0	9.00
10.00	50.00 OPERATING ROOM	0	0	0	0	0	10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	11.00
12.00	55.00 RADIOLOGY-THERAPEUTIC	7,889	394	0	0	0	12.00
13.00	65.00 RESPIRATORY THERAPY	5,482	274	0	0	0	13.00
14.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	14.00
15.00	66.00 PHYSICAL THERAPY	8,668	433	0	0	0	15.00
16.00	66.00 PHYSICAL THERAPY	15,114	756	0	0	0	16.00
17.00	69.01 CATH LAB	2,000	100	0	0	0	17.00
18.00	70.00 ELECTROENCEPHALOGRAPHY	7,112	356	0	0	0	18.00
19.00	91.00 EMERGENCY	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	57,788	2,889	0	0	0	20.00
200.00		273,197	13,659	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	30.00 ADULTS & PEDIATRICS	0	34,175	65,825	65,825		1.00
2.00	30.00 ADULTS & PEDIATRICS	0	789	5,878	5,878		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	26,289	11,211	11,211		3.00
4.00	30.00 ADULTS & PEDIATRICS	0	4,535	1,715	1,715		4.00
5.00	32.00 CORONARY CARE UNIT	0	19,263	43,237	43,237		5.00
6.00	50.00 OPERATING ROOM	0	76,538	100,462	100,462		6.00
7.00	43.00 NURSERY	0	0	0	52,500		7.00
8.00	50.00 OPERATING ROOM	0	1,177	1,463	43,823		8.00
9.00	50.00 OPERATING ROOM	0	6,378	8,622	8,622		9.00
10.00	50.00 OPERATING ROOM	0	0	0	40,000		10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	1,530		11.00
12.00	55.00 RADIOLOGY-THERAPEUTIC	0	7,889	7,061	7,061		12.00
13.00	65.00 RESPIRATORY THERAPY	0	5,482	11,185	11,185		13.00
14.00	65.00 RESPIRATORY THERAPY	0	0	0	50,000		14.00
15.00	66.00 PHYSICAL THERAPY	0	8,668	26,432	26,432		15.00
16.00	66.00 PHYSICAL THERAPY	0	15,114	23,886	23,886		16.00
17.00	69.01 CATH LAB	0	2,000	6,100	6,100		17.00
18.00	70.00 ELECTROENCEPHALOGRAPHY	0	7,112	10,648	10,648		18.00
19.00	91.00 EMERGENCY	0	0	0	167,400		19.00
20.00	91.00 EMERGENCY	0	57,788	42,212	1,959,987		20.00
200.00		0	273,197	365,937	2,637,502		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	7,176,777	7,176,777			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,833,827		11,833,827		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,708,555	60,400	901	10,769,856	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,471,035	507,671	4,131,389	1,484,303	5.00
7.00 00700	OPERATION OF PLANT	8,830,987	408,663	255,294	176,293	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,156,092	89,210	0	0	8.00
9.00 00900	HOUSEKEEPING	2,378,981	820,800	12,728	221,334	9.00
10.00 01000	DIETARY	589,884	73,401	112,993	46,894	10.00
11.00 01100	CAFETERIA	1,035,115	348,306	0	222,500	11.00
13.00 01300	NURSING ADMINISTRATION	2,393,021	77,981	329,735	253,563	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,071,285	219,992	11,288	104,492	14.00
15.00 01500	PHARMACY	2,566,242	33,177	1,127	265,164	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,567,184	52,602	37,687	211,260	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	726,266	0	0	112,831	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,263,671	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	425,138	0	1,643	60,209	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,915,108	1,204,821	138,611	1,397,981	30.00
31.00 03100	INTENSIVE CARE UNIT	2,751,156	151,170	116,438	383,988	31.00
32.00 03200	CORONARY CARE UNIT	2,306,594	147,285	25,937	331,202	32.00
43.00 04300	NURSERY	57,210	17,822	23,416	10	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,461,971	568,765	1,695,049	720,997	50.00
50.01 05001	ORTHO MEDICAL	144,013	16,475	20,679	11,867	50.01
51.00 05100	RECOVERY ROOM	733,357	27,648	16,504	103,048	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	263,046	35,148	2,346	32,435	52.00
53.00 05300	ANESTHESIOLOGY	789,282	28,810	154,015	36,858	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,032,584	378,959	2,161,731	824,546	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,771,337	0	1,053,887	179,468	55.00
60.00 06000	LABORATORY	7,210,248	147,427	188,981	460,642	60.00
65.00 06500	RESPIRATORY THERAPY	899,279	0	15,948	123,666	65.00
66.00 06600	PHYSICAL THERAPY	3,844,828	128,725	36,604	423,193	66.00
67.00 06700	OCCUPATIONAL THERAPY	473,372	7,997	12,376	59,048	67.00
68.00 06800	SPEECH PATHOLOGY	279,253	9,471	0	39,021	68.00
69.00 06900	ELECTROCARDIOLOGY	2,156,827	153,311	284,903	264,447	69.00
69.01 06901	CATH LAB	868,901	162,130	547,374	98,949	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	600,698	24,840	68,391	84,001	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,622,435	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,743,488	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,830,467	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	459,780	0	20,617	35,373	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,089,427	66,709	176,101	411,322	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	858,370	0	18,948	5,687	90.00
91.00 09100	EMERGENCY	3,208,654	425,351	9,108	412,183	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,165,550	58,046	31,248	397,923	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,041,866	0	10	87,573	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	173,773,161	6,453,113	11,714,007	10,084,271	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	826,137	49,454	3,922	38,536	190.00
190.01 19001	SU CLINIC	83,652	0	571	0	190.01
190.02 19002	WOMEN'S CENTER	99,142	0	0	11,201	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	2,858,834	0	0	43,701	190.04
190.05 19005	RENTAL PROPERTY	515	196,101	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	412,755	0	0	59,029	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	1,486,855	0	36,098	76,605	190.07
190.08 19008	PULMONARY EXTENDED CARE	88,206	11,158	0	12,264	190.08
190.09 19009	SHORE	42,275	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	788,352	0	303	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.12 19012 CCOP FISCAL INTERMEDIARY	1,906,321	0	34	18,839	1,925,194	190.12
190.13 19013 ELDERLY SERVICES	0	0	682	0	682	190.13
190.14 19014 REAL ESTATE MANAGEMENT	424,515	0	61	22,695	447,271	190.14
190.15 19015 CORPORATE HEALTH	3,340,375	0	69,204	258,139	3,667,718	190.15
190.16 19016 CANCER CARE INSTITUTE	226,962	6,806	222	22,143	256,133	190.16
190.17 19017 INTEGRATED CENTER	318,245	0	161	13,313	331,719	190.17
190.18 19019 34B ADMINISTRATION	206,763	0	0	0	206,763	190.18
191.00 19100 RESEARCH	825,499	24,784	8,562	109,120	967,965	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	47,113,093	435,361	0	0	47,548,454	192.00
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)	234,821,657	7,176,777	11,833,827	10,769,856	234,821,657	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part I Date/Time Prepared: 2/24/2015 3:58 pm		
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	29,594,398				5.00
7.00	00700	OPERATION OF PLANT	1,394,621	11,065,858			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,576	159,223	1,584,101		8.00
9.00	00900	HOUSEKEEPING	495,170	1,464,966	0	5,393,979	9.00
10.00	01000	DIETARY	118,704	131,007	1,179	74,844	1,148,906
11.00	01100	CAFETERIA	231,579	621,657	0	355,150	0
13.00	01300	NURSING ADMINISTRATION	440,439	139,181	0	79,513	0
14.00	01400	CENTRAL SERVICES & SUPPLY	347,105	392,642	0	224,314	0
15.00	01500	PHARMACY	413,244	59,215	0	33,829	0
16.00	01600	MEDICAL RECORDS & LIBRARY	413,680	93,884	0	53,635	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	121,000	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	182,225	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	70,225	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,825,108	2,150,367	510,060	1,228,495	823,715
31.00	03100	INTENSIVE CARE UNIT	490,687	269,808	130,055	154,140	108,092
32.00	03200	CORONARY CARE UNIT	405,357	262,875	126,845	150,179	107,892
43.00	04300	NURSERY	14,198	31,809	12,605	18,172	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,794,863	1,015,134	211,989	579,941	2,003
50.01	05001	ORTHO MEDICAL	27,836	29,405	6,457	16,799	0
51.00	05100	RECOVERY ROOM	126,979	49,346	19,679	28,191	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,016	62,733	0	35,839	0
53.00	05300	ANESTHESIOLOGY	145,496	51,421	0	29,377	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,364,615	676,368	105,979	386,406	9,893
55.00	05500	RADIOLOGY-THERAPEUTIC	577,489	0	19,688	0	0
60.00	06000	LABORATORY	1,154,676	263,128	0	150,323	0
65.00	06500	RESPIRATORY THERAPY	149,811	0	67	0	0
66.00	06600	PHYSICAL THERAPY	639,302	229,749	43,342	131,255	0
67.00	06700	OCCUPATIONAL THERAPY	79,714	14,272	0	8,154	0
68.00	06800	SPEECH PATHOLOGY	47,262	16,904	0	9,657	0
69.00	06900	ELECTROCARDIOLOGY	412,347	273,629	55,060	156,323	0
69.01	06901	CATH LAB	241,879	289,369	0	165,315	8,187
70.00	07000	ELECTROENCEPHALOGRAPHY	112,180	44,335	19,510	25,329	32
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	378,163	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,837,649	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,129,177	0	0	0	0
74.00	07400	RENAL DIALYSIS	74,376	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	684,035	119,063	112,439	68,020	54,775
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	127,332	0	8,917	0	0
91.00	09100	EMERGENCY	584,786	759,168	177,458	433,709	34,317
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	526,740	103,601	0	59,187	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	162,870	0	1,111	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,570,511	9,774,259	1,562,440	4,656,096	1,148,906
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	132,385	88,266	14	50,426	0
190.01	19001	SUICLINIC	12,145	0	0	0	0
190.02	19002	WOMEN'S CENTER	15,912	0	0	0	0
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	418,554	0	0	0	0
190.05	19005	RENTAL PROPERTY	28,353	350,002	0	199,954	0
190.06	19006	DECATUR DIGESTIVE CENTER	68,033	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	230,661	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	16,097	19,916	0	11,378	0
190.09	19009	SHORE	6,096	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	113,726	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	277,619	0	0	0	0
190.13	19013	ELDERLY SERVICES	98	0	7	0	0
190.14	19014	REAL ESTATE MANAGEMENT	64,498	0	0	0	0
190.15	19015	CORPORATE HEALTH	528,896	0	8,529	0	0
190.16	19016	CANCER CARE INSTITUTE	36,935	12,147	0	6,939	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.17	19017	INTEGRATED CENTER	47,835	0	130	0	0	190.17
190.18	19019	34B ADMINISTRATION	29,816	0	0	0	0	190.18
191.00	19100	RESEARCH	139,583	44,234	0	25,271	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,856,645	777,034	12,981	443,915	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	29,594,398	11,065,858	1,584,101	5,393,979	1,148,906	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 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	2,814,307					11.00
13.00	01300		3,760,796				13.00
14.00	01400	36,882	0	3,408,000			14.00
15.00	01500	50,271	0	13,460	3,435,729		15.00
16.00	01600	69,539	0	3	0	3,499,474	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	5,732	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	371,040	2,465,190	22,738	0	101,485	30.00
31.00	03100	94,350	626,857	9,704	0	32,966	31.00
32.00	03200	79,769	529,994	3,092	0	20,008	32.00
43.00	04300	0	13	7,810	0	1,646	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	173,742	0	1,899,644	12,634	602,336	50.00
50.01	05001	2,782	0	9,256	0	3,485	50.01
51.00	05100	21,464	0	996	0	28,670	51.00
52.00	05200	0	0	3,566	0	30,740	52.00
53.00	05300	55,104	0	26,104	0	20,203	53.00
54.00	05400	214,285	0	118,703	592,195	851,828	54.00
55.00	05500	33,493	0	5,781	509	82,780	55.00
60.00	06000	141,985	0	37,713	0	568,065	60.00
65.00	06500	34,727	0	9,455	593	46,082	65.00
66.00	06600	110,103	0	2,247	0	92,787	66.00
67.00	06700	11,318	0	1,458	0	39,663	67.00
68.00	06800	6,862	0	769	0	7,326	68.00
69.00	06900	61,631	0	4,020	64,374	135,898	69.00
69.01	06901	19,498	0	392,184	24,908	109,001	69.01
70.00	07000	21,987	0	2,138	0	31,915	70.00
71.00	07100	0	0	559,345	0	60,677	71.00
72.00	07200	0	0	0	0	91,192	72.00
73.00	07300	0	0	0	2,717,577	145,280	73.00
74.00	07400	8,263	54,897	19,044	0	8,070	74.00
75.00	07500	91,170	83,845	155,034	0	97,377	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	16,058	0	25,791	90.00
91.00	09100	102,258	0	22,672	0	240,554	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	88,158	0	5,252	0	16,919	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	19,288	0	201	22,939	6,730	116.00
118.00		1,973,064	3,760,796	3,348,447	3,435,729	3,499,474	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	21,945	0	91	0	0	190.00
190.01	19001	27,719	0	0	0	0	190.01
190.02	19002	2,761	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	11,694	0	59	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	15,920	0	0	0	0	190.06
190.07	19007	25,857	0	120	0	0	190.07
190.08	19008	3,054	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	6,088	0	0	0	0	190.12
190.13	19013	837	0	0	0	0	190.13
190.14	19014	6,297	0	0	0	0	190.14
190.15	19015	72,614	0	5,870	0	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.16	19016	CANCER CARE INSTITUTE	7,029	0	0	0	0
190.17	19017	INTEGRATED CENTER	544	0	4	0	0
190.18	19019	34B ADMINISTRATION	0	0	0	0	0
191.00	19100	RESEARCH	31,338	0	2,336	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	607,546	0	51,073	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,814,307	3,760,796	3,408,000	3,435,729	3,499,474

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	960,097			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,445,896		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	562,947	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	960,097	1,445,896	0	24,560,712 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	5,319,411 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	4,497,029 32.00
43.00 04300	NURSERY	0	0	0	0	184,711 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	18,739,068 50.00
50.01 05001	ORTHO MEDICAL	0	0	0	0	289,054 50.01
51.00 05100	RECOVERY ROOM	0	0	0	0	1,155,882 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	513,869 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	562,947	1,899,617 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	21,718,092 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,724,432 55.00
60.00 06000	LABORATORY	0	0	0	0	10,323,188 60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	1,279,628 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	5,682,135 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	707,372 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	416,525 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	4,022,770 69.00
69.01 06901	CATH LAB	0	0	0	0	2,927,695 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,035,356 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,620,620 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,672,329 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,822,501 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	680,420 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	6,209,317 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	1,061,103 90.00
91.00 09100	EMERGENCY	0	0	0	0	6,410,218 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	4,452,624 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	1,342,588 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	960,097	1,445,896	562,947	160,268,266 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,211,176 190.00
190.01 19001	SIU CLINIC	0	0	0	0	124,087 190.01
190.02 19002	WOMEN'S CENTER	0	0	0	0	129,016 190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	3,332,842 190.04
190.05 19005	RENTAL PROPERTY	0	0	0	0	774,925 190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	555,737 190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,856,196 190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	0	162,073 190.08
190.09 19009	SHORE	0	0	0	0	48,371 190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	0	902,381 190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0 190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	2,208,901 190.12
190.13 19013	ELDERLY SERVICES	0	0	0	0	1,624 190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0	518,066	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0	4,283,627	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0	319,183	190.16
190.17 19017 INTEGRATED CENTER	0	0	0	0	380,232	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	236,579	190.18
191.00 19100 RESEARCH	0	0	0	0	1,210,727	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	56,297,648	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	960,097	1,445,896	562,947	234,821,657	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,405,993	22,154,719	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,319,411	31.00
32.00	03200	CORONARY CARE UNIT	0	4,497,029	32.00
43.00	04300	NURSERY	0	184,711	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	18,739,068	50.00
50.01	05001	ORTHO MEDICAL	0	289,054	50.01
51.00	05100	RECOVERY ROOM	0	1,155,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	513,869	52.00
53.00	05300	ANESTHESIOLOGY	-390,470	1,509,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,718,092	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,724,432	55.00
60.00	06000	LABORATORY	0	10,323,188	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,279,628	65.00
66.00	06600	PHYSICAL THERAPY	0	5,682,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	707,372	67.00
68.00	06800	SPEECH PATHOLOGY	0	416,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,022,770	69.00
69.01	06901	CATH LAB	0	2,927,695	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,035,356	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,620,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,672,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,822,501	73.00
74.00	07400	RENAL DIALYSIS	0	680,420	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,209,317	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,061,103	90.00
91.00	09100	EMERGENCY	0	6,410,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	4,452,624	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,342,588	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,796,463	157,471,803	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,211,176	190.00
190.01	19001	SIU CLINIC	0	124,087	190.01
190.02	19002	WOMEN'S CENTER	0	129,016	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	3,332,842	190.04
190.05	19005	RENTAL PROPERTY	0	774,925	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	555,737	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,856,196	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	162,073	190.08
190.09	19009	SHORE	0	48,371	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	902,381	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	2,208,901	190.12
190.13	19013	ELDERLY SERVICES	0	1,624	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

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

Worksheet B
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	518,066	190.14
190.15	19015	CORPORATE HEALTH	0	4,283,627	190.15
190.16	19016	CANCER CARE INSTITUTE	0	319,183	190.16
190.17	19017	INTEGRATED CENTER	0	380,232	190.17
190.18	19019	34B ADMINISTRATION	0	236,579	190.18
191.00	19100	RESEARCH	0	1,210,727	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	56,297,648	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,796,463	232,025,194	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 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	60,400	901	61,301	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	507,671	4,131,389	4,639,060	5.00
7.00 00700	OPERATION OF PLANT	0	408,663	255,294	663,957	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	89,210	0	89,210	8.00
9.00 00900	HOUSEKEEPING	0	820,800	12,728	833,528	9.00
10.00 01000	DIETARY	0	73,401	112,993	186,394	10.00
11.00 01100	CAFETERIA	0	348,306	0	348,306	11.00
13.00 01300	NURSING ADMINISTRATION	0	77,981	329,735	407,716	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	219,992	11,288	231,280	14.00
15.00 01500	PHARMACY	0	33,177	1,127	34,304	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	52,602	37,687	90,289	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	1,643	1,643	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,204,821	138,611	1,343,432	30.00
31.00 03100	INTENSIVE CARE UNIT	0	151,170	116,438	267,608	31.00
32.00 03200	CORONARY CARE UNIT	0	147,285	25,937	173,222	32.00
43.00 04300	NURSERY	0	17,822	23,416	41,238	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	568,765	1,695,049	2,263,814	50.00
50.01 05001	ORTHO MEDICAL	0	16,475	20,679	37,154	50.01
51.00 05100	RECOVERY ROOM	0	27,648	16,504	44,152	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	35,148	2,346	37,494	52.00
53.00 05300	ANESTHESIOLOGY	0	28,810	154,015	182,825	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	378,959	2,161,731	2,540,690	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	1,053,887	1,053,887	55.00
60.00 06000	LABORATORY	0	147,427	188,981	336,408	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	15,948	15,948	65.00
66.00 06600	PHYSICAL THERAPY	0	128,725	36,604	165,329	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,997	12,376	20,373	67.00
68.00 06800	SPEECH PATHOLOGY	0	9,471	0	9,471	68.00
69.00 06900	ELECTROCARDIOLOGY	0	153,311	284,903	438,214	69.00
69.01 06901	CATH LAB	0	162,130	547,374	709,504	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	24,840	68,391	93,231	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
74.00 07400	RENAL DIALYSIS	0	0	20,617	20,617	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	66,709	176,101	242,810	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	18,948	18,948	90.00
91.00 09100	EMERGENCY	0	425,351	9,108	434,459	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	58,046	31,248	89,294	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	10	10	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	6,453,113	11,714,007	18,167,120	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	49,454	3,922	53,376	190.00
190.01 19001	SUICLINIC	0	0	571	571	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	196,101	0	196,101	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	36,098	36,098	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	11,158	0	11,158	190.08
190.09 19009	SHORE	0	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	303	303	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.11
190.12 19012	CCOPISCAL INTERMEDIARY	0	0	34	34	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
190.13 19013 ELDERLY SERVICES	0	0	682	682	0	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	61	61	129	190.14
190.15 19015 CORPORATE HEALTH	0	0	69,204	69,204	1,469	190.15
190.16 19016 CANCER CARE INSTITUTE	0	6,806	222	7,028	126	190.16
190.17 19017 INTEGRATED CENTER	0	0	161	161	76	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00 19100 RESEARCH	0	24,784	8,562	33,346	621	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	435,361	0	435,361	0	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	7,176,777	11,833,827	19,010,604	61,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/24/2015 3:58 pm				
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	4,647,523				5.00	
7.00	00700	OPERATION OF PLANT	219,015	883,975			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	28,201	12,719	130,130		8.00	
9.00	00900	HOUSEKEEPING	77,763	117,026	0	1,029,576	9.00	
10.00	01000	DIETARY	18,642	10,465	97	14,286	230,151	10.00
11.00	01100	CAFETERIA	36,368	49,660	0	67,789	0	11.00
13.00	01300	NURSING ADMINISTRATION	69,168	11,118	0	15,177	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,510	31,365	0	42,816	0	14.00
15.00	01500	PHARMACY	64,897	4,730	0	6,457	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,965	7,500	0	10,238	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	19,002	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,617	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	11,028	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	286,620	171,780	41,900	234,489	165,009	30.00
31.00	03100	INTENSIVE CARE UNIT	77,059	21,553	10,684	29,422	21,653	31.00
32.00	03200	CORONARY CARE UNIT	63,658	20,999	10,420	28,665	21,613	32.00
43.00	04300	NURSERY	2,230	2,541	1,036	3,469	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	281,870	81,092	17,414	110,696	401	50.00
50.01	05001	ORTHO MEDICAL	4,371	2,349	530	3,207	0	50.01
51.00	05100	RECOVERY ROOM	19,941	3,942	1,617	5,381	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541	5,011	0	6,841	0	52.00
53.00	05300	ANESTHESIOLOGY	22,849	4,108	0	5,607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	371,345	54,030	8,706	73,755	1,982	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	90,690	0	1,617	0	0	55.00
60.00	06000	LABORATORY	181,333	21,019	0	28,693	0	60.00
65.00	06500	RESPIRATORY THERAPY	23,527	0	5	0	0	65.00
66.00	06600	PHYSICAL THERAPY	100,398	18,353	3,560	25,053	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,519	1,140	0	1,556	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,422	1,350	0	1,843	0	68.00
69.00	06900	ELECTROCARDIOLOGY	64,756	21,858	4,523	29,838	0	69.00
69.01	06901	CATH LAB	37,985	23,116	0	31,555	1,640	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,617	3,542	1,603	4,835	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	59,388	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	288,589	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	177,329	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,680	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	107,423	9,511	9,237	12,983	10,973	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,997	0	732	0	0	90.00
91.00	09100	EMERGENCY	91,836	60,645	14,578	82,784	6,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	82,721	8,276	0	11,297	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	25,578	0	91	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,230,448	780,798	128,350	888,732	230,151	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,790	7,051	1	9,625	0	190.00
190.01	19001	SUICLINIC	1,907	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,499	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	65,731	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	4,453	27,959	0	38,166	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	10,684	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	36,224	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	2,528	1,591	0	2,172	0	190.08
190.09	19009	SHORE	957	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	17,860	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	43,598	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	15	0	1	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	10,129	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	83,059	0	701	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	5,800	970	0	1,325	0	190.16

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/24/2015 3:58 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.17	19017	INTEGRATED CENTER	7,512	0	11	0	0	190.17
190.18	19019	34B ADMINISTRATION	4,682	0	0	0	0	190.18
191.00	19100	RESEARCH	21,921	3,534	0	4,824	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,076,726	62,072	1,066	84,732	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,647,523	883,975	130,130	1,029,576	230,151	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 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	503,389					11.00
13.00	01300	8,472	513,094				13.00
14.00	01400	6,597	0	367,163			14.00
15.00	01500	8,992	0	1,450	122,339		15.00
16.00	01600	12,438	0	0	0	186,632	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,025	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	66,367	336,331	2,450	0	5,410	30.00
31.00	03100	16,876	85,524	1,045	0	1,757	31.00
32.00	03200	14,268	72,308	333	0	1,067	32.00
43.00	04300	0	2	841	0	88	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,077	0	204,662	450	32,110	50.00
50.01	05001	498	0	997	0	186	50.01
51.00	05100	3,839	0	107	0	1,528	51.00
52.00	05200	0	0	384	0	1,639	52.00
53.00	05300	9,856	0	2,812	0	1,077	53.00
54.00	05400	38,329	0	12,788	21,087	45,487	54.00
55.00	05500	5,991	0	623	18	4,413	55.00
60.00	06000	25,397	0	4,063	0	30,283	60.00
65.00	06500	6,212	0	1,019	21	2,457	65.00
66.00	06600	19,694	0	242	0	4,946	66.00
67.00	06700	2,024	0	157	0	2,114	67.00
68.00	06800	1,227	0	83	0	391	68.00
69.00	06900	11,024	0	433	2,292	7,245	69.00
69.01	06901	3,487	0	42,252	887	5,811	69.01
70.00	07000	3,933	0	230	0	1,701	70.00
71.00	07100	0	0	60,261	0	3,235	71.00
72.00	07200	0	0	0	0	4,861	72.00
73.00	07300	0	0	0	96,767	7,745	73.00
74.00	07400	1,478	7,490	2,052	0	430	74.00
75.00	07500	16,307	11,439	16,703	0	5,191	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	1,730	0	1,375	90.00
91.00	09100	18,291	0	2,443	0	12,824	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	15,769	0	566	0	902	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	3,450	0	22	817	359	116.00
118.00		352,918	513,094	360,748	122,339	186,632	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,925	0	10	0	0	190.00
190.01	19001	4,958	0	0	0	0	190.01
190.02	19002	494	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	2,092	0	6	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	2,848	0	0	0	0	190.06
190.07	19007	4,625	0	13	0	0	190.07
190.08	19008	546	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	1,089	0	0	0	0	190.12
190.13	19013	150	0	0	0	0	190.13
190.14	19014	1,126	0	0	0	0	190.14
190.15	19015	12,988	0	632	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
190.16	19016	CANCER CARE INSTITUTE	1,257	0	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	97	0	0	0	0	190.17
190.18	19019	34B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100	RESEARCH	5,605	0	252	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	108,671	0	5,502	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	503,389	513,094	367,163	122,339	186,632	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		19,644			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			28,617		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				14,039	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,661,743	30.00
31.00 03100	INTENSIVE CARE UNIT				535,366	31.00
32.00 03200	CORONARY CARE UNIT				408,438	32.00
43.00 04300	NURSERY				51,445	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				3,027,689	50.00
50.01 05001	ORTHO MEDICAL				49,360	50.01
51.00 05100	RECOVERY ROOM				81,093	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				59,095	52.00
53.00 05300	ANESTHESIOLOGY				229,344	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				3,172,891	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				1,158,260	55.00
60.00 06000	LABORATORY				629,817	60.00
65.00 06500	RESPIRATORY THERAPY				49,893	65.00
66.00 06600	PHYSICAL THERAPY				339,983	66.00
67.00 06700	OCCUPATIONAL THERAPY				40,219	67.00
68.00 06800	SPEECH PATHOLOGY				22,009	68.00
69.00 06900	ELECTROCARDIOLOGY				581,688	69.00
69.01 06901	CATH LAB				856,800	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY				127,176	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				122,884	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				293,450	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				281,841	73.00
74.00 07400	RENAL DIALYSIS				43,948	74.00
75.00 07500	ASC (NON-DISTINCT PART)				444,917	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC				42,814	90.00
91.00 09100	EMERGENCY				727,079	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY				211,089	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE				30,825	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	16,281,156	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				94,997	190.00
190.01 19001	SIU CLINIC				7,436	190.01
190.02 19002	WOMEN'S CENTER				3,057	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0	190.03
190.04 19004	NON HOSPITAL PHARMACIES				68,078	190.04
190.05 19005	RENTAL PROPERTY				266,679	190.05
190.06 19006	DECATUR DIGESTIVE CENTER				13,868	190.06
190.07 19007	DMH MEDICAL EQUIPMENT				77,396	190.07
190.08 19008	PULMONARY EXTENDED CARE				18,065	190.08
190.09 19009	SHORE				957	190.09
190.10 19010	PHYSICIAN RECRUITMENT				18,163	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN				0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY				44,828	190.12
190.13 19013	ELDERLY SERVICES				848	190.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	21.00			
190.14 19014 REAL ESTATE MANAGEMENT					11,445	190.14
190.15 19015 CORPORATE HEALTH					168,053	190.15
190.16 19016 CANCER CARE INSTITUTE					16,506	190.16
190.17 19017 INTEGRATED CENTER					7,857	190.17
190.18 19019 34B ADMINISTRATION					4,682	190.18
191.00 19100 RESEARCH					70,103	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					1,774,130	192.00
200.00 Cross Foot Adjustments	0	19,644	28,617	14,039	62,300	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	19,644	28,617	14,039	19,010,604	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/24/2015 3:58 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	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
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	2,661,743
31.00	03100	INTENSIVE CARE UNIT	0	535,366
32.00	03200	CORONARY CARE UNIT	0	408,438
43.00	04300	NURSERY	0	51,445
44.00	04400	SKILLED NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	3,027,689
50.01	05001	ORTHO MEDICAL	0	49,360
51.00	05100	RECOVERY ROOM	0	81,093
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	59,095
53.00	05300	ANESTHESIOLOGY	0	229,344
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,172,891
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,158,260
60.00	06000	LABORATORY	0	629,817
65.00	06500	RESPIRATORY THERAPY	0	49,893
66.00	06600	PHYSICAL THERAPY	0	339,983
67.00	06700	OCCUPATIONAL THERAPY	0	40,219
68.00	06800	SPEECH PATHOLOGY	0	22,009
69.00	06900	ELECTROCARDIOLOGY	0	581,688
69.01	06901	CATH LAB	0	856,800
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127,176
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	122,884
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	293,450
73.00	07300	DRUGS CHARGED TO PATIENTS	0	281,841
74.00	07400	RENAL DIALYSIS	0	43,948
75.00	07500	ASC (NON-DISTINCT PART)	0	444,917
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	42,814
91.00	09100	EMERGENCY	0	727,079
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	211,089
SPECIAL PURPOSE COST CENTERS				
116.00	11600	HOSPICE	0	30,825
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	16,281,156
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	94,997
190.01	19001	SIU CLINIC	0	7,436
190.02	19002	WOMEN'S CENTER	0	3,057
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	68,078
190.05	19005	RENTAL PROPERTY	0	266,679
190.06	19006	DECATUR DIGESTIVE CENTER	0	13,868
190.07	19007	DMH MEDICAL EQUIPMENT	0	77,396
190.08	19008	PULMONARY EXTENDED CARE	0	18,065
190.09	19009	SHORE	0	957
190.10	19010	PHYSICIAN RECRUITMENT	0	18,163
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	0	44,828
190.13	19013	ELDERLY SERVICES	0	848

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

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

Worksheet B
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
190.14	19014 REAL ESTATE MANAGEMENT	0	11,445	190.14
190.15	19015 CORPORATE HEALTH	0	168,053	190.15
190.16	19016 CANCER CARE INSTITUTE	0	16,506	190.16
190.17	19017 INTEGRATED CENTER	0	7,857	190.17
190.18	19019 34B ADMINISTRATION	0	4,682	190.18
191.00	19100 RESEARCH	0	70,103	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,774,130	192.00
200.00	Cross Foot Adjustments	0	62,300	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	19,010,604	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
2/24/2015 3:58 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	506,178				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,890,054			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	905	69,322,684		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	35,806	4,151,018	9,553,934	-29,594,398	205,227,259
7.00 00700	OPERATION OF PLANT	28,823	256,507	1,134,751	0	9,671,237
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	1,245,302
9.00 00900	HOUSEKEEPING	57,891	12,788	1,424,670	0	3,433,843
10.00 01000	DIETARY	5,177	113,530	301,847	0	823,172
11.00 01100	CAFETERIA	24,566	0	1,432,177	0	1,605,921
13.00 01300	NURSING ADMINISTRATION	5,500	331,302	1,632,119	0	3,054,300
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	11,342	672,587	0	2,407,057
15.00 01500	PHARMACY	2,340	1,132	1,706,793	0	2,865,710
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	37,866	1,359,826	0	2,868,733
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	726,266	0	839,097
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,263,671
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	1,651	387,553	0	486,990
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	84,976	139,270	8,998,450	0	12,656,521
31.00 03100	INTENSIVE CARE UNIT	10,662	116,991	2,471,633	0	3,402,752
32.00 03200	CORONARY CARE UNIT	10,388	26,060	2,131,861	0	2,811,018
43.00 04300	NURSERY	1,257	23,527	63	0	98,458
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,115	1,703,103	4,640,873	0	12,446,782
50.01 05001	ORTHO MEDICAL	1,162	20,777	76,387	0	193,034
51.00 05100	RECOVERY ROOM	1,950	16,582	663,294	0	880,557
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	2,357	208,776	0	332,975
53.00 05300	ANESTHESIOLOGY	2,032	154,747	237,247	0	1,008,965
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,728	2,172,002	5,307,393	0	16,397,820
55.00 05500	RADIOLOGY-THERAPEUTIC	0	1,058,895	1,155,188	0	4,004,692
60.00 06000	LABORATORY	10,398	189,879	2,965,037	0	8,007,298
65.00 06500	RESPIRATORY THERAPY	0	16,024	796,004	0	1,038,893
66.00 06600	PHYSICAL THERAPY	9,079	36,778	2,723,989	0	4,433,350
67.00 06700	OCCUPATIONAL THERAPY	564	12,435	380,077	0	552,793
68.00 06800	SPEECH PATHOLOGY	668	0	251,171	0	327,745
69.00 06900	ELECTROCARDIOLOGY	10,813	286,257	1,702,175	0	2,859,488
69.01 06901	CATH LAB	11,435	549,975	636,910	0	1,677,354
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	68,716	540,693	0	777,930
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,622,435
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	12,743,488
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,830,467
74.00 07400	RENAL DIALYSIS	0	20,715	227,686	0	515,770
75.00 07500	ASC (NON-DISTINCT PART)	4,705	176,938	2,647,577	0	4,743,559
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	19,038	36,605	0	883,005
91.00 09100	EMERGENCY	30,000	9,151	2,653,117	0	4,055,296
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	4,094	31,396	2,561,327	0	3,652,767
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	10	563,688	0	1,129,449
118.00	SUBTOTALS (SUM OF LINES 1-117)	455,138	11,769,664	64,909,744	-29,594,398	142,649,694
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	3,941	248,048	0	918,049
190.01 19001	SIU CLINIC	0	574	0	0	84,223
190.02 19002	WOMEN'S CENTER	0	0	72,097	0	110,343
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
190.04 19004	NON HOSPITAL PHARMACIES	0	0	281,292	0	2,902,535
190.05 19005	RENTAL PROPERTY	13,831	0	0	0	196,616
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	379,954	0	471,784
190.07 19007	DMH MEDICAL EQUIPMENT	0	36,270	493,089	0	1,599,558
190.08 19008	PULMONARY EXTENDED CARE	787	0	78,938	0	111,628
190.09 19009	SHORE	0	0	0	0	42,275
190.10 19010	PHYSICIAN RECRUITMENT	0	304	0	0	788,655
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/24/2015 3:58 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				
190.12 19012 CCOP FISCAL INTERMEDIARY	0	34	121,264	0	1,925,194	190.12
190.13 19013 ELDERLY SERVICES	0	685	0	0	682	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	61	146,082	0	447,271	190.14
190.15 19015 CORPORATE HEALTH	0	69,533	1,661,578	0	3,667,718	190.15
190.16 19016 CANCER CARE INSTITUTE	480	223	142,527	0	256,133	190.16
190.17 19017 INTEGRATED CENTER	0	162	85,694	0	331,719	190.17
190.18 19019 34B ADMINISTRATION	0	0	0	0	206,763	190.18
191.00 19100 RESEARCH	1,748	8,603	702,377	0	967,965	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	30,706	0	0	0	47,548,454	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	7,176,777	11,833,827	10,769,856		29,594,398	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.178366	0.995271	0.155358		0.144203	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			61,301		4,647,523	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000884		0.022646	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		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	437,289				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,751,697			8.00
9.00	00900	HOUSEKEEPING	57,891	0	373,106		9.00
10.00	01000	DIETARY	5,177	1,304	5,177	143,427	10.00
11.00	01100	CAFETERIA	24,566	0	24,566	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,976	564,024	84,976	102,831	17,736
31.00	03100	INTENSIVE CARE UNIT	10,662	143,815	10,662	13,494	4,510
32.00	03200	CORONARY CARE UNIT	10,388	140,265	10,388	13,469	3,813
43.00	04300	NURSERY	1,257	13,939	1,257	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,115	234,417	40,115	250	8,305
50.01	05001	ORTHO MEDICAL	1,162	7,140	1,162	0	133
51.00	05100	RECOVERY ROOM	1,950	21,761	1,950	0	1,026
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,634
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,728	117,191	26,728	1,235	10,243
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,771	0	0	1,601
60.00	06000	LABORATORY	10,398	0	10,398	0	6,787
65.00	06500	RESPIRATORY THERAPY	0	74	0	0	1,660
66.00	06600	PHYSICAL THERAPY	9,079	47,927	9,079	0	5,263
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	541
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	328
69.00	06900	ELECTROCARDIOLOGY	10,813	60,885	10,813	0	2,946
69.01	06901	CATH LAB	11,435	0	11,435	1,022	932
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	21,574	1,752	4	1,051
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	395
75.00	07500	ASC (NON-DISTINCT PART)	4,705	124,335	4,705	6,838	4,358
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	9,860	0	0	0
91.00	09100	EMERGENCY	30,000	196,233	30,000	4,284	4,888
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	4,214
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,229	0	0	922
118.00		SUBTOTALS (SUM OF LINES 1-117)	386,249	1,727,744	322,066	143,427	94,314
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	16	3,488	0	1,049
190.01	19001	SU CLINIC	0	0	0	0	1,325
190.02	19002	WOMEN'S CENTER	0	0	0	0	132
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	559
190.05	19005	RENTAL PROPERTY	13,831	0	13,831	0	0
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	761
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,236
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	146
190.09	19009	SHORE	0	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	291
190.13	19013	ELDERLY SERVICES	0	8	0	0	40
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	301

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
190.15	19015 CORPORATE HEALTH	0	9,431	0	0	3,471	190.15
190.16	19016 CANCER CARE INSTITUTE	480	0	480	0	336	190.16
190.17	19017 INTEGRATED CENTER	0	144	0	0	26	190.17
190.18	19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	1,748	0	1,748	0	1,498	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	30,706	14,354	30,706	0	29,041	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,065,858	1,584,101	5,393,979	1,148,906	2,814,307	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.305594	0.904324	14.456961	8.010389	20.920172	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	883,975	130,130	1,029,576	230,151	503,389	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.021489	0.074288	2.759473	1.604656	3.741946	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
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	564,218					13.00
14.00	01400		22,573,596				14.00
15.00	01500		89,158	9,899,762			15.00
16.00	01600				725,853,165		16.00
19.00	01900					0	19.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	369,843	150,611	0	21,050,606		30.00
31.00	03100	94,045	64,279	0	6,837,948		31.00
32.00	03200	79,513	20,480	0	4,150,096		32.00
43.00	04300	2	51,730	0	341,372		43.00
44.00	04400	0	0	0	0		44.00
46.00	04600	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	12,582,692	36,405	124,940,145	0	50.00
50.01	05001	0	61,308	0	722,819	0	50.01
51.00	05100	0	6,600	0	5,946,888	0	51.00
52.00	05200	0	23,620	0	6,376,218	0	52.00
53.00	05300	0	172,907	0	4,190,528	0	53.00
54.00	05400	0	786,250	1,706,357	176,662,880	0	54.00
55.00	05500	0	38,291	1,468	17,170,737	0	55.00
60.00	06000	0	249,798	0	117,831,343	0	60.00
65.00	06500	0	62,624	1,708	9,558,660	0	65.00
66.00	06600	0	14,881	0	19,246,376	0	66.00
67.00	06700	0	9,658	0	8,227,107	0	67.00
68.00	06800	0	5,095	0	1,519,698	0	68.00
69.00	06900	0	26,624	185,488	28,188,815	0	69.00
69.01	06901	0	2,597,708	71,771	22,609,659	0	69.01
70.00	07000	0	14,164	0	6,620,093	0	70.00
71.00	07100	0	3,704,932	0	12,586,027	0	71.00
72.00	07200	0	0	0	18,915,674	0	72.00
73.00	07300	0	0	7,830,467	30,134,809	0	73.00
74.00	07400	8,236	126,142	0	1,673,957	0	74.00
75.00	07500	12,579	1,026,901	0	20,198,436	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	106,361	0	5,349,640	0	90.00
91.00	09100	0	150,173	0	49,897,218	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	34,788	0	3,509,370	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	1,334	66,098	1,396,046	0	116.00
118.00		564,218	22,179,132	9,899,762	725,853,165	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	601	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19011	0	0	0	0	0	190.03
190.04	19004	0	393	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	793	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19003	0	0	0	0	0	190.11
190.12	19012	0	0	0	0	0	190.12
190.13	19013	0	0	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1

Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.14	19014 REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015 CORPORATE HEALTH	0	38,878	0	0	0	190.15
190.16	19016 CANCER CARE INSTITUTE	0	0	0	0	0	190.16
190.17	19017 INTEGRATED CENTER	0	28	0	0	0	190.17
190.18	19019 34B ADMINISTRATION	0	0	0	0	0	190.18
191.00	19100 RESEARCH	0	15,476	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	338,295	0	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,760,796	3,408,000	3,435,729	3,499,474	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.665502	0.150973	0.347052	0.004821	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	513,094	367,163	122,339	186,632	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.909390	0.016265	0.012358	0.000257	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
116.00 11600	HOSPICE	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SICLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.03 19011	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.03
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09 19009	SHORE	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11 19003	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	190.11
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

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

Worksheet B-1
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	21.00	22.00	23.00		
190.13 19013 ELDERLY SERVICES	0	0	0		190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0		190.14
190.15 19015 CORPORATE HEALTH	0	0	0		190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0		190.16
190.17 19017 INTEGRATED CENTER	0	0	0		190.17
190.18 19019 34B ADMINISTRATION	0	0	0		190.18
191.00 19100 RESEARCH	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	960,097	1,445,896	562,947		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9,600.970000	14,458.960000	5,629.470000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	19,644	28,617	14,039		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	196.440000	286.170000	140.390000		205.00

Provider CCN: 140135

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

Worksheet B-2

Date/Time Prepared:
2/24/2015 3:58 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR NURSING/CRNA TUITION REC'D		1 53.00	-390,470	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	22,154,719	22,154,719	84,629	22,239,348	30.00
31.00	03100 INTENSIVE CARE UNIT	5,319,411	5,319,411	0	5,319,411	31.00
32.00	03200 CORONARY CARE UNIT	4,497,029	4,497,029	43,237	4,540,266	32.00
43.00	04300 NURSERY	184,711	184,711	0	184,711	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18,739,068	18,739,068	110,547	18,849,615	50.00
50.01	05001 ORTHO MEDICAL	289,054	289,054	0	289,054	50.01
51.00	05100 RECOVERY ROOM	1,155,882	1,155,882	0	1,155,882	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	513,869	513,869	0	513,869	52.00
53.00	05300 ANESTHESIOLOGY	1,509,147	1,509,147	0	1,509,147	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,718,092	21,718,092	0	21,718,092	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	4,724,432	4,724,432	7,061	4,731,493	55.00
60.00	06000 LABORATORY	10,323,188	10,323,188	0	10,323,188	60.00
65.00	06500 RESPIRATORY THERAPY	1,279,628	1,279,628	11,185	1,290,813	65.00
66.00	06600 PHYSICAL THERAPY	5,682,135	5,682,135	50,318	5,732,453	66.00
67.00	06700 OCCUPATIONAL THERAPY	707,372	707,372	0	707,372	67.00
68.00	06800 SPEECH PATHOLOGY	416,525	416,525	0	416,525	68.00
69.00	06900 ELECTROCARDIOLOGY	4,022,770	4,022,770	0	4,022,770	69.00
69.01	06901 CATH LAB	2,927,695	2,927,695	6,100	2,933,795	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,035,356	1,035,356	10,648	1,046,004	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,620,620	3,620,620	0	3,620,620	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,672,329	14,672,329	0	14,672,329	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	11,822,501	11,822,501	0	11,822,501	73.00
74.00	07400 RENAL DIALYSIS	680,420	680,420	0	680,420	74.00
75.00	07500 ASC (NON-DISTINCT PART)	6,209,317	6,209,317	0	6,209,317	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,061,103	1,061,103	0	1,061,103	90.00
91.00	09100 EMERGENCY	6,410,218	6,410,218	42,212	6,452,430	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,993,816	3,993,816	0	3,993,816	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	4,452,624	4,452,624	0	4,452,624	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	1,342,588	1,342,588	0	1,342,588	116.00
200.00	Subtotal (see instructions)	161,465,619	161,465,619	365,937	161,831,556	200.00
201.00	Less Observation Beds	3,993,816	3,993,816	0	3,993,816	201.00
202.00	Total (see instructions)	157,471,803	157,471,803	365,937	157,837,740	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

		Title XVIIII			Hospital		PPS	
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient						
	6.00	7.00	8.00					
	9.00	10.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,647,305		16,647,305			30.00
31.00	03100	INTENSIVE CARE UNIT	6,837,948		6,837,948			31.00
32.00	03200	CORONARY CARE UNIT	4,150,096		4,150,096			32.00
43.00	04300	NURSERY	341,372		341,372			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,971,279	79,968,866	124,940,145	0.149984	0.000000	50.00
50.01	05001	ORTHO MEDICAL	74,949	647,870	722,819	0.399898	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,127,711	3,819,177	5,946,888	0.194368	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,975,217	1,401,001	6,376,218	0.080592	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,462,791	2,727,737	4,190,528	0.360133	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,955,231	140,707,649	176,662,880	0.122935	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	77,231	17,093,506	17,170,737	0.275144	0.000000	55.00
60.00	06000	LABORATORY	42,544,684	75,286,659	117,831,343	0.087610	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,081,250	477,410	9,558,660	0.133871	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,523,057	15,723,319	19,246,376	0.295231	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,625,269	6,601,838	8,227,107	0.085981	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	434,359	1,085,339	1,519,698	0.274084	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,376,473	19,812,342	28,188,815	0.142708	0.000000	69.00
69.01	06901	CATH LAB	11,152,967	11,456,692	22,609,659	0.129489	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	511,248	6,108,845	6,620,093	0.156396	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,788,170	5,797,857	12,586,027	0.287670	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,367,746	7,547,928	18,915,674	0.775670	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,853,590	13,281,219	30,134,809	0.392320	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,248,654	425,303	1,673,957	0.406474	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	31,806	20,166,630	20,198,436	0.307416	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	86,434	5,263,206	5,349,640	0.198350	0.000000	90.00
91.00	09100	EMERGENCY	11,642,140	38,255,078	49,897,218	0.128468	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	666,395	3,736,906	4,403,301	0.907005	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	3,509,370	3,509,370			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	1,396,046	1,396,046			116.00
200.00		Subtotal (see instructions)	243,555,372	482,297,793	725,853,165			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	243,555,372	482,297,793	725,853,165			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/24/2015 3:58 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
32.00	03200 CORONARY CARE UNIT				32.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.150869			50.00
50.01	05001 ORTHO MEDICAL	0.399898			50.01
51.00	05100 RECOVERY ROOM	0.194368			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.080592			52.00
53.00	05300 ANESTHESIOLOGY	0.360133			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.122935			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.275556			55.00
60.00	06000 LABORATORY	0.087610			60.00
65.00	06500 RESPIRATORY THERAPY	0.135041			65.00
66.00	06600 PHYSICAL THERAPY	0.297846			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.085981			67.00
68.00	06800 SPEECH PATHOLOGY	0.274084			68.00
69.00	06900 ELECTROCARDIOLOGY	0.142708			69.00
69.01	06901 CATH LAB	0.129758			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158004			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.287670			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.775670			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.392320			73.00
74.00	07400 RENAL DIALYSIS	0.406474			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.307416			75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.198350			90.00
91.00	09100 EMERGENCY	0.129314			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.907005			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE				116.00
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: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,154,719		22,154,719	84,629	22,239,348	30.00
31.00	03100	INTENSIVE CARE UNIT	5,319,411		5,319,411	0	5,319,411	31.00
32.00	03200	CORONARY CARE UNIT	4,497,029		4,497,029	43,237	4,540,266	32.00
43.00	04300	NURSERY	184,711		184,711	0	184,711	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,739,068		18,739,068	110,547	18,849,615	50.00
50.01	05001	ORTHO MEDICAL	289,054		289,054	0	289,054	50.01
51.00	05100	RECOVERY ROOM	1,155,882		1,155,882	0	1,155,882	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,869		513,869	0	513,869	52.00
53.00	05300	ANESTHESIOLOGY	1,509,147		1,509,147	0	1,509,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,718,092		21,718,092	0	21,718,092	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,724,432		4,724,432	7,061	4,731,493	55.00
60.00	06000	LABORATORY	10,323,188		10,323,188	0	10,323,188	60.00
65.00	06500	RESPIRATORY THERAPY	1,279,628	0	1,279,628	11,185	1,290,813	65.00
66.00	06600	PHYSICAL THERAPY	5,682,135	0	5,682,135	50,318	5,732,453	66.00
67.00	06700	OCCUPATIONAL THERAPY	707,372	0	707,372	0	707,372	67.00
68.00	06800	SPEECH PATHOLOGY	416,525	0	416,525	0	416,525	68.00
69.00	06900	ELECTROCARDIOLOGY	4,022,770		4,022,770	0	4,022,770	69.00
69.01	06901	CATH LAB	2,927,695		2,927,695	6,100	2,933,795	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,035,356		1,035,356	10,648	1,046,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,620,620		3,620,620	0	3,620,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,672,329		14,672,329	0	14,672,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,822,501		11,822,501	0	11,822,501	73.00
74.00	07400	RENAL DIALYSIS	680,420		680,420	0	680,420	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,209,317		6,209,317	0	6,209,317	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,061,103		1,061,103	0	1,061,103	90.00
91.00	09100	EMERGENCY	6,410,218		6,410,218	42,212	6,452,430	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,993,816		3,993,816	0	3,993,816	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,452,624		4,452,624	0	4,452,624	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,342,588		1,342,588	0	1,342,588	116.00
200.00		Subtotal (see instructions)	161,465,619	0	161,465,619	365,937	161,831,556	200.00
201.00		Less Observation Beds	3,993,816		3,993,816	0	3,993,816	201.00
202.00		Total (see instructions)	157,471,803	0	157,471,803	365,937	157,837,740	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

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

Worksheet C
Part I
Date/Time Prepared:
2/24/2015 3:58 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	16,647,305		16,647,305		30.00
31.00	03100	INTENSIVE CARE UNIT	6,837,948		6,837,948		31.00
32.00	03200	CORONARY CARE UNIT	4,150,096		4,150,096		32.00
43.00	04300	NURSERY	341,372		341,372		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	44,971,279	79,968,866	124,940,145	0.149984	50.00
50.01	05001	ORTHO MEDICAL	74,949	647,870	722,819	0.399898	50.01
51.00	05100	RECOVERY ROOM	2,127,711	3,819,177	5,946,888	0.194368	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,975,217	1,401,001	6,376,218	0.080592	52.00
53.00	05300	ANESTHESIOLOGY	1,462,791	2,727,737	4,190,528	0.360133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,955,231	140,707,649	176,662,880	0.122935	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	77,231	17,093,506	17,170,737	0.275144	55.00
60.00	06000	LABORATORY	42,544,684	75,286,659	117,831,343	0.087610	60.00
65.00	06500	RESPIRATORY THERAPY	9,081,250	477,410	9,558,660	0.133871	65.00
66.00	06600	PHYSICAL THERAPY	3,523,057	15,723,319	19,246,376	0.295231	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,625,269	6,601,838	8,227,107	0.085981	67.00
68.00	06800	SPEECH PATHOLOGY	434,359	1,085,339	1,519,698	0.274084	68.00
69.00	06900	ELECTROCARDIOLOGY	8,376,473	19,812,342	28,188,815	0.142708	69.00
69.01	06901	CATH LAB	11,152,967	11,456,692	22,609,659	0.129489	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	511,248	6,108,845	6,620,093	0.156396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,788,170	5,797,857	12,586,027	0.287670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,367,746	7,547,928	18,915,674	0.775670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,853,590	13,281,219	30,134,809	0.392320	73.00
74.00	07400	RENAL DIALYSIS	1,248,654	425,303	1,673,957	0.406474	74.00
75.00	07500	ASC (NON-DISTINCT PART)	31,806	20,166,630	20,198,436	0.307416	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	86,434	5,263,206	5,349,640	0.198350	90.00
91.00	09100	EMERGENCY	11,642,140	38,255,078	49,897,218	0.128468	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	666,395	3,736,906	4,403,301	0.907005	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,509,370	3,509,370		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,396,046	1,396,046		116.00
200.00		Subtotal (see instructions)	243,555,372	482,297,793	725,853,165		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	243,555,372	482,297,793	725,853,165		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/24/2015 3:58 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ORTHO MEDICAL	0.000000		50.01
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
60.00	06000 LABORATORY	0.000000		60.00
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
69.01	06901 CATH LAB	0.000000		69.01
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Prepared: 2/24/2015 3:58 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	2,661,743	0	2,661,743	34,658	76.80	30.00
31.00	INTENSIVE CARE UNIT	535,366		535,366	5,523	96.93	31.00
32.00	CORONARY CARE UNIT	408,438		408,438	3,559	114.76	32.00
43.00	NURSERY	51,445		51,445	2,149	23.94	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	3,656,992		3,656,992	45,889		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	15,137	1,162,522				
31.00	INTENSIVE CARE UNIT	3,169	307,171				
32.00	CORONARY CARE UNIT	2,064	236,865				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	20,370	1,706,558				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/24/2015 3:58 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,027,689	124,940,145	0.024233	26,307,478	637,509	50.00
50.01	05001 ORTHO MEDICAL	49,360	722,819	0.068288	42,836	2,925	50.01
51.00	05100 RECOVERY ROOM	81,093	5,946,888	0.013636	1,136,586	15,498	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	59,095	6,376,218	0.009268	464,011	4,300	52.00
53.00	05300 ANESTHESIOLOGY	229,344	4,190,528	0.054729	770,125	42,148	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,172,891	176,662,880	0.017960	22,338,475	401,199	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,158,260	17,170,737	0.067455	0	0	55.00
60.00	06000 LABORATORY	629,817	117,831,343	0.005345	25,677,454	137,246	60.00
65.00	06500 RESPIRATORY THERAPY	49,893	9,558,660	0.005220	5,875,760	30,671	65.00
66.00	06600 PHYSICAL THERAPY	339,983	19,246,376	0.017665	2,349,735	41,508	66.00
67.00	06700 OCCUPATIONAL THERAPY	40,219	8,227,107	0.004889	1,095,406	5,355	67.00
68.00	06800 SPEECH PATHOLOGY	22,009	1,519,698	0.014482	334,880	4,850	68.00
69.00	06900 ELECTROCARDIOLOGY	581,688	28,188,815	0.020635	5,313,791	109,650	69.00
69.01	06901 CATH LAB	856,800	22,609,659	0.037895	6,598,815	250,062	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	127,176	6,620,093	0.019211	288,886	5,550	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	122,884	12,586,027	0.009764	4,615,935	45,070	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	293,450	18,915,674	0.015514	6,353,527	98,569	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	281,841	30,134,809	0.009353	9,342,120	87,377	73.00
74.00	07400 RENAL DIALYSIS	43,948	1,673,957	0.026254	888,702	23,332	74.00
75.00	07500 ASC (NON-DISTINCT PART)	444,917	20,198,436	0.022027	28,774	634	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	42,814	5,349,640	0.008003	48,909	391	90.00
91.00	09100 EMERGENCY	727,079	49,897,218	0.014572	7,202,871	104,960	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	478,004	4,403,301	0.108556	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50-199)	12,860,254	692,971,028		127,075,076	2,048,804	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/24/2015 3:58 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	34,658	0.00	15,137	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,523	0.00	3,169	0		31.00
32.00	03200	CORONARY CARE UNIT	3,559	0.00	2,064	0		32.00
43.00	04300	NURSERY	2,149	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	45,889		20,370	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	172,477	0	172,477	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	172,477	0	172,477	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		
					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	124,940,145	0.000000	0.000000	26,307,478	50.00
50.01	05001 ORTHO MEDICAL	0	722,819	0.000000	0.000000	42,836	50.01
51.00	05100 RECOVERY ROOM	0	5,946,888	0.000000	0.000000	1,136,586	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,376,218	0.000000	0.000000	464,011	52.00
53.00	05300 ANESTHESIOLOGY	172,477	4,190,528	0.041159	0.041159	770,125	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	176,662,880	0.000000	0.000000	22,338,475	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,170,737	0.000000	0.000000	0	55.00
60.00	06000 LABORATORY	0	117,831,343	0.000000	0.000000	25,677,454	60.00
65.00	06500 RESPIRATORY THERAPY	0	9,558,660	0.000000	0.000000	5,875,760	65.00
66.00	06600 PHYSICAL THERAPY	0	19,246,376	0.000000	0.000000	2,349,735	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,227,107	0.000000	0.000000	1,095,406	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,519,698	0.000000	0.000000	334,880	68.00
69.00	06900 ELECTROCARDIOLOGY	0	28,188,815	0.000000	0.000000	5,313,791	69.00
69.01	06901 CATH LAB	0	22,609,659	0.000000	0.000000	6,598,815	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,620,093	0.000000	0.000000	288,886	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,586,027	0.000000	0.000000	4,615,935	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,915,674	0.000000	0.000000	6,353,527	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	30,134,809	0.000000	0.000000	9,342,120	73.00
74.00	07400 RENAL DIALYSIS	0	1,673,957	0.000000	0.000000	888,702	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	20,198,436	0.000000	0.000000	28,774	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,349,640	0.000000	0.000000	48,909	90.00
91.00	09100 EMERGENCY	0	49,897,218	0.000000	0.000000	7,202,871	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,403,301	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	172,477	692,971,028			127,075,076	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

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

Worksheet D
Part IV
Date/Time Prepared:
2/24/2015 3:58 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	23,362,039	0	50.00
50.01	05001 ORTHO MEDICAL	0	147,161	0	50.01
51.00	05100 RECOVERY ROOM	0	1,152,760	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	16,686	0	52.00
53.00	05300 ANESTHESIOLOGY	31,698	767,461	31,588	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	52,935,424	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	9,024,711	0	55.00
60.00	06000 LABORATORY	0	9,027,203	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	143,539	0	65.00
66.00	06600 PHYSICAL THERAPY	0	42,715	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	25,158	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,095	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,448,829	0	69.00
69.01	06901 CATH LAB	0	6,713,967	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,197,709	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,453,911	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,277,638	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,265,055	0	73.00
74.00	07400 RENAL DIALYSIS	0	205,557	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	8,802,477	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	3,476,461	0	90.00
91.00	09100 EMERGENCY	0	8,252,373	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,455,998	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	31,698	149,198,927	31,588	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/24/2015 3:58 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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.149984	23,362,039	0	0	3,503,932	50.00
50.01	05001	ORTHO MEDICAL	0.399898	147,161	0	0	58,849	50.01
51.00	05100	RECOVERY ROOM	0.194368	1,152,760	0	0	224,060	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.080592	16,686	0	0	1,345	52.00
53.00	05300	ANESTHESIOLOGY	0.360133	767,461	0	0	276,388	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122935	52,935,424	0	0	6,507,616	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275144	9,024,711	0	0	2,483,095	55.00
60.00	06000	LABORATORY	0.087610	9,027,203	293	0	790,873	60.00
65.00	06500	RESPIRATORY THERAPY	0.133871	143,539	0	0	19,216	65.00
66.00	06600	PHYSICAL THERAPY	0.295231	42,715	0	0	12,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.085981	25,158	0	0	2,163	67.00
68.00	06800	SPEECH PATHOLOGY	0.274084	4,095	0	0	1,122	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142708	8,448,829	0	0	1,205,715	69.00
69.01	06901	CATH LAB	0.129489	6,713,967	0	0	869,385	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.156396	2,197,709	0	0	343,713	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.287670	2,453,911	0	0	705,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.775670	4,277,638	0	0	3,318,035	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.392320	6,265,055	0	28,307	2,457,906	73.00
74.00	07400	RENAL DIALYSIS	0.406474	205,557	0	0	83,554	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.307416	8,802,477	0	0	2,706,022	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.198350	3,476,461	0	0	689,556	90.00
91.00	09100	EMERGENCY	0.128468	8,252,373	1,863	0	1,060,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.907005	1,455,998	0	0	1,320,597	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		149,198,927	2,156	28,307	28,641,836	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		149,198,927	2,156	28,307	28,641,836	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/24/2015 3:58 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	0	50.00
50.01	05001 ORTHO MEDICAL	0	0	50.01
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
60.00	06000 LABORATORY	26	0	60.00
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
69.01	06901 CATH LAB	0	0	69.01
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	11,105	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	239	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00	Subtotal (see instructions)	265	11,105	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	265	11,105	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/24/2015 3:58 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		34,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		34,658	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)		28,434	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)		15,137	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)		22,239,348	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)		22,239,348	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)		22,239,348	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)		641.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,713,110	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)		9,713,110	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/24/2015 3:58 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	5,319,411	5,523	963.14	3,169	3,052,191	43.00
44.00	CORONARY CARE UNIT	4,540,266	3,559	1,275.71	2,064	2,633,065	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)					24,089,485	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					39,487,851	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,706,558	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,080,502	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,787,060	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,700,791	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)					6,224	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					641.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,993,816	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140135

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

Worksheet D-1
Date/Time Prepared:
2/24/2015 3:58 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	2,661,743	22,239,348	0.119686	3,993,816	478,004	90.00
91.00	Nursing School cost	0	22,239,348	0.000000	3,993,816	0	91.00
92.00	Allied health cost	0	22,239,348	0.000000	3,993,816	0	92.00
93.00	All other Medical Education	0	22,239,348	0.000000	3,993,816	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/24/2015 3:58 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		7,424,129	30.00
31.00	03100	INTENSIVE CARE UNIT		4,088,459	31.00
32.00	03200	CORONARY CARE UNIT		2,354,106	32.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.150869	26,307,478	3,968,983 50.00
50.01	05001	ORTHO MEDICAL	0.399898	42,836	17,130 50.01
51.00	05100	RECOVERY ROOM	0.194368	1,136,586	220,916 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.080592	464,011	37,396 52.00
53.00	05300	ANESTHESIOLOGY	0.360133	770,125	277,347 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.122935	22,338,475	2,746,180 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.275556	0	0 55.00
60.00	06000	LABORATORY	0.087610	25,677,454	2,249,602 60.00
65.00	06500	RESPIRATORY THERAPY	0.135041	5,875,760	793,469 65.00
66.00	06600	PHYSICAL THERAPY	0.297846	2,349,735	699,859 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.085981	1,095,406	94,184 67.00
68.00	06800	SPEECH PATHOLOGY	0.274084	334,880	91,785 68.00
69.00	06900	ELECTROCARDIOLOGY	0.142708	5,313,791	758,320 69.00
69.01	06901	CATH LAB	0.129758	6,598,815	856,249 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158004	288,886	45,645 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.287670	4,615,935	1,327,866 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.775670	6,353,527	4,928,240 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.392320	9,342,120	3,665,101 73.00
74.00	07400	RENAL DIALYSIS	0.406474	888,702	361,234 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.307416	28,774	8,846 75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.198350	48,909	9,701 90.00
91.00	09100	EMERGENCY	0.129314	7,202,871	931,432 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.907005	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0 92.01
200.00		Total (sum of lines 50-94 and 96-98)		127,075,076	24,089,485 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		127,075,076	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/24/2015 3:58 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		37,954,310		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)		256,872		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		3,652,000		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		231.95		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)		5.81		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)		5.81		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.56		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)		5.81		12.00
13.00	Total allowable FTE count for the prior year.		5.81		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.		5.81		14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81		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		5.81		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.025049		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.022347		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.022347		21.00
22.00	IME payment adjustment (see instructions)		505,017		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).		7.20		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.75		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)		6.75		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.029101		26.00
27.00	IME payments adjustment factor. (see instructions)		0.007712		27.00
28.00	IME add-on adjustment amount (see instructions)		320,868		28.00
29.00	Total IME payment (sum of lines 22 and 28)		825,885		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.02		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.92		31.00
32.00	Sum of lines 30 and 31		25.94		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/24/2015 3:58 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		10.62	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		1,007,687		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		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		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,175,815		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)		42,220,569		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)		42,220,569		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,323,375		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).		361,485		52.00
53.00	Nursing and Allied Health Managed Care payment		20,760		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)		31,698		58.00
59.00	Total (sum of amounts on lines 49 through 58)		45,957,887		59.00
60.00	Primary payer payments		52,867		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		45,905,020		61.00
62.00	Deductibles billed to program beneficiaries		4,206,880		62.00
63.00	Coinurance billed to program beneficiaries		61,240		63.00
64.00	Allowable bad debts (see instructions)		1,130,647		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		734,921		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/24/2015 3:58 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)		773,833			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		42,371,821			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)		-139,531			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-7,590			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		42,224,700			71.00
71.01	Sequestration adjustment (see instructions)		844,494			71.01
72.00	Interim payments		40,662,804			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		717,402			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			75.00
TO BE COMPLETED BY CONTRACTOR						
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/24/2015 3:58 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,370	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,610,248	2.00
3.00	PPS payments		29,759,410	3.00
4.00	Outlier payment (see instructions)		16,090	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		31,588	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,370	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,463	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)		30,463	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)		30,463	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,093	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)		11,370	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)		29,807,088	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)		6,527,109	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)		23,291,349	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		262,595	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)		23,553,944	30.00
31.00	Primary payer payments		6,214	31.00
32.00	Subtotal (line 30 minus line 31)		23,547,730	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,765,236	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,147,403	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,125,696	36.00
37.00	Subtotal (see instructions)		24,695,133	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)		24,695,133	40.00
40.01	Sequestration adjustment (see instructions)		493,903	40.01
41.00	Interim payments		23,864,925	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		336,305	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

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

Worksheet E-1
Part I
Date/Time Prepared:
2/24/2015 3:58 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		40,407,267		23,769,845	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	05/20/2014	202,967	05/20/2014	89,372	3.01	
3.02		09/19/2014	52,570	09/19/2014	5,708	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)		255,537		95,080	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)		40,662,804		23,864,925	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		717,402		336,305	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,380,206		24,201,230	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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/24/2015 3:58 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			11,043 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,370 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,920 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			37,516 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			725,853,165 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			19,184,794 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,214,131 8.00
9.00	Sequestration adjustment amount (see instructions)			24,283 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,189,848 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,291,778 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)			-101,930 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/24/2015 3:58 pm	
		Title VIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.56	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.56	0.00	12.56	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.19	0.00	7.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	7.19	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.17	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.12	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.16	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	7.16	0.00		17.00
18.00	Per resident amount	79,903.37	0.00		18.00
19.00	Approved amount for resident costs	572,108	0	572,108	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.37	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.37	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			92,825.08	23.00
24.00	Multiply line 22 time line 23			498,471	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,070,579	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,370	1,920		26.00
27.00	Total Inpatient Days (see instructions)	37,772	37,772		27.00
28.00	Ratio of inpatient days to total inpatient days	0.539288	0.050831		28.00
29.00	Program direct GME amount	577,350	54,419		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,689		30.00
31.00	Net Program direct GME amount			624,080	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/24/2015 3:58 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,673,957	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		39,487,851	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		52,867	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,434,984	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		28,653,206	42.00
43.00	Primary payer payments (see instructions)		6,214	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		28,646,992	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		68,081,976	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.579228	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.420772	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		624,080	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		361,485	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		262,595	50.00

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

Provider CCN: 140135

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

Worksheet G

Date/Time Prepared:
2/24/2015 3:58 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	19,379,251	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	34,669,761	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,042,368	0	0	0	7.00
8.00	Prepaid expenses	3,782,234	0	0	0	8.00
9.00	Other current assets	1,947,075	0	0	0	9.00
10.00	Due from other funds	36,069	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,856,758	0	0	0	11.00
FIXED ASSETS						
12.00	Land	101,550,404	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	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	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	101,550,404	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	128,560,413	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	76,966,537	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	205,526,950	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	369,934,112	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,754,557	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,109,290	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,836,000	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	22,642,571	0	0	0	43.00
44.00	Other current liabilities	891,382	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,233,800	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	21,586,542	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,188,460	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	38,775,002	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	79,008,802	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	290,925,310				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)	290,925,310	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	369,934,112	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

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

Worksheet G-1

Date/Time Prepared:
2/24/2015 3:58 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		311,441,931		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		15,978,798			2.00
3.00	Total (sum of line 1 and line 2)		327,420,729		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)		327,420,729		0	11.00
12.00	DEDUCTIONS	36,495,419		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)		36,495,419		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		290,925,310		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		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: 140135

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,002,460		20,002,460	1.00
2.00	SUBPROVIDER - IPF				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	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	20,002,460		20,002,460	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,991,015		6,991,015	11.00
12.00	CORONARY CARE UNIT	5,243,158		5,243,158	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)	12,234,173		12,234,173	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,236,633		32,236,633	17.00
18.00	Ancillary services	205,982,046	438,691,260	644,673,306	18.00
19.00	Outpatient services	11,864,028	44,079,486	55,943,514	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		3,509,370	3,509,370	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	0	1,396,046	1,396,046	26.00
27.00	NON-REIMBURSABLE	5,711,228	85,942,241	91,653,469	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	255,793,935	573,618,403	829,412,338	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		267,229,271		29.00
30.00	NET ASSETS RELEASED FROM RESTRICTION	208,262			30.00
31.00	NORV-GAIN/LOSS-CAPITAL EQUIPMENT	10,461			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)		218,723		36.00
37.00	RESTRICTED DISBURSEMENTS - OTHER REV	349			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)		349		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		267,447,645		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140135

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

Worksheet G-3

Date/Time Prepared:
2/24/2015 3:58 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	829,412,338	1.00
2.00	Less contractual allowances and discounts on patients' accounts	561,282,896	2.00
3.00	Net patient revenues (line 1 minus line 2)	268,129,442	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	267,447,645	4.00
5.00	Net income from service to patients (line 3 minus line 4)	681,797	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	12,408,883	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	14,665,096	24.00
24.01	TRUST DISTRIBUTION	1,083,820	24.01
24.02	NET ASSETS RELEASED	208,262	24.02
24.03	GAIN IN EARNINGS OF INVESTMENT	331,002	24.03
25.00	Total other income (sum of lines 6-24)	28,697,063	25.00
26.00	Total (line 5 plus line 25)	29,378,860	26.00
27.00	BAD DEBTS	13,400,062	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	13,400,062	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	15,978,798	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet H

HHA CCN: 147206

To 09/30/2014

Date/Time Prepared: 2/24/2015 3:58 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		5,040	5,040	1.00
2.00	Capital Related - Movable Equipment		0		31,396	31,396	2.00
3.00	Plant Operation & Maintenance	0	0	0	80,547	80,547	3.00
4.00	Transportation	0	149,076	0	0	149,076	4.00
5.00	Administrative and General	491,937	189,834	0	71,229	832,227	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,327,170	0	0	0	1,327,170	6.00
7.00	Physical Therapy	335,433	0	0	0	335,433	7.00
8.00	Occupational Therapy	149,873	0	0	0	149,873	8.00
9.00	Speech Pathology	68,145	0	0	0	68,145	9.00
10.00	Medical Social Services	94,701	0	0	0	94,701	10.00
11.00	Home Health Aide	94,068	0	0	0	94,068	11.00
12.00	Supplies (see instructions)	0	0	0	34,788	34,788	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)	2,561,327	189,834	149,076	71,229	3,202,464	24.00
	Reclassification	Reclassified 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	-5,040	0	0	0		1.00
2.00	Capital Related - Movable Equipment	-31,396	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	80,547	0	80,547		3.00
4.00	Transportation	0	149,076	0	149,076		4.00
5.00	Administrative and General	0	832,227	-478	831,749		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,327,170	0	1,327,170		6.00
7.00	Physical Therapy	0	335,433	0	335,433		7.00
8.00	Occupational Therapy	0	149,873	0	149,873		8.00
9.00	Speech Pathology	0	68,145	0	68,145		9.00
10.00	Medical Social Services	0	94,701	0	94,701		10.00
11.00	Home Health Aide	0	94,068	0	94,068		11.00
12.00	Supplies (see instructions)	0	34,788	0	34,788		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)	-36,436	3,166,028	-478	3,165,550		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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet H-1 Part I Date/Time Prepared: 2/24/2015 3:58 pm
		HHA CCN: 147206	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bl dgs & Fixtures	Movable Equipment				
		1.00	2.00				
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	80,547	0	0	80,547	0	3.00
4.00	Transportation	149,076	0	0	80,547	229,623	4.00
5.00	Administrative and General	831,749	0	0	0	229,623	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,327,170	0	0	0	1,327,170	6.00
7.00	Physical Therapy	335,433	0	0	0	335,433	7.00
8.00	Occupational Therapy	149,873	0	0	0	149,873	8.00
9.00	Speech Pathology	68,145	0	0	0	68,145	9.00
10.00	Medical Social Services	94,701	0	0	0	94,701	10.00
11.00	Home Health Aide	94,068	0	0	0	94,068	11.00
12.00	Supplies (see instructions)	34,788	0	0	0	34,788	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)	3,165,550	0	0	80,547	229,623	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	1,061,372					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	669,441	1,996,611				6.00
7.00	Physical Therapy	169,196	504,629				7.00
8.00	Occupational Therapy	75,598	225,471				8.00
9.00	Speech Pathology	34,373	102,518				9.00
10.00	Medical Social Services	47,768	142,469				10.00
11.00	Home Health Aide	47,449	141,517				11.00
12.00	Supplies (see instructions)	17,547	52,335				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)		3,165,550				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-1
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Home Health
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	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	80,547	0		3.00
4.00	Transportation (see instructions)	0	0	80,547	149,076		4.00
5.00	Administrative and General	0	0	0	149,076	-1,061,372	2,104,178
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,327,170
7.00	Physical Therapy	0	0	0	0	0	335,433
8.00	Occupational Therapy	0	0	0	0	0	149,873
9.00	Speech Pathology	0	0	0	0	0	68,145
10.00	Medical Social Services	0	0	0	0	0	94,701
11.00	Home Health Aide	0	0	0	0	0	94,068
12.00	Supplies (see instructions)	0	0	0	0	0	34,788
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	80,547	149,076	-1,061,372	2,104,178
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	80,547	229,623		1,061,372
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.540308		0.504412

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part I
Date/Time Prepared:
2/24/2015 3:58 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	58,046	31,248	397,923	487,217	70,258	1.00
2.00 Skilled Nursing Care	1,996,611	0	0	0	1,996,611	287,918	2.00
3.00 Physical Therapy	504,629	0	0	0	504,629	72,769	3.00
4.00 Occupational Therapy	225,471	0	0	0	225,471	32,514	4.00
5.00 Speech Pathology	102,518	0	0	0	102,518	14,783	5.00
6.00 Medical Social Services	142,469	0	0	0	142,469	20,544	6.00
7.00 Home Health Aide	141,517	0	0	0	141,517	20,407	7.00
8.00 Supplies (see instructions)	52,335	0	0	0	52,335	7,547	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)	3,165,550	58,046	31,248	397,923	3,652,767	526,740	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	103,601	0	59,187	0	88,158	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)	103,601	0	59,187	0	88,158	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: 140135
HHA CCN: 147206

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

Worksheet H-2
Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Home Health Agency I

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	14.00	15.00	16.00	19.00	21.00	22.00		
1.00 Administrative and General	5,252	0	16,919	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	5,252	0	16,919	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	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	23.00	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	830,592	0	830,592	0	0	0	1.00
2.00 Skilled Nursing Care	0	2,284,529	0	2,284,529	523,880	2,808,409	0	2.00
3.00 Physical Therapy	0	577,398	0	577,398	132,407	709,805	0	3.00
4.00 Occupational Therapy	0	257,985	0	257,985	59,160	317,145	0	4.00
5.00 Speech Pathology	0	117,301	0	117,301	26,899	144,200	0	5.00
6.00 Medical Social Services	0	163,013	0	163,013	37,382	200,395	0	6.00
7.00 Home Health Aide	0	161,924	0	161,924	37,132	199,056	0	7.00
8.00 Supplies (see instructions)	0	59,882	0	59,882	13,732	73,614	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	4,452,624	0	4,452,624	830,592	4,452,624	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.					0.229317			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: 140135
HHA CCN: 147206

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

Worksheet H-2
Part II
Date/Time Prepared:
2/24/2015 3:58 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	4,094	31,396	2,561,327	0	487,217	4,094	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,996,611	0	2.00
3.00 Physical Therapy	0	0	0	0	504,629	0	3.00
4.00 Occupational Therapy	0	0	0	0	225,471	0	4.00
5.00 Speech Pathology	0	0	0	0	102,518	0	5.00
6.00 Medical Social Services	0	0	0	0	142,469	0	6.00
7.00 Home Health Aide	0	0	0	0	141,517	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	52,335	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)	4,094	31,396	2,561,327		3,652,767	4,094	20.00
21.00 Total cost to be allocated	58,046	31,248	397,923		526,740	103,601	21.00
22.00 Unit cost multiplier	14.178310	0.995286	0.155358		0.144203	25.305569	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	4,094	0	4,214	0	34,788	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	4,094	0	4,214	0	34,788	20.00
21.00 Total cost to be allocated	0	59,187	0	88,158	0	5,252	21.00
22.00 Unit cost multiplier	0.000000	14.457010	0.000000	20.920266	0.000000	0.150972	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-2
Part II
Date/Time Prepared:
2/24/2015 3:58 pm
PPS

Cost Center Description	INTERNS & RESIDENTS						PARAMED PRGM (ASSIGNED TIME)	
	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
	15.00	16.00	19.00	21.00	22.00	23.00		
1.00 Administrative and General	0	3,509,370	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	3,509,370	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	16,919	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.004821	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part I Date/Time Prepared: 2/24/2015 3:58 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,808,409		2,808,409	14,021	200.30	1.00
2.00	Physical Therapy	3.00	709,805	0	709,805	6,196	114.56	2.00
3.00	Occupational Therapy	4.00	317,145	0	317,145	985	321.97	3.00
4.00	Speech Pathology	5.00	144,200	0	144,200	92	1,567.39	4.00
5.00	Medical Social Services	6.00	200,395		200,395	253	792.08	5.00
6.00	Home Health Aide	7.00	199,056		199,056	2,106	94.52	6.00
7.00	Total (sum of lines 1-6)		4,379,010	0	4,379,010	23,653		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		19500	654	9,591			8.00
9.00	Physical Therapy		19500	243	4,141			9.00
10.00	Occupational Therapy		19500	23	750			10.00
11.00	Speech Pathology		19500	0	56			11.00
12.00	Medical Social Services		19500	0	35			12.00
13.00	Home Health Aide		19500	84	1,741			13.00
14.00	Total (sum of lines 8-13)			1,004	16,314			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 (col. 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	73,614	0	73,614	81,036	0.908411	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B 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	654	9,591		130,996	1,921,077		1.00
2.00	Physical Therapy	243	4,141		27,838	474,393		2.00
3.00	Occupational Therapy	23	750		7,405	241,478		3.00
4.00	Speech Pathology	0	56		0	87,774		4.00
5.00	Medical Social Services	0	35		0	27,723		5.00
6.00	Home Health Aide	84	1,741		7,940	164,559		6.00
7.00	Total (sum of lines 1-6)	1,004	16,314		174,179	2,917,004		7.00
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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206		Period: From 10/01/2013 To 09/30/2014		Worksheet H-3 Part I Date/Time Prepared: 2/24/2015 3:58 pm		
		Title XVII I		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0			0	15.00	
16.00	Cost of Drugs		0			0	16.00	
Cost Center Description		Total Program Cost (sum of col s. 9-10)						
		12.00						
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	2,052,073					1.00	
2.00	Physical Therapy	502,231					2.00	
3.00	Occupational Therapy	248,883					3.00	
4.00	Speech Pathology	87,774					4.00	
5.00	Medical Social Services	27,723					5.00	
6.00	Home Health Aide	172,499					6.00	
7.00	Total (sum of lines 1-6)	3,091,183					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2013 To 09/30/2014	Worksheet H-3 Part II Date/Time Prepared: 2/24/2015 3:58 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	0.295231	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.085981	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.274084	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.287670	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.392320	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet H-4 Part I-II
	HHA CCN: 147206		Date/Time Prepared: 2/24/2015 3:58 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	

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	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

	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	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	111,142	1,982,817	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	4,402	85,810	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	908	37,305	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	11,636	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	5,123	38,725	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	1,377	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	121,575	2,157,670	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	121,575	2,157,670	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	121,575	2,157,670	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	121,575	2,157,670	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	121,575	2,157,670	31.00
31.01	Sequestration adjustment (see instructions)	2,432	43,154	31.01
32.00	Interim payments (see instructions)	119,143	2,114,516	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	35.00

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

Provider CCN: 140135
HHA CCN: 147206

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

Worksheet H-5
Date/Time Prepared:
2/24/2015 3:58 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		119,143		2,114,516	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)		119,143		2,114,516	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)		119,143		2,114,516	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: 140135

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141517

To 09/30/2014

Date/Time Prepared: 2/24/2015 3:58 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	12,354	3.00
4.00	Transportation - Staff	0	0	40,991	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	195,100	40,817	0	233,679	83,323	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,642	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	335,946	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	66,098	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	1,335	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)	563,688	40,817	40,991	233,679	163,110	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141517

To 09/30/2014

Date/Time Prepared: 2/24/2015 3:58 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	12,354	0	12,354	0	12,354	3.00
4.00	Transportation - Staff	40,991	0	40,991	0	40,991	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	552,919	0	552,919	-419	552,500	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,642	0	32,642	0	32,642	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	335,946	0	335,946	0	335,946	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	66,098	0	66,098	0	66,098	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	1,335	0	1,335	0	1,335	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)	1,042,285	0	1,042,285	-419	1,041,866	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-1
 Date/Time Prepared:
 2/24/2015 3:58 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	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	0	0	0	75,925	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	335,946	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						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	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	Total (sum of lines 1 thru 38)	0	0	0	75,925	335,946	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135

Period:

Worksheet K-1

Hospice CCN: 141517

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

Date/Time Prepared:
2/24/2015 3:58 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	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		2,024	117,151	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	32,642	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	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	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		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	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	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	Total (sum of lines 1 thru 38)	0	2,024	149,793	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140135	Period: From 10/01/2013	Worksheet K-2
		Hospice CCN: 141517	To 09/30/2014	Date/Time Prepared: 2/24/2015 3:58 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	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	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						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	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	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-2

Hospice CCN: 141517

To 09/30/2014

Date/Time Prepared: 2/24/2015 3:58 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	40,817	40,817	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	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	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	0	40,817	40,817	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 141517		Date/Time Prepared: 2/24/2015 3:58 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	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	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						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	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	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140135 Hospice CCN: 141517	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3 Date/Time Prepared: 2/24/2015 3:58 pm
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		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	233,679	233,679	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	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	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	0	233,679	233,679	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 2/24/2015 3:58 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			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			2.00
3.00	Plant Operation and Maintenance	12,354	0	0	12,354		3.00
4.00	Transportation - Staff	40,991	0	0	0	40,991	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	552,500	0	0	12,354	40,991	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,642	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	335,946	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	66,098	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	1,335	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	Total (sum of lines 1 thru 38)	1,041,866	0	0	12,354	40,991	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet K-4 Part I Date/Time Prepared: 2/24/2015 3:58 pm
		Hospice I		
	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	605,845	605,845
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	32,642	45,356
8.00	Inpatient - Respite Care	0	0	0
VISITING SERVICES				
9.00	Physician Services	0	0	0
10.00	Nursing Care	0	335,946	466,792
11.00	Nursing Care-Continuous Home Care	0	0	0
12.00	Physical Therapy	0	0	0
13.00	Occupational Therapy	0	0	0
14.00	Speech/ Language Pathology	0	0	0
15.00	Medical Social Services	0	0	0
16.00	Spiritual Counseling	0	0	0
17.00	Dietary Counseling	0	0	0
18.00	Counseling - Other	0	0	0
19.00	Home Health Aide and Homemaker	0	0	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0
21.00	Other	0	0	0
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	66,098	91,842
23.00	Analgesics	0	0	0
24.00	Sedatives / Hypnotics	0	0	0
25.00	Other - Specify	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0
27.00	Patient Transportation	0	0	0
28.00	Imaging Services	0	0	0
29.00	Labs and Diagnostics	0	0	0
30.00	Medical Supplies	0	1,335	1,855
31.00	Outpatient Services (including E/R Dept.)	0	0	0
32.00	Radiation Therapy	0	0	0
33.00	Chemotherapy	0	0	0
34.00	Other	0	0	0
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	0
36.00	Volunteer Program Costs	0	0	0
37.00	Fundraising	0	0	0
38.00	Other Program Costs	0	0	0
39.00	Total (sum of lines 1 thru 38)	0	1,041,866	1,041,866

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141517

To 09/30/2014

Part II
Date/Time Prepared:
2/24/2015 3:58 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	12,354			3.00
4.00	Transportation - Staff	0	0	0	40,991		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	12,354	40,991	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	12,354	40,991	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 2/24/2015 3:58 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		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	-605,845	436,021	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	32,642	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	335,946	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	0	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	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	66,098	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	1,335	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)		605,845	39.00
40.00	Unit Cost Multiplier		1.389486	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141517

To 09/30/2014

Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		0	10	87,573	87,583	1.00
2.00	Inpatient - General Care	77,998	0	0	0	77,998	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	802,738	0	0	0	802,738	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	157,940	0	0	0	157,940	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	3,190	0	0	0	3,190	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)	1,041,866	0	10	87,573	1,129,449	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

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

Part I
Date/Time Prepared:
2/24/2015 3:58 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	12,630	0	1,111	0	0	1.00
2.00	Inpatient - General Care	11,248	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	115,757	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	22,775	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	460	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)	162,870	0	1,111	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141517

To 09/30/2014

Part I
Date/Time Prepared:
2/24/2015 3:58 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	19,288	0	201	22,939	6,730	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)	19,288	0	201	22,939	6,730	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135
 Hospice CCN: 141517

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

Worksheet K-5
 Part I
 Date/Time Prepared:
 2/24/2015 3:58 pm

Cost Center Description		INTERNS & RESIDENTS			PARAMED PRGM	Subtotal (col s. 4A-23)	
		NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES APPRV	PRGM COSTS APPRV			
		19.00	21.00	22.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	150,482	1.00
2.00	Inpatient - General Care	0	0	0	0	89,246	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	918,495	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	180,715	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	3,650	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	1,342,588	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141517

To 09/30/2014

Part I
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	89,246	11,266	100,512		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	918,495	115,943	1,034,438		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	0		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	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	180,715	22,812	203,527		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	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		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	3,650	461	4,111		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	1,342,588		1,342,588		34.00
35.00	Unit Cost Multiplier (see instructions)			0.126232			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/24/2015 3:58 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	10	563,688	5A	87,583	1.00	
2.00 Inpatient - General Care	0	0	0		77,998	2.00	
3.00 Inpatient - Respite Care	0	0	0		0	3.00	
4.00 Physician Services	0	0	0		0	4.00	
5.00 Nursing Care	0	0	0		802,738	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		0	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		0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00 Other	0	0	0		0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0		157,940	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		0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00 Patient Transportation	0	0	0		0	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		3,190	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	10	563,688		1,129,449	34.00	
35.00 Total cost to be allocated	0	10	87,573		162,870	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	1.000000	0.155357		0.144203	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description	Hospice I					CAFETERIA (FTE)	
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)			
	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	0	1,229	0	0	922	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	1,229	0	0	922	34.00	
35.00 Total cost to be allocated	0	1,111	0	0	19,288	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.903987	0.000000	0.000000	20.919740	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		(DIRECT NURSING)	(COSTED REQUIS.)	15.00	(GROSS CHARGES)	19.00	
1.00	Administrative and General	0	1,334	66,098	1,396,046	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	1,334	66,098	1,396,046	0	34.00
35.00	Total cost to be allocated	0	201	22,939	6,730	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.150675	0.347045	0.004821	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

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

Worksheet K-5
Part II
Date/Time Prepared:
2/24/2015 3:58 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	Hospice I	
		SERVICES-SALARY & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)			
		21.00	22.00			
1.00	Administrative and General	100	100	100		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	0	0	0		4.00
5.00	Nursing Care	0	0	0		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	0	0	0		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	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		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	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		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	0	0	0		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)	100	100	100		34.00
35.00	Total cost to be allocated	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140135	Period: From 10/01/2013	Worksheet K-5		
		Hospice CCN: 141517	To 09/30/2014	Part III Date/Time Prepared: 2/24/2015 3:58 pm		
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	0.297846	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.085981	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.274084	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.392320	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.087610	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.287670	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.275556	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)					0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140135

Period: From 10/01/2013

Worksheet K-6

Hospice CCN: 141517

To 09/30/2014

Date/Time Prepared: 2/24/2015 3:58 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,342,588	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,559	2.00
3.00	Average cost per diem (line 1 divided by line 2)				204.69	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,208				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,270,716				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		351			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		71,846			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)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			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: 140135	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/24/2015 3:58 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,003,849	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		49,040	1.01
2.00	Capital DRG outlier payments		0	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)		103.91	3.00
4.00	Number of interns & residents (see instructions)		12.56	4.00
5.00	Indirect medical education percentage (see instructions)		3.47	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		105,935	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.92	8.00
9.00	Sum of lines 7 and 8		25.94	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.39	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		164,551	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,323,375	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