

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: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/26/2015 8:47 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/26/2015 Time: 8:47 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARGARET'S HOSPITAL (140143) 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	202,544	-2,760	-79,135	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	48	0	0	0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
200.00 Total	0	202,592	-2,760	-79,135	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet S-2 Part I Date/Time Prepared: 2/26/2015 5:18 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 600 EAST FIRST ST	PO Box:							1.00	
2.00	City: SPRING VALLEY	State: IL		Zip Code: 61362		County: BUREAU			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. MARGARET'S HOSPITAL	140143	99914	1	07/01/1966	N	P	P	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	ST. MARGARET'S HOSPITAL	14U143	99914		06/23/2003	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST. MARGARET'S HOSPITAL	141595	99914		07/07/1998				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)					1			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)								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.					2	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.	0	0	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.						2		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.						2		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.	1				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.	10/01/2013	09/30/2014			38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	N			39.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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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	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		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		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			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.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		508,281	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		Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		35H002	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/26/2015 5:18 am			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SISTERS MARY OF THE PRESENTATION HC	Contractor's Name: NORIDIAN ADMIN SVC		Contractor's Number: 03001			
142.00	Street: 1202 PAGE DR SW PO BOX 10007	PO Box:					
143.00	City: FARGO	State: ND		Zip Code: 58106-0007			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00			
				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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	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)				0.75	169.00	
				Beginning		Ending	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2013	09/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/26/2015 5:18 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				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	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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	01/19/2015	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.	Y		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:	Y	PIP PYMTS WERE ENTERED AS PAYMENT.	N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140143

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

Worksheet S-2
Part II
Date/Time Prepared:
2/26/2015 5:18 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 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.	DON	TROGLIO		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. MARGARET'S HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-664-1328	DTROGLIO@ABOUTSMG.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)	01/19/2015	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 OF ACCOUNTING	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: 140143

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	63	22,995	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)		63	22,995	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		69	25,185	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	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	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		69				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: 140143

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	3,618	477	5,801			1.00
2.00 HMO and other (see instructions)	499	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	116	0	142			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,734	477	5,943			7.00
8.00 INTENSIVE CARE UNIT	453	35	773			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		230	607			13.00
14.00 Total (see instructions)	4,187	742	7,323	0.00	514.24	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	6.79	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	521.03	27.00
28.00 Observation Bed Days		379	1,968			28.00
29.00 Ambulance Trips	308					29.00
30.00 Employee discount days (see instruction)			24			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	36	112			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: 140143

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

Worksheet S-3
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,045	334	1,941	1.00
2.00 HMO and other (see instructions)				77	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,045	334	1,941	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							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						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: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet S-3 Part II Date/Time Prepared: 2/26/2015 5:18 am	
	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	30,219,622	0	30,219,622	1,079,642.75	27.99	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	7,075,779	7,075,779	41,304.00	171.31	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,187,549	119,023	1,306,572	54,559.94	23.95	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		291,114	0	291,114	4,372.00	66.59	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		827,301	0	827,301	4,931.00	167.78	13.00
14.00	Home office salaries & wage-related costs		1,150,886	0	1,150,886	7,758.00	148.35	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)		5,473,394	0	5,473,394			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		253,977	0	253,977			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		204,334	0	204,334			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	169,126	0	169,126	7,067.00	23.93	26.00
27.00	Administrative & General	5.00	2,451,303	-119,023	2,332,280	111,835.83	20.85	27.00
28.00	Administrative & General under contract (see inst.)		113,671	0	113,671	479.20	237.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	364,035	0	364,035	20,361.50	17.88	30.00
31.00	Laundry & Linen Service	8.00	0	32,884	32,884	3,203.25	10.27	31.00
32.00	Housekeeping	9.00	394,062	-32,884	361,178	33,474.80	10.79	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	713,968	-502,776	211,192	15,112.33	13.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	502,776	502,776	35,977.37	13.97	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	843,091	0	843,091	23,955.55	35.19	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140143

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

Worksheet S-3
Part II
Date/Time Prepared:
2/26/2015 5:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	1,228,718	0	1,228,718	48,737.25	25.21 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: 140143

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

Worksheet S-3
Part III
Date/Time Prepared:
2/26/2015 5:18 am

	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)	30,333,293	-7,075,779	23,257,514	1,038,817.95	22.39	1.00
2.00	Excluded area salaries (see instructions)	1,187,549	119,023	1,306,572	54,559.94	23.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,145,744	-7,194,802	21,950,942	984,258.01	22.30	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,269,301	0	2,269,301	17,061.00	133.01	4.00
5.00	Subtotal wage-related costs (see inst.)	5,473,394	0	5,473,394	0.00	24.93	5.00
6.00	Total (sum of lines 3 thru 5)	36,888,439	-7,194,802	29,693,637	1,001,319.01	29.65	6.00
7.00	Total overhead cost (see instructions)	6,277,974	-119,023	6,158,951	300,204.08	20.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/26/2015 5:18 am
				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)		700,456	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		2,561,802	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		173,960	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		23,017	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,979	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		122,893	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		338,024	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		1,490,823	17.00
18.00	Medicare Taxes - Employers Portion Only		429,268	18.00
19.00	Unemployment Insurance		74,039	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		14,444	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,931,705	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: 140143

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

Worksheet S-3
Part V
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140143

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

Worksheet S-7

Date/Time Prepared:
2/26/2015 5:18 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	06/23/2003	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	27	27	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	6	6	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	5	5	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	3	3	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	11	11	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	17	17	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	1	1	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	2	2	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	11	11	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	11	11	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	6	6	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	11	11	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140143

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

Worksheet S-7

Date/Time Prepared:
2/26/2015 5:18 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	5	5	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	116	116	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99914	99914	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140143 Component CCN: 141595	Period: From 10/01/2013 To 09/30/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 2/26/2015 5:18 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	4,193	0	0	0	336	4,529	2.00
3.00	Inpatient Respite Care	11	0	0	0	0	11	3.00
4.00	General Inpatient Care	12	143	0	0	245	400	4.00
5.00	Total Hospice Days	4,216	143	0	0	581	4,940	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	95	2	0	0	10	107	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)	44.38	71.50	0.00	0.00	58.10	46.17	8.00
9.00	Unduplicated Census Count	94	2	0	0	8	104	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/26/2015 5:18 am	
				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)			0.339753	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			2,306,127	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			19,006,730	6.00
7.00	Medicaid cost (line 1 times line 6)			6,457,594	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			4,151,467	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			151,780	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,151,467	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	1,467,694	537,341	2,005,035	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	498,653	182,563	681,216	21.00
22.00	Partial payment by patients approved for charity care	74,166	135,124	209,290	22.00
23.00	Cost of charity care (line 21 minus line 22)	424,487	47,439	471,926	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,855,631	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			216,951	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			2,638,680	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			896,499	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,368,425	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,519,892	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

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

Worksheet A
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,336,684	2,336,684	-134,627	2,202,057	1.00
1.01	00101		52,213	52,213	0	52,213	1.01
2.00	00200		2,613,887	2,613,887	82,974	2,696,861	2.00
2.01	00201		0	0	0	0	2.01
3.00	00300		0	0	0	0	3.00
4.00	00400	169,126	5,978,428	6,147,554	0	6,147,554	4.00
5.00	00500	2,451,303	4,795,919	7,247,222	-114,146	7,133,076	5.00
7.00	00700	364,035	1,745,822	2,109,857	0	2,109,857	7.00
8.00	00800	0	150,156	150,156	32,884	183,040	8.00
9.00	00900	394,062	220,078	614,140	-32,884	581,256	9.00
10.00	01000	713,968	388,732	1,102,700	-776,531	326,169	10.00
11.00	01100	0	0	0	776,531	776,531	11.00
13.00	01300	843,091	56,279	899,370	0	899,370	13.00
16.00	01600	1,228,718	321,046	1,549,764	0	1,549,764	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,337,982	167,320	2,505,302	-71,378	2,433,924	30.00
31.00	03100	574,354	162,802	737,156	0	737,156	31.00
43.00	04300	77,829	96,956	174,785	0	174,785	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,964,789	3,634,851	5,599,640	0	5,599,640	50.00
52.00	05200	297,506	53,117	350,623	71,378	422,001	52.00
53.00	05300	0	918,417	918,417	0	918,417	53.00
54.00	05400	790,132	1,447,334	2,237,466	0	2,237,466	54.00
54.01	05402	104,707	245,537	350,244	0	350,244	54.01
57.00	05700	145,922	502,735	648,657	0	648,657	57.00
60.00	06000	901,477	2,118,436	3,019,913	0	3,019,913	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	368,363	368,363	0	368,363	63.00
65.00	06500	424,556	66,939	491,495	0	491,495	65.00
66.00	06600	1,159,446	115,193	1,274,639	0	1,274,639	66.00
67.00	06700	78,364	100,347	178,711	0	178,711	67.00
68.00	06800	66,229	2,065	68,294	0	68,294	68.00
69.00	06900	116,987	66,397	183,384	0	183,384	69.00
70.00	07000	64,765	18,886	83,651	0	83,651	70.00
71.00	07100	40,098	216,089	256,187	7,112	263,299	71.00
72.00	07200	0	3,160,502	3,160,502	0	3,160,502	72.00
73.00	07300	674,201	1,609,188	2,283,389	-7,112	2,276,277	73.00
76.00	03020	196,220	264,232	460,452	0	460,452	76.00
76.01	03021	0	0	0	203,383	203,383	76.01
76.02	03022	153,986	14,268	168,254	0	168,254	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
90.00	09000	11,963,111	2,277,708	14,240,819	425,147	14,665,966	90.00
91.00	09100	735,109	1,527,422	2,262,531	0	2,262,531	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	5,807	454,191	459,998	0	459,998	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	665,269	665,269	-665,269	0	113.00
114.00	11400	0	0	0	0	0	114.00
116.00	11600	362,316	273,360	635,676	0	635,676	116.00
118.00		29,400,196	39,207,168	68,607,364	-202,538	68,404,826	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	30,798	1,284	32,082	0	32,082	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	48,254	14,914	63,168	0	63,168	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	1,892	1,892	0	1,892	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	209,518	382,761	592,279	0	592,279	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

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

Worksheet A

Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	0	0	172,984	172,984	194.20
194.21 07971 OCCUPATIONAL HEALTH	491,016	198,478	689,494	29,554	719,048	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	292	292	0	292	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	0	0	194.27
194.28 07978 PAIN CLINIC	39,840	1,387	41,227	0	41,227	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 TOTAL (SUM OF LINES 118-199)	30,219,622	39,808,176	70,027,798	0	70,027,798	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

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

Worksheet A
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-52,308	2,149,749	1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT	0	52,213	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	9,634	2,706,495	2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP	95	95	2.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-875,837	5,271,717	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-211,081	6,921,995	5.00
7.00	00700	OPERATION OF PLANT	-1,800	2,108,057	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	183,040	8.00
9.00	00900	HOUSEKEEPING	0	581,256	9.00
10.00	01000	DIETARY	-4,475	321,694	10.00
11.00	01100	CAFETERIA	-191,801	584,730	11.00
13.00	01300	NURSING ADMINISTRATION	0	899,370	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,294	1,547,470	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,433,924	30.00
31.00	03100	INTENSIVE CARE UNIT	0	737,156	31.00
43.00	04300	NURSERY	-78,000	96,785	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,599,640	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	422,001	52.00
53.00	05300	ANESTHESIOLOGY	-702,332	216,085	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,237,466	54.00
54.01	05402	NUCLEAR MEDICINE	0	350,244	54.01
57.00	05700	CT SCAN	0	648,657	57.00
60.00	06000	LABORATORY	0	3,019,913	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	368,363	63.00
65.00	06500	RESPIRATORY THERAPY	0	491,495	65.00
66.00	06600	PHYSICAL THERAPY	-42,004	1,232,635	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	178,711	67.00
68.00	06800	SPEECH PATHOLOGY	0	68,294	68.00
69.00	06900	ELECTROCARDIOLOGY	-20,897	162,487	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-60	83,591	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	263,299	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,160,502	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-342,522	1,933,755	73.00
76.00	03020	SONOGRAPHY	-44,600	415,852	76.00
76.01	03021	AUDIOLOGY	0	203,383	76.01
76.02	03022	CARDIAC REHAB	0	168,254	76.02
76.03	03023	ECP	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	-7,102,412	7,563,554	90.00
91.00	09100	EMERGENCY	-1,094,135	1,168,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	459,998	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
116.00	11600	HOSPICE	0	635,676	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,756,829	57,647,997	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	194.00
194.01	07951	CONGREGATE LIVING	0	32,082	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICINE	0	0	194.02
194.03	07953	MANAGED CARE	0	63,168	194.03
194.04	07954	RENTAL AREA/PPOS	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	1,892	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	194.07
194.08	07958	ENT	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	592,279	194.09
194.10	07960	PERU MALL	0	0	194.10
194.11	07961	LADD	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	194.13
194.14	07964	HENRY	0	0	194.14
194.15	07965	LAMOILLE	0	0	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

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

Worksheet A
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	194.19
194.20	07970 PARATRANSIT	0	172,984	194.20
194.21	07971 OCCUPATIONAL HEALTH	0	719,048	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	292	194.24
194.25	07975 HENNEPIN CLINIC	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	194.26
194.27	07977 MIDTOWN	0	0	194.27
194.28	07978 PAIN CLINIC	0	41,227	194.28
194.29	07979 ADULT DAYCARE	0	0	194.29
194.30	07980 WHC-PTON	0	0	194.30
200.00	TOTAL (SUM OF LINES 118-199)	-10,756,829	59,270,969	200.00

RECLASSIFICATIONS

Provider CCN: 140143

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

Worksheet A-6

Date/Time Prepared:
2/26/2015 5:18 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - IV COSTS FROM PHARMACY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,112	1.00
	TOTALS		0	7,112	
B - DIETARY RECLASS					
1.00	CAFETERIA	11.00	502,776	273,755	1.00
	TOTALS		502,776	273,755	
C - LAUNDRY SALARIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	32,884	0	1.00
	TOTALS		32,884	0	
D - DEPRECIATION FOR OFF CAMPUS CLINICS					
1.00	CLINIC	90.00	0	628,530	1.00
2.00	OCCUPATIONAL HEALTH	194.21	0	29,554	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	658,084	
E - AUDIOLOGY COSTS					
1.00	AUDIOLOGY	76.01	0	203,383	1.00
	TOTALS		0	203,383	
F - INTEREST EXPENSE ON EQUIPMENT					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	82,974	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	58,838	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	523,457	3.00
	TOTALS		0	665,269	
G - PARATRANSIT COSTS					
1.00	PARATRANSIT	194.20	119,023	53,961	1.00
	TOTALS		119,023	53,961	
H - LABOR AND DELIVERY SALARIES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	71,378	0	1.00
	TOTALS		71,378	0	
500.00	Grand Total: Increases		726,061	1,861,564	500.00

RECLASSIFICATIONS

Provider CCN: 140143

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

Worksheet A-6

Date/Time Prepared:
2/26/2015 5:18 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - IV COSTS FROM PHARMACY							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,112	0		1.00
	TOTALS		0	7,112			
B - DIETARY RECLASS							
1.00	DIETARY	10.00	502,776	273,755	0		1.00
	TOTALS		502,776	273,755			
C - LAUNDRY SALARIES							
1.00	HOUSEKEEPING	9.00	32,884	0	0		1.00
	TOTALS		32,884	0			
D - DEPRECIATION FOR OFF CAMPUS CLINICS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	658,084	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
	TOTALS		0	658,084			
E - AUDIOLOGY COSTS							
1.00	CLINIC	90.00	0	203,383	0		1.00
	TOTALS		0	203,383			
F - INTEREST EXPENSE ON EQUIPMENT							
1.00	INTEREST EXPENSE	113.00	0	665,269	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
	TOTALS		0	665,269			
G - PARATRANSIT COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	119,023	53,961	0		1.00
	TOTALS		119,023	53,961			
H - LABOR AND DELIVERY SALARIES							
1.00	ADULTS & PEDIATRICS	30.00	71,378	0	0		1.00
	TOTALS		71,378	0			
500.00	Grand Total: Decreases		726,061	1,861,564			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

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

Worksheet A-7
Part I
Date/Time Prepared:
2/26/2015 5:18 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,464,302	0	0	0	1.00
2.00	Land Improvements	2,545,659	44,260	0	44,260	2.00
3.00	Buildings and Fixtures	55,873,421	2,968,874	0	2,968,874	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	25,147,642	2,608,267	0	2,608,267	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	86,031,024	5,621,401	0	5,621,401	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	86,031,024	5,621,401	0	5,621,401	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,464,302	0			1.00
2.00	Land Improvements	2,589,919	0			2.00
3.00	Buildings and Fixtures	58,511,901	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	27,615,824	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	91,181,946	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	91,181,946	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

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

Worksheet A-7
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,336,684	0	0	0	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	52,213	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,613,887	0	0	0	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	5,002,784	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,336,684				1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	52,213				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,613,887				2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	5,002,784				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

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

Worksheet A-7
Part III
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	62,482,827	0	62,482,827	0.685254	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	1,083,295	0	1,083,295	0.011881	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	27,605,145	0	27,605,145	0.302748	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	10,679	0	10,679	0.000117	0	2.01
3.00	Total (sum of lines 1-2)	91,181,946	0	91,181,946	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,678,600	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	52,213	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,623,521	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	95	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	4,354,429	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	NEW CAP REL COSTS-BLDG & FIXT	471,149	0	0	0	2,149,749	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	0	52,213	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	82,974	0	0	0	2,706,495	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	0	95	2.01
3.00	Total (sum of lines 1-2)	554,123	0	0	0	4,908,552	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140143

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

Worksheet A-8

Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-51,736	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - OLD CAP REL COSTS-BLDG & FIXT (chapter 2)			OLD CAP REL COSTS-BLDG & FIXT		1.01	0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
2.01 Investment income - OLD CAP REL COSTS-MVBLE EQUIP (chapter 2)			OLD CAP REL COSTS-MVBLE EQUIP		2.01	0	2.01
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-6,489	ADMINISTRATIVE & GENERAL		5.00	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)	A	-1,800	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,246,770				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	-75,586				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-191,801	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-342,522	DRUGS CHARGED TO PATIENTS		73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-2,294	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-4,475	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - OLD CAP REL COSTS-BLDG & FIXT			OLD CAP REL COSTS-BLDG & FIXT		1.01	0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
27.01 Depreciation - OLD CAP REL COSTS-MVBLE EQUIP			OLD CAP REL COSTS-MVBLE EQUIP		2.01	0	27.01
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00	0	29.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00			0		0.00	0	33.00
33.01 OUTSIDE PHYSICAL THERAPY	B	-42,004		PHYSICAL THERAPY	66.00	0	33.01
33.03 OB COMMISSIONS	B	-181		ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 HOME OFFICE OPERATING INTEREST INCOM	B	-572		NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.04
33.06 PATIENT PHONES	A	-22,698		ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 PATIENT PHONES DEPRECIATION	A	-6,002		NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.07
33.10 MISC INCOME	B	-3,335		ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 PHYSICIAN RECRUITMENT	A	-57,612		ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 EMPLOYEE HEALTH	A	-671,503		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13			0		0.00	0	33.13
33.15 ADMIN COSTS FOR POB	A	1,784		ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16			0		0.00	0	33.16
33.17 LOBBYING PORTION OF IHHA DUES	A	-30,233		ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18			0		0.00	0	33.18
34.00 MISC REVENUE	B	-1,000		ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00			0		0.00	0	35.00
36.00			0		0.00	0	36.00
37.00			0		0.00	0	37.00
38.00			0		0.00	0	38.00
39.00			0		0.00	0	39.00
40.00			0		0.00	0	40.00
41.00			0		0.00	0	41.00
42.00			0		0.00	0	42.00
43.00			0		0.00	0	43.00
44.00			0		0.00	0	44.00
45.00			0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,756,829					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140143

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2015 5:18 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,231,351	1,318,668 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SISTERS SALARIES	0	4,000 2.00
3.00	2.01	OLD CAP REL COSTS-MVBLE EQUI	OLD CAPITAL COSTS	95	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL COSTS	15,636	0 4.00
5.00	0		0	1,247,082	1,322,668 5.00

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

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

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

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

6.00	B		0.00	SRS OF MARY OF THE PRES	100.00	6.00
7.00	G	SMP HEALTH CORP	0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL				100.00

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

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

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

Provider CCN: 140143

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

Worksheet A-8-1

Date/Time Prepared:
2/26/2015 5:18 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-87,317	0		1.00
2.00	-4,000	0		2.00
3.00	95	9		3.00
4.00	15,636	9		4.00
5.00	-75,586			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	RELIGIOUS COMMUNITY		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140143

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

Worksheet A-8-2

Date/Time Prepared:
2/26/2015 5:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	ANESTHESIOLOGY	731,000	605,969	125,031	167,500	356	1.00
2.00	91.00	EMERGENCY	1,393,933	697,663	696,270	142,500	4,376	2.00
3.00	43.00	NURSERY	78,000	78,000	0	0	0	3.00
4.00	60.00	LABORATORY	35,000	0	35,000	208,000	520	4.00
5.00	69.00	ELECTROCARDIOLOGY	20,897	20,897	0	0	0	5.00
6.00	76.00	SONOGRAPHY	44,600	44,600	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	60	60	0	0	0	7.00
8.00	90.00	CLINIC	7,075,779	7,075,779	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	204,334	204,334	0	0	0	9.00
10.00	90.00	CLINIC	26,633	26,633	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	2,500	0	2,500	159,800	200	11.00
200.00			9,612,736	8,753,935	858,801		5,452	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	53.00	ANESTHESIOLOGY	28,668	1,433	0	0	0	1.00
2.00	91.00	EMERGENCY	299,798	14,990	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	52,000	2,600	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	76.00	SONOGRAPHY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	90.00	CLINIC	0	0	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	15,365	768	0	0	0	11.00
200.00			395,831	19,791	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	53.00	ANESTHESIOLOGY	0	28,668	96,363	702,332		1.00
2.00	91.00	EMERGENCY	0	299,798	396,472	1,094,135		2.00
3.00	43.00	NURSERY	0	0	0	78,000		3.00
4.00	60.00	LABORATORY	0	52,000	0	0		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	20,897		5.00
6.00	76.00	SONOGRAPHY	0	0	0	44,600		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	60		7.00
8.00	90.00	CLINIC	0	0	0	7,075,779		8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	204,334		9.00
10.00	90.00	CLINIC	0	0	0	26,633		10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	0	15,365	0	0		11.00
200.00			0	395,831	492,835	9,246,770		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	2,149,749	2,149,749				1.00
1.01 00101 OLD CAP REL COSTS-BLDG & FIXT	52,213	0	52,213			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,706,495			2,706,495		2.00
2.01 00201 OLD CAP REL COSTS-MVBLE EQUIP	95			0	95	2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,271,717	8,073	196	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	6,921,995	646,299	15,699	966,019	95	5.00
7.00 00700 OPERATION OF PLANT	2,108,057	223,962	5,440	65,285	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	183,040	5,796	141	0	0	8.00
9.00 00900 HOUSEKEEPING	581,256	23,133	562	195	0	9.00
10.00 01000 DIETARY	321,694	59,529	1,446	27,132	0	10.00
11.00 01100 CAFETERIA	584,730	19,782	480	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	899,370	23,899	580	926	0	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,547,470	30,622	744	21,371	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,433,924	183,507	4,457	79,243	0	30.00
31.00 03100 INTENSIVE CARE UNIT	737,156	37,192	903	13,635	0	31.00
43.00 04300 NURSERY	96,785	8,913	216	50,646	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,599,640	206,472	5,015	830,512	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	422,001	4,489	109	7,211	0	52.00
53.00 05300 ANESTHESIOLOGY	216,085	1,686	41	9,215	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,237,466	53,769	1,306	195,347	0	54.00
54.01 05402 NUCLEAR MEDICINE	350,244	9,168	223	45,324	0	54.01
57.00 05700 CT SCAN	648,657	4,745	115	3,181	0	57.00
60.00 06000 LABORATORY	3,019,913	28,534	693	59,031	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	368,363	1,708	41	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	491,495	8,541	207	21,715	0	65.00
66.00 06600 PHYSICAL THERAPY	1,232,635	75,785	1,841	3,804	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	178,711	285	7	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	68,294	1,285	31	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	162,487	964	23	29,249	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	83,591	9,723	236	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	263,299	56,835	1,380	56,403	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,160,502	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,933,755	20,877	507	16,330	0	73.00
76.00 03020 SONOGRAPHY	415,852	3,905	95	25,892	0	76.00
76.01 03021 AUDIOLOGY	203,383	0	0	0	0	76.01
76.02 03022 CARDIAC REHAB	168,254	10,884	264	8,641	0	76.02
76.03 03023 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 09000 CLINIC	7,563,554	123,803	3,007	137,417	0	90.00
91.00 09100 EMERGENCY	1,168,396	40,170	976	1,493	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	459,998	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
116.00 11600 HOSPICE	635,676	7,110	173	930	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	57,647,997	1,941,445	47,154	2,676,147	95	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,745	237	0	0	190.00
194.00 07950 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 07951 CONGREGATE LIVING	32,082	96,896	2,353	0	0	194.01
194.02 07952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 07953 MANAGED CARE	63,168	0	0	0	0	194.03
194.04 07954 RENTAL AREA/PPOS	0	80,494	1,955	0	0	194.04
194.05 07955 SPECIALTY CLINICS	1,892	0	0	1,542	0	194.05
194.06 07956 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 07957 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 07958 ENT	0	0	0	0	0	194.08
194.09 07959 DURABLE MEDICAL EQUIPMENT	592,279	21,169	514	2,902	0	194.09
194.10 07960 PERU MALL	0	0	0	0	0	194.10
194.11 07961 LADD	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

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

Worksheet B
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
	0	1.00	1.01	2.00	2.01	
194.12 07962 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	0 194.12
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	0 194.13
194.14 07964 HENRY	0	0	0	0	0	0 194.14
194.15 07965 LAMOILLE	0	0	0	0	0	0 194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	0 194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	0 194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	0 194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	0 194.19
194.20 07970 PARATRANSIT	172,984	0	0	21,971	0	0 194.20
194.21 07971 OCCUPATIONAL HEALTH	719,048	0	0	0	0	0 194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	0 194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.23
194.24 07974 SURGICAL ASSOCIATES	292	0	0	0	0	0 194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	0 194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	0 194.26
194.27 07977 MIDTOWN	0	0	0	3,933	0	0 194.27
194.28 07978 PAIN CLINIC	41,227	0	0	0	0	0 194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	0 194.29
194.30 07980 WHC-PTON	0	0	0	0	0	0 194.30
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)	59,270,969	2,149,749	52,213	2,706,495	95	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part I Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	4A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,279,986					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	535,853	9,085,960	9,085,960			5.00
7.00	00700	OPERATION OF PLANT	83,639	2,486,383	450,157	2,936,540		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,555	196,532	35,582	13,387	245,501	8.00
9.00	00900	HOUSEKEEPING	82,982	688,128	124,585	53,429	0	9.00
10.00	01000	DIETARY	48,522	458,323	82,979	137,492	0	10.00
11.00	01100	CAFETERIA	115,515	720,507	130,447	45,690	0	11.00
13.00	01300	NURSING ADMINISTRATION	193,704	1,118,479	202,500	55,199	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	282,304	1,882,511	340,827	70,727	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	520,764	3,221,895	583,321	423,839	159,658	30.00
31.00	03100	INTENSIVE CARE UNIT	131,961	920,847	166,718	85,901	13,085	31.00
43.00	04300	NURSERY	17,882	174,442	31,583	20,586	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	451,420	7,093,059	1,284,191	476,879	26,023	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	84,753	518,563	93,885	10,369	0	52.00
53.00	05300	ANESTHESIOLOGY	0	227,027	41,103	3,895	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,537	2,669,425	483,297	124,189	16,375	54.00
54.01	05402	NUCLEAR MEDICINE	24,057	429,016	77,673	21,176	0	54.01
57.00	05700	CT SCAN	33,526	690,224	124,964	10,959	3,266	57.00
60.00	06000	LABORATORY	207,119	3,315,290	600,230	65,905	122	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	370,112	67,008	3,945	0	63.00
65.00	06500	RESPIRATORY THERAPY	97,544	619,502	112,160	19,726	479	65.00
66.00	06600	PHYSICAL THERAPY	266,389	1,580,454	286,140	175,039	13,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	18,005	197,008	35,668	658	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,216	84,826	15,358	2,967	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,878	219,601	39,759	2,225	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,880	108,430	19,631	22,457	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,213	387,130	70,089	131,270	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,160,502	572,206	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	154,901	2,126,370	384,977	48,219	0	73.00
76.00	03020	SONOGRAPHY	45,083	490,827	88,864	9,020	0	76.00
76.01	03021	AUDIOLOGY	0	203,383	36,822	0	0	76.01
76.02	03022	CARDIAC REHAB	35,379	223,422	40,450	25,138	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,124,319	8,952,100	1,620,783	285,942	0	90.00
91.00	09100	EMERGENCY	168,895	1,379,930	249,835	92,780	13,085	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,334	461,332	83,524	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00	11600	HOSPICE	83,244	727,133	131,647	16,421	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,064,373	57,188,673	8,708,963	2,455,429	245,178	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,982	1,807	22,508	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	07951	CONGREGATE LIVING	7,076	138,407	25,058	223,797	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	07953	MANAGED CARE	11,087	74,255	13,444	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	82,449	14,927	185,913	0	194.04
194.05	07955	SPECIALTY CLINICS	0	3,434	622	0	323	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	48,138	665,002	120,398	48,893	0	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	07964	HENRY	0	0	0	0	0	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

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

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Part I
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20	07970 PARATRANSIT	27,346	222,301	40,247	0	0	194.20
194.21	07971 OCCUPATIONAL HEALTH	112,813	831,861	150,608	0	0	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	292	53	0	0	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27	07977 MIDTOWN	0	3,933	712	0	0	194.27
194.28	07978 PAIN CLINIC	9,153	50,380	9,121	0	0	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	0	0	0	0	194.30
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,279,986	59,270,969	9,085,960	2,936,540	245,501	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
			9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
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	866,142					9.00
10.00	01000	DIETARY	42,999	721,793				10.00
11.00	01100	CAFETERIA	34,309	0	930,953			11.00
13.00	01300	NURSING ADMINISTRATION	25,785	0	35,645	1,437,608		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,114	0	108,687	0	2,454,866	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	330,961	469,505	196,592	638,938	133,378	30.00
31.00	03100	INTENSIVE CARE UNIT	42,645	78,642	37,396	121,494	18,988	31.00
43.00	04300	NURSERY	3,920	0	9,833	31,900	7,419	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,949	27,124	134,015	435,527	404,574	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,285	0	20,113	65,330	10,777	52.00
53.00	05300	ANESTHESIOLOGY	708	0	0	0	88,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,620	0	56,429	0	153,624	54.00
54.01	05402	NUCLEAR MEDICINE	1,558	0	8,045	0	26,184	54.01
57.00	05700	CT SCAN	1,558	0	5,364	0	187,781	57.00
60.00	06000	LABORATORY	17,261	0	70,434	0	336,850	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,818	0	0	0	8,866	63.00
65.00	06500	RESPIRATORY THERAPY	4,179	0	25,812	0	38,071	65.00
66.00	06600	PHYSICAL THERAPY	8,595	0	0	0	100,986	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	12,586	67.00
68.00	06800	SPEECH PATHOLOGY	1,558	0	0	0	3,567	68.00
69.00	06900	ELECTROCARDIOLOGY	2,692	0	7,151	0	49,510	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	614	0	6,183	614	12,018	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,179	0	5,364	0	123,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	68,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,261	0	30,803	0	83,610	73.00
76.00	03020	SONOGRAPHY	1,558	0	10,615	0	64,281	76.00
76.01	03021	AUDIOLOGY	1,558	0	0	0	5,398	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	9,701	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	61,867	0	69,932	90.00
91.00	09100	EMERGENCY	17,261	0	44,436	144,419	94,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,132	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	0	0	25,291	0	26,677	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	726,945	575,271	900,075	1,437,608	2,146,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,558	0	0	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	64,497	194.00
194.01	07951	CONGREGATE LIVING	0	146,522	3,166	0	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	33,386	194.02
194.03	07953	MANAGED CARE	0	0	3,278	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	137,639	0	0	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	0	0	0	7,017	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	18,349	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	0	0	0	5,697	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	47,127	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	31,742	194.13
194.14	07964	HENRY	0	0	0	0	2,497	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

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

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	10,528	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	3,942	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	31,605	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	5,233	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	24,434	0	7,971	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	0	35,097	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	245	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	3,199	194.30
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)	866,142	721,793	930,953	1,437,608	2,454,866	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
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To 09/30/2014

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	6,158,087	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485,716	0	31.00
43.00	04300	NURSERY	0	279,683	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	9,950,341	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	736,322	0	52.00
53.00	05300	ANESTHESIOLOGY	0	361,674	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,528,959	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	563,652	0	54.01
57.00	05700	CT SCAN	0	1,024,116	0	57.00
60.00	06000	LABORATORY	0	4,406,092	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	451,749	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	819,929	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,164,299	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	245,920	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	108,276	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	320,938	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	169,333	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	721,641	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,801,601	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,691,240	0	73.00
76.00	03020	SONOGRAPHY	0	665,165	0	76.00
76.01	03021	AUDIOLOGY	0	247,161	0	76.01
76.02	03022	CARDIAC REHAB	0	298,711	0	76.02
76.03	03023	ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	0	10,990,624	0	90.00
91.00	09100	EMERGENCY	0	2,036,127	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	550,988	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
116.00	11600	HOSPICE	0	927,169	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	55,705,513	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,855	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	64,497	0	194.00
194.01	07951	CONGREGATE LIVING	0	536,950	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	33,386	0	194.02
194.03	07953	MANAGED CARE	0	90,977	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	420,928	0	194.04
194.05	07955	SPECIALTY CLINICS	0	11,396	0	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	194.07
194.08	07958	ENT	0	18,349	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	839,990	0	194.09
194.10	07960	PERU MALL	0	0	0	194.10
194.11	07961	LADD	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	47,127	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	31,742	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 09/30/2014

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
194.14	07964 HENRY	0	2,497	0	2,497	194.14
194.15	07965 LAMOI LLE	0	0	0	0	194.15
194.16	07966 SPRING VALLEY CLINIC	0	10,528	0	10,528	194.16
194.17	07967 OGLESBY MP OB	0	3,942	0	3,942	194.17
194.18	07968 FAMILY HEALTH CENTER	0	31,605	0	31,605	194.18
194.19	07969 GRANVILLE CLINIC	0	5,233	0	5,233	194.19
194.20	07970 PARATRANSIT	0	262,548	0	262,548	194.20
194.21	07971 OCCUPATIONAL HEALTH	0	1,014,874	0	1,014,874	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	345	0	345	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	194.26
194.27	07977 MIDTOWN	0	39,742	0	39,742	194.27
194.28	07978 PAIN CLINIC	0	59,746	0	59,746	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	3,199	0	3,199	194.30
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	59,270,969	0	59,270,969	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

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

Worksheet B
Part II
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Cost Center Description		CAPITAL RELATED COSTS					
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP		OLD MVBLE EQUIP
			0	1.00	1.01		2.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,073	196	0	
5.00	00500	ADMINISTRATIVE & GENERAL	20,883	646,299	15,699	966,019	
7.00	00700	OPERATION OF PLANT	880	223,962	5,440	65,285	
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,796	141	0	
9.00	00900	HOUSEKEEPING	4,005	23,133	562	195	
10.00	01000	DIETARY	0	59,529	1,446	27,132	
11.00	01100	CAFETERIA	0	19,782	480	0	
13.00	01300	NURSING ADMINISTRATION	0	23,899	580	926	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	30,622	744	21,371	
17.00	01700	SOCIAL SERVICE	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,884	183,507	4,457	79,243	
31.00	03100	INTENSIVE CARE UNIT	70,091	37,192	903	13,635	
43.00	04300	NURSERY	0	8,913	216	50,646	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	154,243	206,472	5,015	830,512	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,489	109	7,211	
53.00	05300	ANESTHESIOLOGY	29,484	1,686	41	9,215	
54.00	05400	RADIOLOGY-DIAGNOSTIC	382,028	53,769	1,306	195,347	
54.01	05402	NUCLEAR MEDICINE	0	9,168	223	45,324	
57.00	05700	CT SCAN	370,683	4,745	115	3,181	
60.00	06000	LABORATORY	0	28,534	693	59,031	
60.01	06001	BLOOD LABORATORY	0	0	0	0	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,708	41	0	
65.00	06500	RESPIRATORY THERAPY	9,456	8,541	207	21,715	
66.00	06600	PHYSICAL THERAPY	15,915	75,785	1,841	3,804	
67.00	06700	OCCUPATIONAL THERAPY	0	285	7	0	
68.00	06800	SPEECH PATHOLOGY	0	1,285	31	0	
69.00	06900	ELECTROCARDIOLOGY	0	964	23	29,249	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,723	236	0	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	56,835	1,380	56,403	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	
73.00	07300	DRUGS CHARGED TO PATIENTS	16,956	20,877	507	16,330	
76.00	03020	SONOGRAPHY	0	3,905	95	25,892	
76.01	03021	AUDIOLOGY	0	0	0	0	
76.02	03022	CARDIAC REHAB	0	10,884	264	8,641	
76.03	03023	ECP	0	0	0	0	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	
90.00	09000	CLINIC	14,133	123,803	3,007	137,417	
91.00	09100	EMERGENCY	30,169	40,170	976	1,493	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
116.00	11600	HOSPICE	38,303	7,110	173	930	
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,174,113	1,941,445	47,154	2,676,147	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,745	237	0	
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	
194.01	07951	CONGREGATE LIVING	0	96,896	2,353	0	
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICINE	0	0	0	0	
194.03	07953	MANAGED CARE	0	0	0	0	
194.04	07954	RENTAL AREA/PPOS	0	80,494	1,955	0	
194.05	07955	SPECIALTY CLINICS	0	0	0	1,542	
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	
194.08	07958	ENT	0	0	0	0	
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	21,169	514	2,902	
194.10	07960	PERU MALL	0	0	0	0	
194.11	07961	LADD	0	0	0	0	
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

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

Worksheet B
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	0	0	21,971	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	0	0	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	3,933	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,174,113	2,149,749	52,213	2,706,495	95	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/26/2015 5:18 am				
Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		2A	4.00	5.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP					2.01	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,269	8,269			4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,648,995	840	1,649,835		5.00	
7.00	00700	OPERATION OF PLANT	295,567	131	81,740	377,438	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	5,937	12	6,461	1,721	14,131	8.00
9.00	00900	HOUSEKEEPING	27,895	130	22,622	6,867	0	9.00
10.00	01000	DIETARY	88,107	76	15,067	17,672	0	10.00
11.00	01100	CAFETERIA	20,262	181	23,687	5,873	0	11.00
13.00	01300	NURSING ADMINISTRATION	25,405	304	36,770	7,095	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	52,737	442	61,888	9,091	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	284,091	816	105,920	54,477	9,189	30.00
31.00	03100	INTENSIVE CARE UNIT	121,821	207	30,273	11,041	753	31.00
43.00	04300	NURSERY	59,775	28	5,735	2,646	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,196,242	707	233,184	61,292	1,498	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,809	133	17,048	1,333	0	52.00
53.00	05300	ANESTHESIOLOGY	40,426	0	7,464	501	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	632,450	284	87,757	15,962	943	54.00
54.01	05402	NUCLEAR MEDICINE	54,715	38	14,104	2,722	0	54.01
57.00	05700	CT SCAN	378,724	53	22,691	1,409	188	57.00
60.00	06000	LABORATORY	88,258	325	108,990	8,471	7	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,749	0	12,167	507	0	63.00
65.00	06500	RESPIRATORY THERAPY	39,919	153	20,366	2,535	28	65.00
66.00	06600	PHYSICAL THERAPY	97,345	417	51,957	22,498	753	66.00
67.00	06700	OCCUPATIONAL THERAPY	292	28	6,477	85	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	24	2,789	381	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30,236	42	7,219	286	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,959	23	3,565	2,886	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	114,618	14	12,727	16,872	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	103,902	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,670	243	69,904	6,198	0	73.00
76.00	03020	SONOGRAPHY	29,892	71	16,136	1,159	0	76.00
76.01	03021	AUDIOLOGY	0	0	6,686	0	0	76.01
76.02	03022	CARDIAC REHAB	19,789	55	7,345	3,231	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	278,360	1,758	294,304	36,753	0	90.00
91.00	09100	EMERGENCY	72,808	265	45,365	11,925	753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2	15,166	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	46,516	130	23,904	2,111	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,838,954	7,932	1,581,380	315,600	14,112	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,982	0	328	2,893	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	07951	CONGREGATE LIVING	99,249	11	4,550	28,765	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	07953	MANAGED CARE	0	17	2,441	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	82,449	0	2,711	23,896	0	194.04
194.05	07955	SPECIALTY CLINICS	1,542	0	113	0	19	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	24,585	75	21,862	6,284	0	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	07964	HENRY	0	0	0	0	0	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		2A	4.00	5.00	7.00	8.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20	07970 PARATRANSIT	21,971	43	7,308	0	0	194.20
194.21	07971 OCCUPATIONAL HEALTH	0	177	27,347	0	0	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	0	10	0	0	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27	07977 MIDDTOWN	3,933	0	129	0	0	194.27
194.28	07978 PAIN CLINIC	0	14	1,656	0	0	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	0	0	0	0	194.30
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,082,665	8,269	1,649,835	377,438	14,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
			9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
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	57,514					9.00
10.00	01000	DIETARY	2,855	123,777				10.00
11.00	01100	CAFETERIA	2,278	0	52,281			11.00
13.00	01300	NURSING ADMINISTRATION	1,712	0	2,002	73,288		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,460	0	6,104	0	133,722	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,979	80,514	11,041	32,573	7,262	30.00
31.00	03100	INTENSIVE CARE UNIT	2,832	13,486	2,100	6,194	1,034	31.00
43.00	04300	NURSERY	260	0	552	1,626	404	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,578	4,651	7,526	22,203	22,091	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,148	0	1,130	3,330	587	52.00
53.00	05300	ANESTHESIOLOGY	47	0	0	0	4,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,701	0	3,169	0	8,364	54.00
54.01	05402	NUCLEAR MEDICINE	103	0	452	0	1,426	54.01
57.00	05700	CT SCAN	103	0	301	0	10,224	57.00
60.00	06000	LABORATORY	1,146	0	3,955	0	18,340	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	121	0	0	0	483	63.00
65.00	06500	RESPIRATORY THERAPY	278	0	1,450	0	2,073	65.00
66.00	06600	PHYSICAL THERAPY	571	0	0	0	5,498	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	685	67.00
68.00	06800	SPEECH PATHOLOGY	103	0	0	0	194	68.00
69.00	06900	ELECTROCARDIOLOGY	179	0	402	0	2,696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	41	0	347	41	654	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	278	0	301	0	6,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,751	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,146	0	1,730	0	4,552	73.00
76.00	03020	SONOGRAPHY	103	0	596	0	3,500	76.00
76.01	03021	AUDIOLOGY	103	0	0	0	294	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	528	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	3,474	0	3,808	90.00
91.00	09100	EMERGENCY	1,146	0	2,495	7,362	5,139	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	334	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	0	0	1,420	0	1,452	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,271	98,651	50,547	73,288	116,945	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	103	0	0	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	3,512	194.00
194.01	07951	CONGREGATE LIVING	0	25,126	178	0	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	1,818	194.02
194.03	07953	MANAGED CARE	0	0	184	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	9,140	0	0	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	0	0	0	382	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	999	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	0	0	0	310	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	2,566	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	1,728	194.13
194.14	07964	HENRY	0	0	0	0	136	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

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

Worksheet B
Part II
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	573	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	215	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	1,721	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	285	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	1,372	0	434	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	0	1,911	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	13	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	174	194.30
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)	57,514	123,777	52,281	73,288	133,722	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2013
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Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01
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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	607,862	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	189,741	0	31.00
43.00	04300	NURSERY	0	71,026	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,553,972	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,518	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53,280	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	750,630	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	73,560	0	54.01
57.00	05700	CT SCAN	0	413,693	0	57.00
60.00	06000	LABORATORY	0	229,492	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	15,027	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	66,802	0	65.00
66.00	06600	PHYSICAL THERAPY	0	179,039	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,567	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,807	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,060	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	17,475	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	151,540	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	107,653	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	138,443	0	73.00
76.00	03020	SONOGRAPHY	0	51,457	0	76.00
76.01	03021	AUDIOLOGY	0	7,083	0	76.01
76.02	03022	CARDIAC REHAB	0	30,948	0	76.02
76.03	03023	ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	0	618,457	0	90.00
91.00	09100	EMERGENCY	0	147,258	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	15,502	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
116.00	11600	HOSPICE	0	75,533	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	5,655,425	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,306	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	3,512	0	194.00
194.01	07951	CONGREGATE LIVING	0	157,879	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	1,818	0	194.02
194.03	07953	MANAGED CARE	0	2,642	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	118,196	0	194.04
194.05	07955	SPECIALTY CLINICS	0	2,056	0	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	194.07
194.08	07958	ENT	0	999	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	53,116	0	194.09
194.10	07960	PERU MALL	0	0	0	194.10
194.11	07961	LADD	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	2,566	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	1,728	0	194.13

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
194.14	07964 HENRY	0	136	0	136		194.14
194.15	07965 LAMOI LLE	0	0	0	0		194.15
194.16	07966 SPRING VALLEY CLINIC	0	573	0	573		194.16
194.17	07967 OGLESBY MP OB	0	215	0	215		194.17
194.18	07968 FAMILY HEALTH CENTER	0	1,721	0	1,721		194.18
194.19	07969 GRANVILLE CLINIC	0	285	0	285		194.19
194.20	07970 PARATRANSIT	0	29,322	0	29,322		194.20
194.21	07971 OCCUPATIONAL HEALTH	0	29,330	0	29,330		194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0		194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.23
194.24	07974 SURGICAL ASSOCIATES	0	10	0	10		194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0		194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0		194.26
194.27	07977 MIDTOWN	0	5,973	0	5,973		194.27
194.28	07978 PAIN CLINIC	0	1,683	0	1,683		194.28
194.29	07979 ADULT DAYCARE	0	0	0	0		194.29
194.30	07980 WHC-PTON	0	174	0	174		194.30
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	6,082,665	0	6,082,665		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
		NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	2.00	2.01		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	294,499				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT	0	294,499			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2,614,696		2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP			0	95	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,106	1,106	0	0	22,980,980
5.00	00500	ADMINISTRATIVE & GENERAL	88,538	88,538	933,253	95	2,332,280
7.00	00700	OPERATION OF PLANT	30,681	30,681	63,071	0	364,035
8.00	00800	LAUNDRY & LINEN SERVICE	794	794	0	0	32,884
9.00	00900	HOUSEKEEPING	3,169	3,169	188	0	361,178
10.00	01000	DIETARY	8,155	8,155	26,212	0	211,192
11.00	01100	CAFETERIA	2,710	2,710	0	0	502,776
13.00	01300	NURSING ADMINISTRATION	3,274	3,274	895	0	843,091
16.00	01600	MEDICAL RECORDS & LIBRARY	4,195	4,195	20,646	0	1,228,718
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,139	25,139	76,555	0	2,266,604
31.00	03100	INTENSIVE CARE UNIT	5,095	5,095	13,173	0	574,354
43.00	04300	NURSERY	1,221	1,221	48,928	0	77,829
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,285	28,285	802,343	0	1,964,789
52.00	05200	DELIVERY ROOM & LABOR ROOM	615	615	6,966	0	368,884
53.00	05300	ANESTHESIOLOGY	231	231	8,902	0	53,000
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,366	7,366	188,721	0	790,132
54.01	05402	NUCLEAR MEDICINE	1,256	1,256	43,787	0	104,707
57.00	05700	CT SCAN	650	650	3,073	0	145,922
60.00	06000	LABORATORY	3,909	3,909	57,029	0	901,477
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	234	234	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,170	1,170	20,978	0	424,556
66.00	06600	PHYSICAL THERAPY	10,382	10,382	3,675	0	1,159,446
67.00	06700	OCCUPATIONAL THERAPY	39	39	0	0	78,364
68.00	06800	SPEECH PATHOLOGY	176	176	0	0	66,229
69.00	06900	ELECTROCARDIOLOGY	132	132	28,257	0	116,987
70.00	07000	ELECTROENCEPHALOGRAPHY	1,332	1,332	0	0	64,765
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,786	7,786	54,490	0	40,098
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,860	2,860	15,776	0	674,201
76.00	03020	SONOGRAPHY	535	535	25,014	0	196,220
76.01	03021	AUDIOLOGY	0	0	0	0	0
76.02	03022	CARDIAC REHAB	1,491	1,491	8,348	0	153,986
76.03	03023	ECP	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	16,960	16,960	132,756	0	4,893,595
91.00	09100	EMERGENCY	5,503	5,503	1,442	0	735,109
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	5,807
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
116.00	11600	HOSPICE	974	974	898	0	362,316
118.00		SUBTOTALS (SUM OF LINES 1-117)	265,963	265,963	2,585,376	95	22,042,531
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,335	1,335	0	0	0
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0
194.01	07951	CONGREGATE LIVING	13,274	13,274	0	0	30,798
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0
194.03	07953	MANAGED CARE	0	0	0	0	48,254
194.04	07954	RENTAL AREA/PPOS	11,027	11,027	0	0	0
194.05	07955	SPECIALTY CLINICS	0	0	1,490	0	0
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0
194.08	07958	ENT	0	0	0	0	0
194.09	07959	DURABLE MEDICAL EQUIPMENT	2,900	2,900	2,804	0	209,518
194.10	07960	PERU MALL	0	0	0	0	0
194.11	07961	LADD	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
194.12 07962 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	0	21,226	0	119,023	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	0	0	491,016	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	3,800	0	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	39,840	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,149,749	52,213	2,706,495	95	5,279,986	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.299682	0.177294	1.035109	1.000000	0.229755	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					8,269	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000360	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-9,085,960	50,185,009			5.00
7.00	00700	OPERATION OF PLANT	0	2,486,383	174,174		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	196,532	794	268,842	8.00
9.00	00900	HOUSEKEEPING	0	688,128	3,169	0	36,681
10.00	01000	DIETARY	0	458,323	8,155	0	1,821
11.00	01100	CAFETERIA	0	720,507	2,710	0	1,453
13.00	01300	NURSING ADMINISTRATION	0	1,118,479	3,274	0	1,092
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,882,511	4,195	0	2,207
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,221,895	25,139	174,837	14,016
31.00	03100	INTENSIVE CARE UNIT	0	920,847	5,095	14,329	1,806
43.00	04300	NURSERY	0	174,442	1,221	0	166
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,093,059	28,285	28,497	2,920
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	518,563	615	0	732
53.00	05300	ANESTHESIOLOGY	0	227,027	231	0	30
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,669,425	7,366	17,932	1,085
54.01	05402	NUCLEAR MEDICINE	0	429,016	1,256	0	66
57.00	05700	CT SCAN	0	690,224	650	3,576	66
60.00	06000	LABORATORY	0	3,315,290	3,909	134	731
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	370,112	234	0	77
65.00	06500	RESPIRATORY THERAPY	0	619,502	1,170	525	177
66.00	06600	PHYSICAL THERAPY	0	1,580,454	10,382	14,329	364
67.00	06700	OCCUPATIONAL THERAPY	0	197,008	39	0	0
68.00	06800	SPEECH PATHOLOGY	0	84,826	176	0	66
69.00	06900	ELECTROCARDIOLOGY	0	219,601	132	0	114
70.00	07000	ELECTROENCEPHALOGRAPHY	0	108,430	1,332	0	26
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	387,130	7,786	0	177
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,160,502	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,126,370	2,860	0	731
76.00	03020	SONOGRAPHY	0	490,827	535	0	66
76.01	03021	AUDIOLOGY	0	203,383	0	0	66
76.02	03022	CARDIAC REHAB	0	223,422	1,491	0	0
76.03	03023	ECP	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	8,952,100	16,960	0	0
91.00	09100	EMERGENCY	0	1,379,930	5,503	14,329	731
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	461,332	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
116.00	11600	HOSPICE	0	727,133	974	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,085,960	48,102,713	145,638	268,488	30,786
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,982	1,335	0	66
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0
194.01	07951	CONGREGATE LIVING	0	138,407	13,274	0	0
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0
194.03	07953	MANAGED CARE	0	74,255	0	0	0
194.04	07954	RENTAL AREA/PPOS	0	82,449	11,027	0	5,829
194.05	07955	SPECIALTY CLINICS	0	3,434	0	354	0
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0
194.08	07958	ENT	0	0	0	0	0
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	665,002	2,900	0	0
194.10	07960	PERU MALL	0	0	0	0	0
194.11	07961	LADD	0	0	0	0	0
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0
194.14	07964	HENRY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5A	5.00	7.00	8.00	9.00	
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	222,301	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	831,861	0	0	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	292	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	3,933	0	0	0	194.27
194.28 07978 PAIN CLINIC	0	50,380	0	0	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
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)		9,085,960	2,936,540	245,501	866,142	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.181049	16.859807	0.913179	23.612824	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		1,649,835	377,438	14,131	57,514	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.032875	2.167017	0.052562	1.567951	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
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	26,158					11.00
13.00	01300	0	24,994				13.00
16.00	01600	0	957	247,009			16.00
17.00	01700	0	2,918	0	188,517,920	0	17.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	17,015	5,278	109,782	10,242,540	0	30.00
31.00	03100	2,850	1,004	20,875	1,458,118	0	31.00
43.00	04300	0	264	5,481	569,710	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	983	3,598	74,832	31,069,617	0	50.00
52.00	05200	0	540	11,225	827,587	0	52.00
53.00	05300	0	0	0	6,830,034	0	53.00
54.00	05400	0	1,515	0	11,797,289	0	54.00
54.01	05402	0	216	0	2,010,740	0	54.01
57.00	05700	0	144	0	14,420,273	0	57.00
60.00	06000	0	1,891	0	25,867,739	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	680,821	0	63.00
65.00	06500	0	693	0	2,923,601	0	65.00
66.00	06600	0	0	0	7,755,018	0	66.00
67.00	06700	0	0	0	966,549	0	67.00
68.00	06800	0	0	0	273,925	0	68.00
69.00	06900	0	192	0	3,802,061	0	69.00
70.00	07000	0	166	0	922,911	0	70.00
71.00	07100	0	144	0	9,492,324	0	71.00
72.00	07200	0	0	0	5,290,546	0	72.00
73.00	07300	0	827	0	6,420,708	0	73.00
76.00	03020	0	285	0	4,936,376	0	76.00
76.01	03021	0	0	0	414,505	0	76.01
76.02	03022	0	0	0	744,993	0	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
90.00	09000	0	1,661	0	5,370,315	0	90.00
91.00	09100	0	1,193	24,814	7,247,816	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	470,871	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
116.00	11600	0	679	0	2,048,610	0	116.00
118.00		20,848	24,165	247,009	164,855,597	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	4,952,889	0	194.00
194.01	07951	5,310	85	0	0	0	194.01
194.02	07952	0	0	0	2,563,817	0	194.02
194.03	07953	0	88	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	538,845	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	1,409,065	0	194.08
194.09	07959	0	0	0	437,471	0	194.09
194.10	07960	0	0	0	16	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	3,619,004	0	194.12
194.13	07963	0	0	0	2,437,565	0	194.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

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

Worksheet B-1

Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	10.00	11.00	13.00	16.00	17.00	
194.14 07964 HENRY	0	0	0	191,773	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	808,473	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	302,735	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	2,427,009	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	401,838	0	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	656	0	612,155	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	2,695,172	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	18,831	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	245,665	0	194.30
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)	721,793	930,953	1,437,608	2,454,866	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	27.593585	37.247059	5.820063	0.013022	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	123,777	52,281	73,288	133,722	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.731898	2.091742	0.296702	0.000709	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

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

Worksheet C
Part I
Date/Time Prepared:
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		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	6,158,087		6,158,087	0	6,158,087	30.00
31.00	03100	INTENSIVE CARE UNIT	1,485,716		1,485,716	0	1,485,716	31.00
43.00	04300	NURSERY	279,683		279,683	0	279,683	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,950,341		9,950,341	0	9,950,341	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	736,322		736,322	0	736,322	52.00
53.00	05300	ANESTHESIOLOGY	361,674		361,674	96,363	458,037	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,528,959		3,528,959	0	3,528,959	54.00
54.01	05402	NUCLEAR MEDICINE	563,652		563,652	0	563,652	54.01
57.00	05700	CT SCAN	1,024,116		1,024,116	0	1,024,116	57.00
60.00	06000	LABORATORY	4,406,092		4,406,092	0	4,406,092	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	451,749		451,749	0	451,749	63.00
65.00	06500	RESPIRATORY THERAPY	819,929	0	819,929	0	819,929	65.00
66.00	06600	PHYSICAL THERAPY	2,164,299	0	2,164,299	0	2,164,299	66.00
67.00	06700	OCCUPATIONAL THERAPY	245,920	0	245,920	0	245,920	67.00
68.00	06800	SPEECH PATHOLOGY	108,276	0	108,276	0	108,276	68.00
69.00	06900	ELECTROCARDIOLOGY	320,938		320,938	0	320,938	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	169,333		169,333	0	169,333	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	721,641		721,641	0	721,641	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,801,601		3,801,601	0	3,801,601	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,691,240		2,691,240	0	2,691,240	73.00
76.00	03020	SONOGRAPHY	665,165		665,165	0	665,165	76.00
76.01	03021	AUDIOLOGY	247,161		247,161	0	247,161	76.01
76.02	03022	CARDIAC REHAB	298,711		298,711	0	298,711	76.02
76.03	03023	ECP	0		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	10,990,624		10,990,624	0	10,990,624	90.00
91.00	09100	EMERGENCY	2,036,127		2,036,127	396,472	2,432,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,551,984		1,551,984	0	1,551,984	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	550,988		550,988	0	550,988	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	927,169		927,169		927,169	116.00
200.00		Subtotal (see instructions)	57,257,497	0	57,257,497	492,835	57,750,332	200.00
201.00		Less Observation Beds	1,551,984		1,551,984		1,551,984	201.00
202.00		Total (see instructions)	55,705,513	0	55,705,513	492,835	56,198,348	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 5:18 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,035,903		7,035,903		30.00
31.00	03100	INTENSIVE CARE UNIT	1,453,732		1,453,732		31.00
43.00	04300	NURSERY	564,858		564,858		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,845,680	22,961,946	30,807,626	0.322983	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	719,996	100,376	820,372	0.897546	52.00
53.00	05300	ANESTHESIOLOGY	2,259,196	4,520,427	6,779,623	0.053347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,285,118	10,441,938	11,727,056	0.300925	54.00
54.01	05402	NUCLEAR MEDICINE	125,002	1,874,080	1,999,082	0.281955	54.01
57.00	05700	CT SCAN	1,953,411	12,391,307	14,344,718	0.071393	57.00
60.00	06000	LABORATORY	5,505,414	20,236,290	25,741,704	0.171166	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	402,922	275,844	678,766	0.665545	63.00
65.00	06500	RESPIRATORY THERAPY	2,169,053	745,606	2,914,659	0.281312	65.00
66.00	06600	PHYSICAL THERAPY	859,803	6,854,489	7,714,292	0.280557	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,500	838,799	960,299	0.256087	67.00
68.00	06800	SPEECH PATHOLOGY	45,397	227,683	273,080	0.396499	68.00
69.00	06900	ELECTROCARDIOLOGY	1,604,753	2,186,937	3,791,690	0.084642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,608	908,700	916,308	0.184799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,085,542	3,381,291	9,466,833	0.076228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,946,235	344,311	5,290,546	0.718565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,787,481	3,586,048	6,373,529	0.422253	73.00
76.00	03020	SONOGRAPHY	1,014,579	3,895,373	4,909,952	0.135473	76.00
76.01	03021	AUDIOLOGY	1,000	413,505	414,505	0.596280	76.01
76.02	03022	CARDIAC REHAB	15,631	725,121	740,752	0.403254	76.02
76.03	03023	ECP	0	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
90.00	09000	CLINIC	50,000	5,280,924	5,330,924	2.061673	90.00
91.00	09100	EMERGENCY	1,108,589	6,108,672	7,217,261	0.282119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	867,585	2,305,847	3,173,432	0.489055	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	469,180	469,180	1.174364	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
116.00	11600	HOSPICE	0	2,048,264	2,048,264		116.00
200.00		Subtotal (see instructions)	50,835,988	113,122,958	163,958,946		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	50,835,988	113,122,958	163,958,946		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.322983	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.897546	52.00
53.00	05300	ANESTHESIOLOGY	0.067561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.300925	54.00
54.01	05402	NUCLEAR MEDICINE	0.281955	54.01
57.00	05700	CT SCAN	0.071393	57.00
60.00	06000	LABORATORY	0.171166	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.665545	63.00
65.00	06500	RESPIRATORY THERAPY	0.281312	65.00
66.00	06600	PHYSICAL THERAPY	0.280557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256087	67.00
68.00	06800	SPEECH PATHOLOGY	0.396499	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.076228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.422253	73.00
76.00	03020	SONOGRAPHY	0.135473	76.00
76.01	03021	AUDIOLOGY	0.596280	76.01
76.02	03022	CARDIAC REHAB	0.403254	76.02
76.03	03023	ECP	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
90.00	09000	CLINIC	2.061673	90.00
91.00	09100	EMERGENCY	0.337053	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.489055	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1.174364	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
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: 140143

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 5:18 am

		Title XIX		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		6,158,087	0	6,158,087	30.00	
31.00	03100 INTENSIVE CARE UNIT		1,485,716	0	1,485,716	31.00	
43.00	04300 NURSERY		279,683	0	279,683	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		9,950,341	0	9,950,341	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		736,322	0	736,322	52.00	
53.00	05300 ANESTHESIOLOGY		361,674	96,363	458,037	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,528,959	0	3,528,959	54.00	
54.01	05402 NUCLEAR MEDICINE		563,652	0	563,652	54.01	
57.00	05700 CT SCAN		1,024,116	0	1,024,116	57.00	
60.00	06000 LABORATORY		4,406,092	0	4,406,092	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		451,749	0	451,749	63.00	
65.00	06500 RESPIRATORY THERAPY	0	819,929	0	819,929	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,164,299	0	2,164,299	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	245,920	0	245,920	67.00	
68.00	06800 SPEECH PATHOLOGY	0	108,276	0	108,276	68.00	
69.00	06900 ELECTROCARDIOLOGY		320,938	0	320,938	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		169,333	0	169,333	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		721,641	0	721,641	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		3,801,601	0	3,801,601	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		2,691,240	0	2,691,240	73.00	
76.00	03020 SONOGRAPHY		665,165	0	665,165	76.00	
76.01	03021 AUDIOLOGY		247,161	0	247,161	76.01	
76.02	03022 CARDIAC REHAB		298,711	0	298,711	76.02	
76.03	03023 ECP		0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
90.00	09000 CLINIC		10,990,624	0	10,990,624	90.00	
91.00	09100 EMERGENCY		2,036,127	396,472	2,432,599	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,551,984	0	1,551,984	92.00	
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER		0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		550,988	0	550,988	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW-SNF					114.00	
116.00	11600 HOSPICE		927,169		927,169	116.00	
200.00	Subtotal (see instructions)	0	57,257,497	492,835	57,750,332	200.00	
201.00	Less Observation Beds		1,551,984		1,551,984	201.00	
202.00	Total (see instructions)	0	55,705,513	492,835	56,198,348	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

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

Worksheet C
Part I
Date/Time Prepared:
2/26/2015 5:18 am

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,035,903		7,035,903		30.00
31.00	03100	INTENSIVE CARE UNIT	1,453,732		1,453,732		31.00
43.00	04300	NURSERY	564,858		564,858		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,845,680	22,961,946	30,807,626	0.322983	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	719,996	100,376	820,372	0.897546	52.00
53.00	05300	ANESTHESIOLOGY	2,259,196	4,520,427	6,779,623	0.053347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,285,118	10,441,938	11,727,056	0.300925	54.00
54.01	05402	NUCLEAR MEDICINE	125,002	1,874,080	1,999,082	0.281955	54.01
57.00	05700	CT SCAN	1,953,411	12,391,307	14,344,718	0.071393	57.00
60.00	06000	LABORATORY	5,505,414	20,236,290	25,741,704	0.171166	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	402,922	275,844	678,766	0.665545	63.00
65.00	06500	RESPIRATORY THERAPY	2,169,053	745,606	2,914,659	0.281312	65.00
66.00	06600	PHYSICAL THERAPY	859,803	6,854,489	7,714,292	0.280557	66.00
67.00	06700	OCCUPATIONAL THERAPY	121,500	838,799	960,299	0.256087	67.00
68.00	06800	SPEECH PATHOLOGY	45,397	227,683	273,080	0.396499	68.00
69.00	06900	ELECTROCARDIOLOGY	1,604,753	2,186,937	3,791,690	0.084642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,608	908,700	916,308	0.184799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,085,542	3,381,291	9,466,833	0.076228	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,946,235	344,311	5,290,546	0.718565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,787,481	3,586,048	6,373,529	0.422253	73.00
76.00	03020	SONOGRAPHY	1,014,579	3,895,373	4,909,952	0.135473	76.00
76.01	03021	AUDIOLOGY	1,000	413,505	414,505	0.596280	76.01
76.02	03022	CARDIAC REHAB	15,631	725,121	740,752	0.403254	76.02
76.03	03023	ECP	0	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
90.00	09000	CLINIC	50,000	5,280,924	5,330,924	2.061673	90.00
91.00	09100	EMERGENCY	1,108,589	6,108,672	7,217,261	0.282119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	867,585	2,305,847	3,173,432	0.489055	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	469,180	469,180	1.174364	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
116.00	11600	HOSPICE	0	2,048,264	2,048,264		116.00
200.00		Subtotal (see instructions)	50,835,988	113,122,958	163,958,946		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	50,835,988	113,122,958	163,958,946		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/26/2015 5:18 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.322983		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.897546		52.00
53.00	05300 ANESTHESIOLOGY	0.067561		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.300925		54.00
54.01	05402 NUCLEAR MEDICINE	0.281955		54.01
57.00	05700 CT SCAN	0.071393		57.00
60.00	06000 LABORATORY	0.171166		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.665545		63.00
65.00	06500 RESPIRATORY THERAPY	0.281312		65.00
66.00	06600 PHYSICAL THERAPY	0.280557		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256087		67.00
68.00	06800 SPEECH PATHOLOGY	0.396499		68.00
69.00	06900 ELECTROCARDIOLOGY	0.084642		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.184799		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.076228		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718565		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.422253		73.00
76.00	03020 SONOGRAPHY	0.135473		76.00
76.01	03021 AUDIOLOGY	0.596280		76.01
76.02	03022 CARDIAC REHAB	0.403254		76.02
76.03	03023 ECP	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000 CLINIC	2.061673		90.00
91.00	09100 EMERGENCY	0.337053		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.489055		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1.174364		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140143

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

Worksheet C
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	9,950,341	1,553,972	8,396,369	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	736,322	36,518	699,804	0	0	52.00
53.00	05300 ANESTHESIOLOGY	361,674	53,280	308,394	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,528,959	750,630	2,778,329	0	0	54.00
54.01	05402 NUCLEAR MEDICINE	563,652	73,560	490,092	0	0	54.01
57.00	05700 CT SCAN	1,024,116	413,693	610,423	0	0	57.00
60.00	06000 LABORATORY	4,406,092	229,492	4,176,600	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	451,749	15,027	436,722	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	819,929	66,802	753,127	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2,164,299	179,039	1,985,260	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	245,920	7,567	238,353	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	108,276	4,807	103,469	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	320,938	41,060	279,878	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	169,333	17,475	151,858	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	721,641	151,540	570,101	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,801,601	107,653	3,693,948	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,691,240	138,443	2,552,797	0	0	73.00
76.00	03020 SONOGRAPHY	665,165	51,457	613,708	0	0	76.00
76.01	03021 AUDIOLOGY	247,161	7,083	240,078	0	0	76.01
76.02	03022 CARDIAC REHAB	298,711	30,948	267,763	0	0	76.02
76.03	03023 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000 CLINIC	10,990,624	618,457	10,372,167	0	0	90.00
91.00	09100 EMERGENCY	2,036,127	147,258	1,888,869	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,551,984	153,980	1,398,004	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	550,988	15,502	535,486	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
116.00	11600 HOSPICE	927,169	75,533	851,636	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	49,334,011	4,940,776	44,393,235	0	0	200.00
201.00	Less Observation Beds	1,551,984	153,980	1,398,004	0	0	201.00
202.00	Total (line 200 minus line 201)	47,782,027	4,786,796	42,995,231	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140143

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

Worksheet C Part II Date/Time Prepared: 2/26/2015 5:18 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,950,341	30,807,626	0.322983		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	736,322	820,372	0.897546		52.00
53.00	05300 ANESTHESIOLOGY	361,674	6,779,623	0.053347		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,528,959	11,727,056	0.300925		54.00
54.01	05402 NUCLEAR MEDICINE	563,652	1,999,082	0.281955		54.01
57.00	05700 CT SCAN	1,024,116	14,344,718	0.071393		57.00
60.00	06000 LABORATORY	4,406,092	25,741,704	0.171166		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	451,749	678,766	0.665545		63.00
65.00	06500 RESPIRATORY THERAPY	819,929	2,914,659	0.281312		65.00
66.00	06600 PHYSICAL THERAPY	2,164,299	7,714,292	0.280557		66.00
67.00	06700 OCCUPATIONAL THERAPY	245,920	960,299	0.256087		67.00
68.00	06800 SPEECH PATHOLOGY	108,276	273,080	0.396499		68.00
69.00	06900 ELECTROCARDIOLOGY	320,938	3,791,690	0.084642		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	169,333	916,308	0.184799		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	721,641	9,466,833	0.076228		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,801,601	5,290,546	0.718565		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,691,240	6,373,529	0.422253		73.00
76.00	03020 SONOGRAPHY	665,165	4,909,952	0.135473		76.00
76.01	03021 AUDIOLOGY	247,161	414,505	0.596280		76.01
76.02	03022 CARDIAC REHAB	298,711	740,752	0.403254		76.02
76.03	03023 ECP	0	0	0.000000		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
90.00	09000 CLINIC	10,990,624	5,330,924	2.061673		90.00
91.00	09100 EMERGENCY	2,036,127	7,217,261	0.282119		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,551,984	3,173,432	0.489055		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	550,988	469,180	1.174364		95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
116.00	11600 HOSPICE	927,169	2,048,264	0.452661		116.00
200.00	Subtotal (sum of lines 50 thru 199)	49,334,011	154,904,453			200.00
201.00	Less Observation Beds	1,551,984	0			201.00
202.00	Total (line 200 minus line 201)	47,782,027	154,904,453			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	607,862	3,099	604,763	7,769	77.84	30.00
31.00	INTENSIVE CARE UNIT	189,741		189,741	773	245.46	31.00
43.00	NURSERY	71,026		71,026	607	117.01	43.00
200.00	Total (Lines 30-199)	868,629		865,530	9,149		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,618	281,625				
31.00	INTENSIVE CARE UNIT	453	111,193				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	4,071	392,818				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/26/2015 5:18 am
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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	1,553,972	30,807,626	0.050441	4,036,497	203,605	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	36,518	820,372	0.044514	2,242	100	52.00
53.00	05300 ANESTHESIOLOGY	53,280	6,779,623	0.007859	933,916	7,340	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	750,630	11,727,056	0.064008	1,230,722	78,776	54.00
54.01	05402 NUCLEAR MEDICINE	73,560	1,999,082	0.036797	96,883	3,565	54.01
57.00	05700 CT SCAN	413,693	14,344,718	0.028839	1,426,364	41,135	57.00
60.00	06000 LABORATORY	229,492	25,741,704	0.008915	3,814,921	34,010	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	15,027	678,766	0.022139	284,191	6,292	63.00
65.00	06500 RESPIRATORY THERAPY	66,802	2,914,659	0.022919	1,386,646	31,781	65.00
66.00	06600 PHYSICAL THERAPY	179,039	7,714,292	0.023209	520,530	12,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,567	960,299	0.007880	67,175	529	67.00
68.00	06800 SPEECH PATHOLOGY	4,807	273,080	0.017603	36,772	647	68.00
69.00	06900 ELECTROCARDIOLOGY	41,060	3,791,690	0.010829	1,342,455	14,537	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	17,475	916,308	0.019071	4,628	88	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	151,540	9,466,833	0.016007	4,192,365	67,107	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	107,653	5,290,546	0.020348	2,380,393	48,436	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	138,443	6,373,529	0.021722	1,670,743	36,292	73.00
76.00	03020 SONOGRAPHY	51,457	4,909,952	0.010480	442,048	4,633	76.00
76.01	03021 AUDIOLOGY	7,083	414,505	0.017088	241	4	76.01
76.02	03022 CARDIAC REHAB	30,948	740,752	0.041779	0	0	76.02
76.03	03023 ECP	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000 CLINIC	618,457	5,330,924	0.116013	49,628	5,757	90.00
91.00	09100 EMERGENCY	147,258	7,217,261	0.020404	1,018,441	20,780	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	153,980	3,173,432	0.048522	194,154	9,421	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,849,741	152,387,009		25,131,955	626,916	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description			Title XVIII		Hospital		PPS	
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
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,769	0.00	3,618	0		30.00
31.00	03100	INTENSIVE CARE UNIT	773	0.00	453	0		31.00
43.00	04300	NURSERY	607	0.00	0	0		43.00
200.00		Total (lines 30-199)	9,149		4,071	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 5:18 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	05402	NUCLEAR MEDICINE	0	0	0	0	54.01	
57.00	05700	CT SCAN	0	0	0	0	57.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.00	03020	SONOGRAPHY	0	0	0	0	76.00	
76.01	03021	AUDIOLOGY	0	0	0	0	76.01	
76.02	03022	CARDIAC REHAB	0	0	0	0	76.02	
76.03	03023	ECP	0	0	0	0	76.03	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
200.00		Total (Lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 5:18 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,807,626	0.000000	0.000000	4,036,497	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	820,372	0.000000	0.000000	2,242	52.00
53.00	05300 ANESTHESIOLOGY	0	6,779,623	0.000000	0.000000	933,916	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,727,056	0.000000	0.000000	1,230,722	54.00
54.01	05402 NUCLEAR MEDICINE	0	1,999,082	0.000000	0.000000	96,883	54.01
57.00	05700 CT SCAN	0	14,344,718	0.000000	0.000000	1,426,364	57.00
60.00	06000 LABORATORY	0	25,741,704	0.000000	0.000000	3,814,921	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	678,766	0.000000	0.000000	284,191	63.00
65.00	06500 RESPIRATORY THERAPY	0	2,914,659	0.000000	0.000000	1,386,646	65.00
66.00	06600 PHYSICAL THERAPY	0	7,714,292	0.000000	0.000000	520,530	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	960,299	0.000000	0.000000	67,175	67.00
68.00	06800 SPEECH PATHOLOGY	0	273,080	0.000000	0.000000	36,772	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,791,690	0.000000	0.000000	1,342,455	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	916,308	0.000000	0.000000	4,628	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,466,833	0.000000	0.000000	4,192,365	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,290,546	0.000000	0.000000	2,380,393	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,373,529	0.000000	0.000000	1,670,743	73.00
76.00	03020 SONOGRAPHY	0	4,909,952	0.000000	0.000000	442,048	76.00
76.01	03021 AUDIOLOGY	0	414,505	0.000000	0.000000	241	76.01
76.02	03022 CARDIAC REHAB	0	740,752	0.000000	0.000000	0	76.02
76.03	03023 ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000 CLINIC	0	5,330,924	0.000000	0.000000	49,628	90.00
91.00	09100 EMERGENCY	0	7,217,261	0.000000	0.000000	1,018,441	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,173,432	0.000000	0.000000	194,154	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	152,387,009			25,131,955	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 5:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,051,080	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	55	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,191,237	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,978,525	0	54.00
54.01	05402 NUCLEAR MEDICINE	0	915,897	0	54.01
57.00	05700 CT SCAN	0	4,565,062	0	57.00
60.00	06000 LABORATORY	0	2,577,540	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	100,499	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	400,958	0	65.00
66.00	06600 PHYSICAL THERAPY	0	9,950	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	898,887	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	81,050	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,419,547	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	183,822	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,887,067	0	73.00
76.00	03020 SONOGRAPHY	0	969,193	0	76.00
76.01	03021 AUDIOLOGY	0	73,223	0	76.01
76.02	03022 CARDIAC REHAB	0	65,572	0	76.02
76.03	03023 ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000 CLINIC	0	1,107,759	0	90.00
91.00	09100 EMERGENCY	0	1,712,963	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	583,643	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	29,773,529	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.322983	7,051,080	0	0	2,277,379	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.897546	55	0	0	49	52.00
53.00	05300 ANESTHESIOLOGY	0.053347	1,191,237	0	0	63,549	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.300925	3,978,525	0	0	1,197,238	54.00
54.01	05402 NUCLEAR MEDICINE	0.281955	915,897	0	0	258,242	54.01
57.00	05700 CT SCAN	0.071393	4,565,062	0	0	325,913	57.00
60.00	06000 LABORATORY	0.171166	2,577,540	1,188	0	441,187	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.665545	100,499	22	0	66,887	63.00
65.00	06500 RESPIRATORY THERAPY	0.281312	400,958	0	0	112,794	65.00
66.00	06600 PHYSICAL THERAPY	0.280557	9,950	0	0	2,792	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.256087	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.396499	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.084642	898,887	0	0	76,084	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.184799	81,050	0	0	14,978	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.076228	1,419,547	0	0	108,209	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718565	183,822	0	0	132,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.422253	1,887,067	0	37,006	796,820	73.00
76.00	03020 SONOGRAPHY	0.135473	969,193	0	0	131,299	76.00
76.01	03021 AUDIOLOGY	0.596280	73,223	0	0	43,661	76.01
76.02	03022 CARDIAC REHAB	0.403254	65,572	0	0	26,442	76.02
76.03	03023 ECP	0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
90.00	09000 CLINIC	2.061673	1,107,759	0	0	2,283,837	90.00
91.00	09100 EMERGENCY	0.282119	1,712,963	0	0	483,259	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.489055	583,643	0	0	285,434	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	1.174364	0	0	0	0	95.00
200.00	Subtotal (see instructions)		29,773,529	1,210	37,006	9,128,141	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		29,773,529	1,210	37,006	9,128,141	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/26/2015 5:18 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
54.01 05402 NUCLEAR MEDICINE	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
60.00 06000 LABORATORY	203	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	15	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,626		73.00
76.00 03020 SONOGRAPHY	0	0		76.00
76.01 03021 AUDIOLOGY	0	0		76.01
76.02 03022 CARDIAC REHAB	0	0		76.02
76.03 03023 ECP	0	0		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	218	15,626		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	218	15,626		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part I Date/Time Prepared: 2/26/2015 5:18 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	607,862	3,080	604,782	7,769	77.85	30.00	
31.00	INTENSIVE CARE UNIT	189,741		189,741	773	245.46	31.00	
43.00	NURSERY	71,026		71,026	607	117.01	43.00	
200.00	Total (Lines 30-199)	868,629		865,549	9,149		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	477	37,134					30.00
31.00	INTENSIVE CARE UNIT	35	8,591					31.00
43.00	NURSERY	230	26,912					43.00
200.00	Total (Lines 30-199)	742	72,637					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/26/2015 5:18 am
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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	1,553,972	30,807,626	0.050441	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	36,518	820,372	0.044514	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,280	6,779,623	0.007859	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	750,630	11,727,056	0.064008	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	73,560	1,999,082	0.036797	0	0	54.01
57.00	05700	CT SCAN	413,693	14,344,718	0.028839	0	0	57.00
60.00	06000	LABORATORY	229,492	25,741,704	0.008915	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,027	678,766	0.022139	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	66,802	2,914,659	0.022919	0	0	65.00
66.00	06600	PHYSICAL THERAPY	179,039	7,714,292	0.023209	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,567	960,299	0.007880	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,807	273,080	0.017603	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	41,060	3,791,690	0.010829	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,475	916,308	0.019071	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	151,540	9,466,833	0.016007	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	107,653	5,290,546	0.020348	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,443	6,373,529	0.021722	0	0	73.00
76.00	03020	SONOGRAPHY	51,457	4,909,952	0.010480	0	0	76.00
76.01	03021	AUDIOLOGY	7,083	414,505	0.017088	0	0	76.01
76.02	03022	CARDIAC REHAB	30,948	740,752	0.041779	0	0	76.02
76.03	03023	ECP	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	618,457	5,330,924	0.116013	0	0	90.00
91.00	09100	EMERGENCY	147,258	7,217,261	0.020404	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	153,979	3,173,432	0.048521	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,849,740	152,387,009		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part III Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description			Title XIX			Hospital		PPS
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,769	0.00	477	0		30.00
31.00	03100	INTENSIVE CARE UNIT	773	0.00	35	0		31.00
43.00	04300	NURSERY	607	0.00	230	0		43.00
200.00		Total (lines 30-199)	9,149		742	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 5:18 am
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Cost Center Description	Title XIX				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05402 NUCLEAR MEDICINE	0	0	0	0	0	54.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 SONOGRAPHY	0	0	0	0	0	76.00
76.01 03021 AUDIOLOGY	0	0	0	0	0	76.01
76.02 03022 CARDIAC REHAB	0	0	0	0	0	76.02
76.03 03023 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140143

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

Worksheet D
Part IV
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,807,626	0.000000	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	820,372	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,779,623	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,727,056	0.000000	0.000000	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	1,999,082	0.000000	0.000000	0	54.01
57.00	05700	CT SCAN	0	14,344,718	0.000000	0.000000	0	57.00
60.00	06000	LABORATORY	0	25,741,704	0.000000	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	678,766	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,914,659	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,714,292	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	960,299	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	273,080	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,791,690	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	916,308	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,466,833	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,290,546	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,373,529	0.000000	0.000000	0	73.00
76.00	03020	SONOGRAPHY	0	4,909,952	0.000000	0.000000	0	76.00
76.01	03021	AUDIOLOGY	0	414,505	0.000000	0.000000	0	76.01
76.02	03022	CARDIAC REHAB	0	740,752	0.000000	0.000000	0	76.02
76.03	03023	ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	5,330,924	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	7,217,261	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,173,432	0.000000	0.000000	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	152,387,009			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/26/2015 5:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05402 NUCLEAR MEDICINE	0	0	0		54.01
57.00	05700 CT SCAN	0	0	0		57.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03020 SONOGRAPHY	0	0	0		76.00
76.01	03021 AUDIOLOGY	0	0	0		76.01
76.02	03022 CARDIAC REHAB	0	0	0		76.02
76.03	03023 ECP	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
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
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/26/2015 5:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,911	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,769	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.		2,168	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,633	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		35	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)		107	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,618	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)		29	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)		87	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		217.31	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		222.37	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)		6,158,087	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)		7,606	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)		23,794	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)		31,400	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,126,687	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,627,179	28.00
29.00	Private room charges (excluding swing-bed charges)		3,161,710	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,465,469	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.803270	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,458.35	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,229.14	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		229.21	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		184.12	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		399,172	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,727,515	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)		788.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,853,191	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)		2,853,191	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,485,716	773	1,922.01	453	870,671	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,728,930	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,452,792	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)					392,818	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					626,916	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,019,734	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,433,058	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)					6,302	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					19,346	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					25,648	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,968	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					788.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,551,984	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	607,862	6,126,687	0.099215	1,551,984	153,980	90.00
91.00	Nursing School cost	0	6,126,687	0.000000	1,551,984	0	91.00
92.00	Allied health cost	0	6,126,687	0.000000	1,551,984	0	92.00
93.00	All other Medical Education	0	6,126,687	0.000000	1,551,984	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/26/2015 5:18 am
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,911 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,769 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)			5,801 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			74 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)			68 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)			477 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)			607 15.00
16.00	Nursery days (title V or XIX only)			230 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			217.31 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			222.37 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)			6,158,087 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)			16,081 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)			15,121 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)			31,202 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			6,126,885 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)			6,126,885 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)			788.63 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			376,177 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)			376,177 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/26/2015 5:18 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	279,683	607	460.76	230	105,975	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,485,716	773	1,922.01	35	67,270	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					549,422	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)					72,637	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					72,637	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					476,785	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,968	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					788.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,552,024	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	607,862	6,126,885	0.099212	1,552,024	153,979	90.00
91.00	Nursing School cost	0	6,126,885	0.000000	1,552,024	0	91.00
92.00	Allied health cost	0	6,126,885	0.000000	1,552,024	0	92.00
93.00	All other Medical Education	0	6,126,885	0.000000	1,552,024	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/26/2015 5:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,130,148	30.00
31.00	03100	INTENSIVE CARE UNIT		947,785	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322983	4,036,497	1,303,720 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.897546	2,242	2,012 52.00
53.00	05300	ANESTHESIOLOGY	0.067561	933,916	63,096 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.300925	1,230,722	370,355 54.00
54.01	05402	NUCLEAR MEDICINE	0.281955	96,883	27,317 54.01
57.00	05700	CT SCAN	0.071393	1,426,364	101,832 57.00
60.00	06000	LABORATORY	0.171166	3,814,921	652,985 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.665545	284,191	189,142 63.00
65.00	06500	RESPIRATORY THERAPY	0.281312	1,386,646	390,080 65.00
66.00	06600	PHYSICAL THERAPY	0.280557	520,530	146,038 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256087	67,175	17,203 67.00
68.00	06800	SPEECH PATHOLOGY	0.396499	36,772	14,580 68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	1,342,455	113,628 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184799	4,628	855 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.076228	4,192,365	319,576 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718565	2,380,393	1,710,467 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.422253	1,670,743	705,476 73.00
76.00	03020	SONOGRAPHY	0.135473	442,048	59,886 76.00
76.01	03021	AUDIOLOGY	0.596280	241	144 76.01
76.02	03022	CARDIAC REHAB	0.403254	0	0 76.02
76.03	03023	ECP	0.000000	0	0 76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
90.00	09000	CLINIC	2.061673	49,628	102,317 90.00
91.00	09100	EMERGENCY	0.337053	1,018,441	343,269 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.489055	194,154	94,952 92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		25,131,955	6,728,930 200.00
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)		25,131,955	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 14U143		Date/Time Prepared: 2/26/2015 5:18 am	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.322983	5,139	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.897546	4	52.00
53.00	05300	ANESTHESIOLOGY	0.053347	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.300925	7,850	54.00
54.01	05402	NUCLEAR MEDICINE	0.281955	0	54.01
57.00	05700	CT SCAN	0.071393	5,873	57.00
60.00	06000	LABORATORY	0.171166	40,609	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.665545	2,996	63.00
65.00	06500	RESPIRATORY THERAPY	0.281312	31,346	65.00
66.00	06600	PHYSICAL THERAPY	0.280557	26,164	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.256087	1,948	67.00
68.00	06800	SPEECH PATHOLOGY	0.396499	475	68.00
69.00	06900	ELECTROCARDIOLOGY	0.084642	846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.184799	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.076228	82,453	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718565	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.422253	39,737	73.00
76.00	03020	SONOGRAPHY	0.135473	0	76.00
76.01	03021	AUDIOLOGY	0.596280	0	76.01
76.02	03022	CARDIAC REHAB	0.403254	0	76.02
76.03	03023	ECP	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	2.061673	0	90.00
91.00	09100	EMERGENCY	0.282119	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.489055	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		245,440	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		245,440	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 5:18 am	
		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		6,686,755		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)		76,209		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		0		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		63.22		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00		31.00
32.00	Sum of lines 30 and 31		0.00		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 5:18 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		1.00	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		0.00	0.00	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	0	35.00
35.01	Factor 3 (see instructions)		0.00000000	0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0	0	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	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)		6,762,964		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		7,835,208		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		7,567,147		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		535,797		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		8,102,944		59.00
60.00	Primary payer payments		4,099		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,098,845		61.00
62.00	Deductibles billed to program beneficiaries		1,010,493		62.00
63.00	Coinurance billed to program beneficiaries		2,524		63.00
64.00	Allowable bad debts (see instructions)		121,236		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		78,803		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/26/2015 5:18 am	
		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)		103,406		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,164,631		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		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)		-913		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		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)		7,163,718		71.00
71.01	Sequestration adjustment (see instructions)		143,274		71.01
72.00	Interim payments		6,817,900		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		202,544		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		119,927		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140143

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2015 5:18 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	6,686,755	0	0	6,272,585	6,272,585	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	76,209	0	0	76,209	76,209	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	6,762,964	0	0	6,762,964	6,762,964	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	7,835,208	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	7,567,147	0	0	7,567,147	7,567,147	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	535,797	0	0	535,797	535,797	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	8,102,944	8,102,944	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140143

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/26/2015 5:18 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	526,531	0	0	493,918	493,918	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	9,266	0	0	9,266	9,266	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	535,797	0	0	535,797	535,797	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.042857		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				347,268	347,268	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,844	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,128,141	2.00
3.00	PPS payments		7,145,273	3.00
4.00	Outlier payment (see instructions)		71,180	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.799	5.00
6.00	Line 2 times line 5		7,293,385	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		98.95	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,844	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		38,216	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)		38,216	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)		38,216	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		22,372	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)		15,844	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		7,216,453	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,640,838	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		5,591,459	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		5,591,459	30.00
31.00	Primary payer payments		273	31.00
32.00	Subtotal (line 30 minus line 31)		5,591,186	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)		212,460	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		138,099	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		186,014	36.00
37.00	Subtotal (see instructions)		5,729,285	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-74	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)		5,729,359	40.00
40.01	Sequestration adjustment (see instructions)		114,587	40.01
41.00	Interim payments		5,617,532	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-2,760	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: 140143

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2015 5:18 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,662,530		5,615,449	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	09/25/2014	2,083	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	09/25/2014	844,630		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)		-844,630		2,083	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)		6,817,900		5,617,532	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		202,544		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		2,760	6.02	
7.00	Total Medicare program liability (see instructions)		7,020,444		5,614,772	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140143
Component CCN: 14U143

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

Worksheet E-1
Part I
Date/Time Prepared:
2/26/2015 5:18 am

Title XVIII Swing Beds - SNF 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		24,344		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,344		0	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		48		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		24,392		0	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: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,941 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			4,071 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			499 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			6,574 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			163,958,946 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			2,005,035 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)			1,139,312 8.00
9.00	Sequestration adjustment amount (see instructions)			22,786 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,116,526 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,195,661 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)			-79,135 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140143	Period:	Worksheet E-2
		Component CCN: 14U143	From 10/01/2013 To 09/30/2014	Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	35,417	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	116	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	35,417	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	35,417	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	35,417	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	10,576	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	24,841	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	RURAL DEMONSTRATION PROJECT	0		16.50
17.00	Allowable bad debts (see instructions)	65	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	49	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	65	0	18.00
19.00	Total (see instructions)	24,890	0	19.00
19.01	Sequestration adjustment (see instructions)	498	0	19.01
20.00	Interim payments	24,344	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	48	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00

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

Provider CCN: 140143

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

Worksheet G

Date/Time Prepared:
2/26/2015 5:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,874,425	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	33,653,409	0	0	0	4.00
5.00	Other receivable	1,358,594	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-21,522,522	0	0	0	6.00
7.00	Inventory	2,038,217	0	0	0	7.00
8.00	Prepaid expenses	482,786	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	17,884,909	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,464,302	0	0	0	12.00
13.00	Land improvements	2,589,919	0	0	0	13.00
14.00	Accumulated depreciation	-1,805,995	0	0	0	14.00
15.00	Buildings	58,231,466	0	0	0	15.00
16.00	Accumulated depreciation	-30,864,941	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	27,615,824	0	0	0	23.00
24.00	Accumulated depreciation	-21,014,178	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	280,435	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,496,832	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,159,022	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	2,454,794	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,613,816	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	78,995,557	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,354,439	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,115,571	0	0	0	38.00
39.00	Payroll taxes payable	226,197	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,559,801	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	187,835	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,443,843	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	17,123,751	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,044,434	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,168,185	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	29,612,028	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	49,383,529				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)	49,383,529	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	78,995,557	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140143

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

Worksheet G-1

Date/Time Prepared:
2/26/2015 5:18 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		46,739,458		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		2,932,568			2.00
3.00	Total (sum of line 1 and line 2)		49,672,026		0	3.00
4.00	CONTRIBUTIONS	174,321		0		4.00
5.00	RESTRICTED CONTRIBUTIONS	449		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)		174,770		0	10.00
11.00	Subtotal (line 3 plus line 10)		49,846,796		0	11.00
12.00	EQUITY TRANSFER	51,240		0		12.00
13.00	CHANGE IN FOUNDATION INTEREST	412,027		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)		463,267		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		49,383,529		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	CONTRIBUTIONS		0			4.00
5.00	RESTRICTED CONTRIBUTIONS		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	EQUITY TRANSFER		0			12.00
13.00	CHANGE IN FOUNDATION INTEREST		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: 140143

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,627,179		7,627,179	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	7,627,179		7,627,179	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,915,210		2,915,210	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,915,210		2,915,210	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,542,389		10,542,389	17.00
18.00	Ancillary services	41,163,626	110,877,892	152,041,518	18.00
19.00	Outpatient services	0	23,444,628	23,444,628	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	470,871	470,871	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,048,610	2,048,610	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	51,706,015	136,842,001	188,548,016	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		70,027,798		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		70,027,798		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140143

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

Worksheet G-3

Date/Time Prepared:
2/26/2015 5:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	188,548,016	1.00
2.00	Less contractual allowances and discounts on patients' accounts	120,133,965	2.00
3.00	Net patient revenues (line 1 minus line 2)	68,414,051	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,027,798	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,613,747	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	191,801	14.00
15.00	Revenue from rental of living quarters	83,966	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	342,522	17.00
18.00	Revenue from sale of medical records and abstracts	2,294	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	133,875	22.00
23.00	Governmental appropriations	0	23.00
24.00	GAIN ON DISPOSAL OF EQUIPMENT	21,323	24.00
24.01	EMR REVENUE	1,688,488	24.01
24.02	OTHER	0	24.02
24.03	OTHER REVENUE	16,557	24.03
24.04	PARATRANSIT	168,036	24.04
24.05	OUTSIDE REHABILITATION SERVICES	42,004	24.05
24.06	CONTRIBUTIONS SPENT FOR OPERATIONS	320,454	24.06
24.07	INVESTMENT INCOME	1,598,947	24.07
25.00	Total other income (sum of lines 6-24)	4,610,267	25.00
26.00	Total (line 5 plus line 25)	2,996,520	26.00
27.00	NET RENTAL LOSS	60,791	27.00
27.01	OTHER	0	27.01
27.02	CHANGE IN EQUITY GAINS AND LOSSES	3,161	27.02
27.03		0	27.03
27.04		0	27.04
27.05		0	27.05
28.00	Total other expenses (sum of line 27 and subscripts)	63,952	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	2,932,568	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141595

To 09/30/2014

Date/Time Prepared: 2/26/2015 5:18 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6,880	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	12,000	9.00
10.00	Nursing Care	297,166	0	18,058	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	44,675	0	4,267	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	20,475	0	7,824	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	-960	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	11,695	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	175,293	38,303	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)	362,316	0	30,149	175,293	67,918	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K

Hospice CCN: 141595

To 09/30/2014

Date/Time Prepared: 2/26/2015 5:18 am

		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	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	6,880	0	6,880	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	12,000	0	12,000	0	9.00
10.00	Nursing Care	315,224	0	315,224	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	48,942	0	48,942	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	28,299	0	28,299	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	-960	0	-960	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	11,695	0	11,695	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	213,596	0	213,596	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	635,676	0	635,676	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K-1

Hospice CCN: 141595

To 09/30/2014

Date/Time Prepared: 2/26/2015 5:18 am

		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	25,466	271,700	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	44,675	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	44,675	25,466	271,700	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period:

Worksheet K-1

Hospice CCN: 141595

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

Date/Time Prepared:
2/26/2015 5:18 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	297,166	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	44,675	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		20,475	0	20,475	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	20,475	0	362,316	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 141595		Date/Time Prepared: 2/26/2015 5:18 am

		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: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet K-3
		Hospice CCN: 141595		Date/Time Prepared: 2/26/2015 5:18 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	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	175,293	175,293	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	175,293	175,293	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140143
 Hospice CCN: 141595

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 2/26/2015 5:18 am

		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	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	6,880	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	12,000	0	0	0	0	9.00
10.00	Nursing Care	315,224	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	48,942	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	28,299	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	-960	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	11,695	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	213,596	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)	635,676	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet K-4 Part I Date/Time Prepared: 2/26/2015 5:18 am	
		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	6,880	6,880	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	12,000	131	9.00
10.00	Nursing Care	0	315,224	3,449	10.00
11.00	Nursing Care-Continuous Home Care	0	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	48,942	536	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	28,299	310	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	0	-960	-11	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	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	11,695	128	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	213,596	2,337	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	635,676		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K-4

Hospice CCN: 141595

To 09/30/2014

Part II
Date/Time Prepared:
2/26/2015 5:18 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143
 Hospice CCN: 141595

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 2/26/2015 5:18 am

		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	-6,880	628,796	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	12,000	9.00
10.00	Nursing Care	0	315,224	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	48,942	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	28,299	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	-960	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	11,695	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	213,596	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)		6,880	39.00
40.00	Unit Cost Multiplier		0.010942	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141595

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 5:18 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
1.00 Administrative and General	0	7,110	173	930	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	12,131	0	0	0	0	4.00
5.00 Nursing Care	318,673	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	49,478	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	28,609	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	-971	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	11,823	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	215,933	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)	635,676	7,110	173	930	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

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

Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
1.00	Administrative and General	0	8,213	1,487	16,421	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	12,131	2,196	0	0	4.00
5.00	Nursing Care	68,276	386,949	70,058	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	10,264	59,742	10,816	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	4,704	33,313	6,031	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	-971	-176	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	11,823	2,141	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	215,933	39,094	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)	83,244	727,133	131,647	16,421	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

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

Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Hospice I					MEDICAL RECORDS & LIBRARY	
	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION			
	9.00	10.00	11.00	13.00	16.00		
1.00 Administrative and General	0	0	0	0	26,677	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	18,065	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	3,725	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	3,501	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	25,291	0	26,677	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K-5

Hospice CCN: 141595

To 09/30/2014

Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	52,798				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	14,327	0	14,327	865	4.00
5.00	Nursing Care	0	475,072	0	475,072	28,686	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	74,283	0	74,283	4,486	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	42,845	0	42,845	2,587	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	-1,147	0	-1,147	-69	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	13,964	0	13,964	843	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	255,027	0	255,027	15,400	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	927,169	0	927,169		34.00
35.00	Unit Cost Multiplier (see instructions)					0.060384	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

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

Part I
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	15,192		4.00
5.00	Nursing Care	503,758		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	78,769		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	45,432		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	-1,216		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	14,807		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	270,427		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	927,169		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

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

Worksheet K-5
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
1.00 Administrative and General	974	974	898	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	297,166	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	44,675	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	20,475	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)	974	974	898	0	362,316	34.00
35.00 Total cost to be allocated	7,110	173	930	0	83,244	35.00
36.00 Unit Cost Multiplier (see instructions)	7.299795	0.177618	1.035635	0.000000	0.229755	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

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

Worksheet K-5
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Reconciliation	Hospice I				
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5A	5.00	7.00	8.00	9.00	
1.00 Administrative and General	0	8,213	974	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	12,131	0	0	0	4.00
5.00 Nursing Care	0	386,949	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	59,742	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	33,313	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	-971	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	11,823	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	215,933	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)		727,133	974	0	0	34.00
35.00 Total cost to be allocated		131,647	16,421	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)		0.181049	16.859343	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

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

Worksheet K-5
Part II
Date/Time Prepared:
2/26/2015 5:18 am

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)			
	10.00	11.00	13.00	16.00	17.00		
1.00 Administrative and General	0	0	0	2,048,610	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	485	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	100	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	94	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	679	0	2,048,610	0	34.00	
35.00 Total cost to be allocated	0	25,291	0	26,677	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	37.247423	0.000000	0.013022	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet K-5 Part III Date/Time Prepared: 2/26/2015 5:18 am		
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	0.280557	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.256087	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.396499	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.422253	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.171166	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.076228	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	SONOGRAPHY	76.00	0.135473	0	0	10.00
10.01	AUDIOLOGY	76.01	0.596280	0	0	10.01
10.02	CARDIAC REHAB	76.02	0.403254	0	0	10.02
10.03	ECP	76.03	0.000000	0	0	10.03
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140143

Period: From 10/01/2013

Worksheet K-6

Hospice CCN: 141595

To 09/30/2014

Date/Time Prepared: 2/26/2015 5:18 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				927,169	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,940	2.00
3.00	Average cost per diem (line 1 divided by line 2)				187.69	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,216				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	791,301				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		143			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		26,840			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)			581		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			109,048		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140143	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/26/2015 5:18 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		526,531	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		9,266	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)		18.08	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		535,797	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