

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: 140148
 Period: From 10/01/2013 To 09/30/2014
 worksheet 5
 Parts I-III
 Date/Time Prepared: 2/27/2015 7:42 am

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/27/2015 Time: 7:42 am

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 MEMORIAL MEDICAL CENTER (140148) 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.

Encryption Information
 ECR: Date: 2/27/2015 Time: 7:42 am
 7BnsJluOOerw7I32hjtBSNd1056z10
 UHJ0Z0Szk2og0u8t7PPF6GkYLUQjYt
 D2QP2hupB40Dolzs
 PI: Date: 2/27/2015 Time: 7:42 am
 FH908CsyUuqzPR9edT6hgTG1qDAvh0
 gOmI203dyczu:wjozDwq:EQQAZZCxx
 CA0f07Piln0nogcd

(Signed) *Robert W Kay*
 Officer or Administrator of Provider(s)
 Senior Vice President & Chief Financial Officer
 Title
 Date: 2-27-15

	Title v 1.00	Title XVIII			Title XIX 5.00
		Part A 2.00	Part B 3.00	HIT 4.00	
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	575,565	105,029	-17,863	0 1.00
2.00 Subprovider - IPF	0	165,322	0		0 2.00
3.00 Subprovider - IRF	0	-95,425	0		0 3.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0				0 6.00
200.00 Total	0	645,462	105,029	-17,863	0 200.00

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S Parts I-III Date/Time Prepared: 2/27/2015 7:42 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/27/2015 Time: 7:42 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.

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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(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	575,565	105,029	-17,863	0	1.00
2.00 Subprovider - IPF	0	165,322	0		0	2.00
3.00 Subprovider - IRF	0	-95,425	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	645,462	105,029	-17,863	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/25/2015 4:05 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 701 NORTH FIRST STREET		PO Box:	1.00
2.00	City: SPRINGFIELD		State: IL Zip Code: 62781 County: SANGAMON	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140148	44100	1	10/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	MEMORIAL MEDICAL CENTER	14S148	44100	4	10/01/1966	N	P	0	4.00
5.00	Subprovider - IRF	PSYCH UNIT								
		MEMORIAL MEDICAL CENTER	14T148	44100	5	10/01/1966	N	P	0	5.00
6.00	Subprovider - (Other)	REHAB UNIT								6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	MEMORIAL MEDICAL CENTER	142315	44100		10/01/1966				18.00
19.00	Other	RENAL UNIT								19.00

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

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	Y			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.						
	9,117	3,214	0	5	1,992	145	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.						
	693	383	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/25/2015 4:05 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	0			36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	0			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)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	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/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

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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		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
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)			22.93	58.05	0.283156	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMI LY PRACTICE	1350	7.69	8.97	0.461585	65.00
65.01		INTERNAL MEDI CINE	1400	6.21	24.15	0.204545	65.01
65.02		PEDI ATRI CS	2000	0.51	0.17	0.750000	65.02

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	27.58	69.86	0.283046		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	9.85	10.82	0.476536	
67.01		INTERNAL MEDICINE	1400	6.36	23.19	0.215228	
67.02		PEDIATRICS	2000	0.13	0.63	0.171053	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			N	0	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)	Y			N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			N	0	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)	Y			N	0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				N		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

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		V 1.00	XIX 2.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00	3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y			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.		10/01/1966			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.		07/01/1999			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part I Date/Time Prepared: 2/25/2015 4:05 pm				
		1.00	2.00					
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	14H058		140.00			
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: MEMORIAL HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131	141.00			
142.00	Street: 701 NORTH FIRST STREET	PO Box:			142.00			
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62781		143.00			
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		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			
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	169.00	
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			04/01/2014	06/30/2014	170.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part II Date/Time Prepared: 2/25/2015 4:05 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
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	01/22/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140148

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

Worksheet S-2
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
1.00					
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
Y/N					Date
1.00					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.	N			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.	BOB		URBANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-788-3138		URBANCE.BOB@MHSI.L.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	01/22/2013	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 REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 2/25/2015 4:05 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	356	129,940	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)		356	129,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	38	13,870	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	10	3,650	0.00	0	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)		404	147,460	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	37	13,505		0	16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		471				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: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	44,155	7,875	81,870			1.00
2.00 HMO and other (see instructions)	10,777	5,234				2.00
3.00 HMO IPF Subprovider	743	612				3.00
4.00 HMO IRF Subprovider	356	383				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	44,155	7,875	81,870			7.00
8.00 INTENSIVE CARE UNIT	5,292	317	10,929			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT	121	377	2,564			10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		670	3,178			13.00
14.00 Total (see instructions)	49,568	9,239	98,541	145.22	3,011.66	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	4,060	2,445	11,730	3.75	75.31	16.00
17.00 SUBPROVIDER - IRF	3,008	693	5,615	0.41	30.87	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				149.38	3,117.84	27.00
28.00 Observation Bed Days		0	2,652			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,555			30.00
31.00 Employee discount days - IRF			47			31.00
32.00 Labor & delivery days (see instructions)	6	1,078	3,817			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: 140148

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

Worksheet S-3
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	9,795	2,848	21,626	1.00
2.00 HMO and other (see instructions)			2,045	449		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	9,795	2,848	21,626	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	340	410	1,328	16.00
17.00 SUBPROVIDER - IRF	0.00	0	246	62	457	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet S-3 Part II Date/Time Prepared: 2/25/2015 4:05 pm	
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	180,468,970	-28,929	180,440,041	6,785,069.00	26.59	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		10,494,851	0	10,494,851	132,452.00	79.24	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		546,644	0	546,644	2,080.00	262.81	5.00
6.00	Non-physician-Part B		544,563	0	544,563	17,838.00	30.53	6.00
7.00	Interns & residents (in an approved program)	21.00	7,462,130	320	7,462,450	284,290.00	26.25	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)		6,048,400	838,381	6,886,781	280,790.00	24.53	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,461,895	0	1,461,895	23,492.00	62.23	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		8,355,630	0	8,355,630	62,261.63	134.20	13.00
14.00	Home office salaries & wage-related costs		19,197,762	0	19,197,762	315,035.15	60.94	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)		58,922,184	0	58,922,184			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,819,650	0	2,819,650			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		2,617,819	0	2,617,819			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		101,966	0	101,966			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,788,837	0	1,788,837			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,181,359	40,214	3,221,573	134,538.64	23.95	26.00
27.00	Administrative & General	5.00	21,368,035	-483,247	20,884,788	841,252.70	24.83	27.00
28.00	Administrative & General under contract (see inst.)		3,435,003	0	3,435,003	15,474.27	221.98	28.00
29.00	Maintenance & Repairs	6.00	4,680,634	42,579	4,723,213	188,536.06	25.05	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	167,259	2,078	169,337	12,280.20	13.79	31.00
32.00	Housekeeping	9.00	3,866,976	52,115	3,919,091	280,403.64	13.98	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	3,083,316	-2,065,132	1,018,184	70,498.28	14.44	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	708,234	2,111,665	2,819,899	201,800.99	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	2,139,666	60,028	2,199,694	59,358.30	37.06	38.00
39.00	Central Services and Supply	14.00	1,675,242	38,485	1,713,727	112,437.89	15.24	39.00
40.00	Pharmacy	15.00	6,046,749	-41,541	6,005,208	151,962.17	39.52	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140148

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

Worksheet S-3
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

	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 3,563,651	-70,491	3,493,160	183,100.07	19.08	41.00
42.00	Social Service	17.00 0	621,345	621,345	29,894.74	20.78	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140148

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

Worksheet S-3
Part III
Date/Time Prepared:
2/25/2015 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	164,855,785	-29,249	164,826,536	6,363,883.27	25.90	1.00
2.00	Excluded area salaries (see instructions)	6,048,400	838,381	6,886,781	280,790.00	24.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	158,807,385	-867,630	157,939,755	6,083,093.27	25.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	29,015,287	0	29,015,287	400,788.78	72.40	4.00
5.00	Subtotal wage-related costs (see inst.)	58,922,184	0	58,922,184	0.00	37.31	5.00
6.00	Total (sum of lines 3 thru 5)	246,744,856	-867,630	245,877,226	6,483,882.05	37.92	6.00
7.00	Total overhead cost (see instructions)	53,916,124	308,098	54,224,222	2,281,537.95	23.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2015 4:05 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			11,819,951 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			12,227,720 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			1,997,361 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			17,111,946 8.00
9.00	Prescription Drug Plan			5,904,393 9.00
10.00	Dental, Hearing and Vision Plan			2,238,539 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			350,588 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			287,789 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,214,496 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			12,567,150 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			267,357 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			263,166 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			66,250,456 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: 140148

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

Worksheet S-3
Part V
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,462,205	61,011,381	1.00
2.00	Hospital	1,461,895	58,922,184	2.00
3.00	Subprovider - IPF	0	1,528,320	3.00
4.00	Subprovider - IRF	310	560,877	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140148

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

Worksheet S-5

Date/Time Prepared:
2/25/2015 4:05 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	3	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	4.50	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	365	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	2	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						207	11.00			
12.00	Number of patients transplanted during the cost reporting period						33	12.00			
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.							13.00			
14.00	Epoetin amount from Worksheet A for Home Dialysis program							14.00			
15.00	Number of EPO units furnished relating to the renal dialysis department							15.00			
16.00	Number of EPO units furnished relating to the home dialysis department							16.00			
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.							17.00			
18.00	ARANESP amount from Worksheet A for Home Dialysis program							18.00			
19.00	Number of ARANESP units furnished relating to the renal dialysis department							19.00			
20.00	Number of ARANESP units furnished relating to the home dialysis department							20.00			
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X	21.00			
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet S-10 Date/Time Prepared: 2/25/2015 4:05 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.233022	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		40,967,804	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		255,865,893	6.00
7.00	Medicaid cost (line 1 times line 6)		59,622,382	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)		18,654,578	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP		0	9.00
10.00	Stand-alone SCHIP charges		0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		18,654,578	19.00
			Uninsured patients	Insured patients
			1.00	2.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		38,162,785	5,482,338
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		8,892,768	1,277,505
22.00	Partial payment by patients approved for charity care		559,468	80,371
23.00	Cost of charity care (line 21 minus line 22)		8,333,300	1,197,134
				Total (col. 1 + col. 2)
				3.00
			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)		9,377,012	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,887,497	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		6,489,515	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,512,200	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,042,634	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,697,212	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,901,168	4,913,507	16,814,675	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,181,359	45,486,314	-1,828,618	46,839,055	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,368,035	115,202,079	-477,520	136,092,594	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,680,634	10,884,275	42,579	15,607,488	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	167,259	2,269,934	2,078	2,439,271	8.00
9.00	00900	HOUSEKEEPING	3,866,976	2,157,396	52,115	6,076,487	9.00
10.00	01000	DIETARY	3,083,316	1,598,690	-2,719,341	1,962,665	10.00
11.00	01100	CAFETERIA	708,234	2,049,363	2,765,874	5,523,471	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,139,666	-120,566	60,028	2,079,128	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,675,242	1,329,219	38,485	3,042,946	14.00
15.00	01500	PHARMACY	6,046,749	21,805,435	-20,299,496	7,552,688	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,563,651	2,161,423	39,477	5,764,551	16.00
17.00	01700	SOCIAL SERVICE	0	0	928,393	928,393	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,462,130	0	320	7,462,450	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,431,066	0	1,431,066	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	9,462	9,462	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	84,172	84,172	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,677,253	5,885,556	1,333,152	33,895,961	30.00
31.00	03100	INTENSIVE CARE UNIT	6,659,556	2,346,737	-15,718	8,990,575	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	1,224,146	405,552	-6,862	1,622,836	33.00
40.00	04000	SUBPROVIDER - I PF	3,909,588	543,357	-5,941	4,447,004	40.00
41.00	04100	SUBPROVIDER - I RF	1,440,017	212,143	13,521	1,665,681	41.00
43.00	04300	NURSERY	3,463,695	1,429,496	-3,530,316	1,362,875	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,750,583	7,626,060	146,514	20,523,157	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,354,696	2,354,696	52.00
53.00	05300	ANESTHESIOLOGY	11,501,509	3,476,633	48,984	15,027,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,853,675	10,247,915	-377,258	17,724,332	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,844,311	2,578,358	12,492	4,435,161	55.00
57.00	05700	CT SCAN	1,039,854	2,167,478	5,594	3,212,926	57.00
58.00	05800	MRI	694,159	1,635,892	4,155	2,334,206	58.00
60.00	06000	LABORATORY	9,924,556	16,067,251	-763,287	25,228,520	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	415,797	2,813,865	2,238	3,231,900	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,297,307	1,762,018	26,192	5,085,517	65.00
66.00	06600	PHYSICAL THERAPY	7,208,633	1,628,126	58,625	8,895,384	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,522,043	158,831	5,754	1,686,628	67.00
68.00	06800	SPEECH PATHOLOGY	644,058	63,109	3,268	710,435	68.00
69.00	06900	ELECTROCARDIOLOGY	5,675,085	16,064,394	-6,927,118	14,812,361	69.00
69.01	03340	GI UNIT	1,428,589	1,725,043	16,127	3,169,759	69.01
69.02	03650	VASCULAR LAB	716,721	720,106	2,877	1,439,704	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	360,920	179,532	2,789	543,241	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	413,882	36,961,328	-41,309	37,333,901	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	7,315,674	7,315,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	20,251,973	20,251,973	73.00
73.01	03640	RENAL TXPLANT LAB	172,205	300,784	959	473,948	73.01
74.00	07400	RENAL DIALYSIS	1,068,167	572,796	-312,375	1,328,588	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,112,009	4,224,373	22,122	6,358,504	75.00
76.97	07697	CARDIAC REHABILITATION	1,089,331	169,866	11,881	1,271,078	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	6,719,275	6,303,629	-394,977	12,627,927	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	294,642	1,360,136	-149,156	1,505,622	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	150,435	150,435	109.00
113.00	11300	INTEREST EXPENSE	0	5,865,226	-5,776,982	88,244	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	180,064,817	353,651,386	-2,899,762	530,816,441	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,206	196,041	257,247	257,247	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,110	20,060	34,170	11,867	46,037	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	100,299	100,299	1,610,485	1,710,784	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	23,697	20,148	43,845	0	43,845	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	78,057	696,667	774,724	0	774,724	192.09
192.10	19209	AUDIOLOGY	227,083	355,304	582,387	1,279	583,666	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	1,276,131	1,276,131	192.11
200.00		TOTAL (SUM OF LINES 118-199)	180,468,970	355,039,905	535,508,875	0	535,508,875	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,136,518	18,951,193	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,655,788	43,183,267	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-65,465,187	70,627,407	5.00
6.00	00600	MAINTENANCE & REPAIRS	163,061	15,770,549	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,439,271	8.00
9.00	00900	HOUSEKEEPING	-108,894	5,967,593	9.00
10.00	01000	DIETARY	-115,625	1,847,040	10.00
11.00	01100	CAFETERIA	-4,172,194	1,351,277	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-125	2,079,003	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,042,946	14.00
15.00	01500	PHARMACY	-3,250	7,549,438	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,334	5,821,885	16.00
17.00	01700	SOCIAL SERVICE	0	928,393	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-641,089	6,821,361	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,431,066	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	9,462	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	84,172	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-170,286	33,725,675	30.00
31.00	03100	INTENSIVE CARE UNIT	-600,641	8,389,934	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	-49,308	1,573,528	33.00
40.00	04000	SUBPROVIDER - I PF	-10,608	4,436,396	40.00
41.00	04100	SUBPROVIDER - I RF	-366	1,665,315	41.00
43.00	04300	NURSERY	-280,123	1,082,752	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,563,708	18,959,449	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,354,696	52.00
53.00	05300	ANESTHESIOLOGY	-11,177,831	3,849,295	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,038	18,029,370	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-4,407	4,430,754	55.00
57.00	05700	CT SCAN	22,260	3,235,186	57.00
58.00	05800	MRI	33,588	2,367,794	58.00
60.00	06000	LABORATORY	-1,951,711	23,276,809	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,231,900	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-56,160	5,029,357	65.00
66.00	06600	PHYSICAL THERAPY	-78,968	8,816,416	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,512	1,704,140	67.00
68.00	06800	SPEECH PATHOLOGY	0	710,435	68.00
69.00	06900	ELECTROCARDIOLOGY	-752,579	14,059,782	69.00
69.01	03340	GI UNIT	-1,871	3,167,888	69.01
69.02	03650	VASCULAR LAB	-21,127	1,418,577	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-18,361	524,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-679,195	36,654,706	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	7,315,674	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,251,973	73.00
73.01	03640	RENAL TXPLANT LAB	-36,000	437,948	73.01
74.00	07400	RENAL DIALYSIS	-17,707	1,310,881	74.00
75.00	07500	ASC (NON-DISTINCT PART)	170,702	6,529,206	75.00
76.97	07697	CARDIAC REHABILITATION	11,615	1,282,693	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,086,035	11,541,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-96,027	1,409,595	105.00
109.00	10900	PANCREAS ACQUISITION	0	150,435	109.00
113.00	11300	INTEREST EXPENSE	-88,244	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-89,985,787	440,830,654	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	257,247	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	46,037	192.00
192.01	19201	SCHOOL OF MEDICINE	0	1,710,784	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140148

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

Worksheet A
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	43,845	192.03
192.04	19203	MEALS ON WHEELS	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	192.06
192.07	19206	GAMBRO	0	0	192.07
192.08	19208	FOUNDATION	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	774,724	192.09
192.10	19209	AUDIOLOGY	0	583,666	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	1,276,131	192.11
200.00		TOTAL (SUM OF LINES 118-199)	-89,985,787	445,523,088	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet Non-CMS W Date/Time Prepared: 2/25/2015 4:05 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(EMS)	02300		23.00
23.01	PARAMED ED PRGM-(PHARMACY)	02301		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
60.00	LABORATORY	06000		60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	GI UNIT	03340		69.01
69.02	VASCULAR LAB	03650		69.02
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
73.01	RENAL TXPLANT LAB	03640		73.01
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LI THOTRI PSY	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
109.00	PANCREAS ACQUISITION	10900		109.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140148

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

Worksheet Non-CMS W
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
192.01 SIU SCHOOL OF MEDICINE	19201		192.01
192.03 UNIVERSITY BUILDING (MHCCI)	19202		192.03
192.04 MEALS ON WHEELS	19203		192.04
192.05 ACS HOME CARE	19204		192.05
192.06 VNA OF CENTRAL IL	19205		192.06
192.07 GAMBRO	19206		192.07
192.08 FOUNDATION	19208		192.08
192.09 SIU MAP PROGRAM	19207		192.09
192.10 AUDIOLOGY	19209		192.10
192.11 SOUTH6TH AND N. DIRKSON RADIOLOGY	19210		192.11
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/25/2015 4:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - Lease Recl ass					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	863,475	1.00
2.00		0.00	0	0	2.00
	0		0	863,475	
B - Drugs Charged to Patients					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,251,973	1.00
2.00		0.00	0	0	2.00
	0		0	20,251,973	
C - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,776,982	1.00
	0		0	5,776,982	
D - Social Service Recl ass					
1.00	SOCIAL SERVICE	17.00	621,345	0	1.00
2.00	SOCIAL SERVICE	17.00	0	307,048	2.00
	0		621,345	307,048	
E - Renal Medical Suppl ies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	324,351	1.00
2.00		0.00	0	0	2.00
	0		0	324,351	
F - Cafe/Dietary Other Costs Recl ass					
1.00	CAFETERIA	11.00	2,101,684	654,209	1.00
	0		2,101,684	654,209	
G - FMS Recl ass					
1.00	ADULTS & PEDIATRICS	30.00	898,829	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,760,596	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	303,303	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	594,100	4.00
	0		2,659,425	897,403	
H - Contract Labor					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,788	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	145,469	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	109,968	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	399,139	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	75,992	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	1,560	6.00
7.00	SUBPROVIDER - IRF	41.00	0	310	7.00
8.00	OPERATING ROOM	50.00	0	336,764	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,746	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	56,145	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	275,131	11.00
12.00	VASCULAR LAB	69.02	0	11,340	12.00
13.00	EMERGENCY	91.00	0	184,975	13.00
	0		0	1,644,327	
I - Kinet ic Bed Recl ass					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,932	1.00
2.00		0.00	0	0	2.00
	0		0	5,932	
J - BUI LDING INSURANCE RECLASS					
1.00		0.00	0	0	1.00
	0		0	0	
K - Observation Recl ass					
1.00	ADULTS & PEDIATRICS	30.00	18,836	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,310	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	0		18,836	4,310	
L - SO. SIXTH / NO. DIRK RADIOLOGY RECL					
1.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	153,896	72,068	1.00
2.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	141,046	68,281	2.00
3.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	151,846	202,301	3.00
4.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	233,418	253,275	4.00
	0		680,206	595,925	
N - SIU Purchased Service Support					
1.00	SIU SCHOOL OF MEDICINE	192.01	0	747,010	1.00
2.00	OPERATING ROOM	50.00	0	31,313	2.00
3.00	GI UNIT	69.01	0	3,125	3.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/25/2015 4:05 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
				781,448		
O - Affiliate Accounting Reclass						
1.00		0.00	0	0		1.00
P - Pancreas Reclass Other Costs						
1.00	PANCREAS ACQUISITION	109.00	26,786	123,649		1.00
			26,786	123,649		
Q - Management Incentive Program						
1.00		0.00	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,307	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	171,532	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	16,528	0		4.00
5.00	HOUSEKEEPING	9.00	7,685	0		5.00
6.00	DIETARY	10.00	5,227	0		6.00
7.00	CAFETERIA	11.00	871	0		7.00
9.00	NURSING ADMINISTRATION	13.00	47,562	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	17,262	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	52,606	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	12,509	0		12.00
13.00	SUBPROVIDER - IPF	40.00	19,266	0		13.00
14.00	SUBPROVIDER - IRF	41.00	6,169	0		14.00
15.00	NURSERY	43.00	5,895	0		15.00
16.00	OPERATING ROOM	50.00	54,149	0		16.00
17.00	ANESTHESIOLOGY	53.00	28,846	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	10,246	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	6,259	0		19.00
20.00	LABORATORY	60.00	18,099	0		20.00
21.00	RESPIRATORY THERAPY	65.00	6,854	0		21.00
22.00	PHYSICAL THERAPY	66.00	30,168	0		22.00
23.00	SPEECH PATHOLOGY	68.00	871	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	28,951	0		24.00
25.00	GI UNIT	69.01	5,171	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	871	0		26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	871	0		27.00
28.00	PHARMACY	15.00	14,913	0		28.00
29.00	RENAL DIALYSIS	74.00	7,022	0		29.00
30.00	ASC (NON-DISTINCT PART)	75.00	8,058	0		30.00
31.00	CARDIAC REHABILITATION	76.97	5,648	0		31.00
33.00	CENTRAL SERVICES & SUPPLY	14.00	23,142	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,913	0		34.00
			652,471	0		
S - EMS Coordinator Reclass Other Costs						
1.00	PARAMED ED PRGM-(EMS)	23.00	0	672		1.00
2.00	PARAMED ED PRGM-(EMS)	23.00	8,790	0		2.00
3.00	PARAMED ED PRGM-(PHARMACY)	23.01	78,190	5,982		3.00
			86,980	6,654		
T - DEPRECIATION RECLASS						
1.00		0.00	0	0		1.00
W - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,695	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	112,035	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	26,051	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	2,078	0		4.00
5.00	HOUSEKEEPING	9.00	44,430	0		5.00
6.00	DIETARY	10.00	31,325	0		6.00
7.00	CAFETERIA	11.00	9,110	0		7.00
8.00	NURSING ADMINISTRATION	13.00	12,466	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	15,343	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	22,215	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	320	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	151,351	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	37,239	0		13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	5,913	0		14.00
15.00	SUBPROVIDER - IPF	40.00	24,293	0		15.00
16.00	SUBPROVIDER - IRF	41.00	7,352	0		16.00
17.00	NURSERY	43.00	20,617	0		17.00
18.00	OPERATING ROOM	50.00	61,052	0		18.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
19.00	ANESTHESIOLOGY	53.00	20,138	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	47,787	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	6,233	0		21.00
22.00	CT SCAN	57.00	5,594	0		22.00
23.00	MRI	58.00	4,155	0		23.00
24.00	LABORATORY	60.00	59,454	0		24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	2,238	0		25.00
26.00	RESPIRATORY THERAPY	65.00	19,338	0		26.00
27.00	PHYSICAL THERAPY	66.00	36,599	0		27.00
28.00	OCCUPATIONAL THERAPY	67.00	5,754	0		28.00
29.00	SPEECH PATHOLOGY	68.00	2,397	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	28,288	0		30.00
31.00	GI UNIT	69.01	7,831	0		31.00
32.00	VASCULAR LAB	69.02	2,877	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	1,918	0		33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1,119	0		34.00
35.00	PHARMACY	15.00	21,736	0		35.00
36.00	RENAL TXPLANT LAB	73.01	959	0		36.00
37.00	RENAL DIALYSIS	74.00	4,954	0		37.00
38.00	ASC (NON-DISTINCT PART)	75.00	14,064	0		38.00
39.00	CARDIAC REHABILITATION	76.97	6,233	0		39.00
40.00	EMERGENCY	91.00	49,864	0		40.00
41.00	KIDNEY ACQUISITION	105.00	1,279	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	4,954	0		42.00
43.00	AUDIOLOGY	192.10	1,279	0		43.00
			962,927	0		
Y - HUMAN RESOURCE RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	268,222		1.00
			0	268,222		
AA - Implantable Devices						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	7,315,674		1.00
2.00		0.00	0	0		2.00
			0	7,315,674		
500.00	Grand Total: Increases		7,810,660	39,821,582		500.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/25/2015 4:05 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Lease Recl ass							
1.00		0.00	0	0	0		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	863,475	9		2.00
	0		0	863,475			
B - Drugs Charged to Patients							
1.00		0.00	0	0	0		1.00
2.00	PHARMACY	15.00	0	20,251,973	0		2.00
	0		0	20,251,973			
C - Interest Expense							
1.00	INTEREST EXPENSE	113.00	0	5,776,982	11		1.00
	0		0	5,776,982			
D - Social Service Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	621,345	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	307,048	0		2.00
	0		621,345	307,048			
E - Renal Medical Suppl ies							
1.00		0.00	0	0	0		1.00
2.00	RENAL DIALYSIS	74.00	0	324,351	0		2.00
	0		0	324,351			
F - Cafe/Dietary Other Costs Recl ass							
1.00	DIETARY	10.00	2,101,684	654,209	0		1.00
	0		2,101,684	654,209			
G - FMS Recl ass							
1.00	NURSERY	43.00	2,659,425	0	0		1.00
2.00	NURSERY	43.00	0	897,403	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		2,659,425	897,403			
H - Contract Labor							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,788	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	145,469	0	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	109,968	0	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	399,139	0	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	75,992	0	0		5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	1,560	0	0		6.00
7.00	SUBPROVIDER - IRF	41.00	310	0	0		7.00
8.00	OPERATING ROOM	50.00	336,764	0	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	32,746	0	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	56,145	0	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	275,131	0	0		11.00
12.00	VASCULAR LAB	69.02	11,340	0	0		12.00
13.00	EMERGENCY	91.00	184,975	0	0		13.00
	0		1,644,327	0			
I - Kinet ic Bed Recl ass							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	5,932	0		2.00
	0		0	5,932			
J - BUILDING INSURANCE RECLASS							
1.00		0.00	0	0	0		1.00
	0		0	0			
K - Observati on Recl ass							
1.00		0.00	0	0	0		1.00
2.00	BURN INTENSIVE CARE UNIT	33.00	8,850	0	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	9,986	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00	BURN INTENSIVE CARE UNIT	33.00	0	3,925	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	385	0		6.00
	0		18,836	4,310			
L - SO. SIXTH / NO. DIRK RADIOLOGY RECL							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	153,896	72,068	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	141,046	68,281	0		2.00
3.00	LABORATORY	60.00	151,846	202,301	0		3.00
4.00	LABORATORY	60.00	233,418	253,275	0		4.00
	0		680,206	595,925			
N - SIU Purchased Service Support							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	100,916	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	90,151	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	55,095	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	49,500	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	8,142	0		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	42,265	0		6.00
7.00	EMERGENCY	91.00	0	435,379	0		7.00
	0		0	781,448			

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Date/Time Prepared:
2/25/2015 4:05 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
O - Affiliate Accounting Reclass						
1.00	0.00	0	0	0		1.00
P - Pancreas Reclass Other Costs						
1.00	KIDNEY ACQUISITION	105.00	26,786	123,649	0	1.00
			26,786	123,649		
O - Management Incentive Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	652,471	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
				652,471		
S - EMS Coordinator Reclass Other Costs						
1.00	EMERGENCY	91.00	8,790	0	0	1.00
2.00	EMERGENCY	91.00	0	672	0	2.00
3.00	PHARMACY	15.00	78,190	5,982	0	3.00
			86,980	6,654		
T - DEPRECIATION RECLASS						
1.00		0.00	0	0	0	1.00
W - Success Sharing Program						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	962,927	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
26.00	0.00	0	0	0	0		26.00
27.00	0.00	0	0	0	0		27.00
28.00	0.00	0	0	0	0		28.00
29.00	0.00	0	0	0	0		29.00
30.00	0.00	0	0	0	0		30.00
31.00	0.00	0	0	0	0		31.00
32.00	0.00	0	0	0	0		32.00
33.00	0.00	0	0	0	0		33.00
34.00	0.00	0	0	0	0		34.00
35.00	0.00	0	0	0	0		35.00
36.00	0.00	0	0	0	0		36.00
37.00	0.00	0	0	0	0		37.00
38.00	0.00	0	0	0	0		38.00
39.00	0.00	0	0	0	0		39.00
40.00	0.00	0	0	0	0		40.00
41.00	0.00	0	0	0	0		41.00
42.00	0.00	0	0	0	0		42.00
43.00	0.00	0	0	0	0		43.00
0		0	962,927				
Y - HUMAN RESOURCE RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	268,222	0		1.00
0			0	268,222			
AA - Implantable Devices							
1.00	ELECTROCARDIOLOGY	69.00	0	6,942,092	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	373,582	0		2.00
0			0	7,315,674			
500.00	Grand Total: Decreases		7,839,589	39,792,653			500.00

		Increases			Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
A - Lease Recl ass									
1.00	SIU SCHOOL OF MEDICINE	192.01	0	863,475		0.00	0	0	1.00
2.00		0.00	0	0	CAP REL COSTS-BLDG & FIXT	1.00	0	863,475	2.00
	0		0	863,475	0		0	863,475	
B - Drugs Charged to Patients									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,251,973		0.00	0	0	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	20,251,973	2.00
	0		0	20,251,973	0		0	20,251,973	
C - Interest Expense									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,776,982	INTEREST EXPENSE	113.00	0	5,776,982	1.00
	0		0	5,776,982	0		0	5,776,982	
D - Social Service Recl ass									
1.00	SOCIAL SERVICE	17.00	621,345	0	ADMINISTRATIVE & GENERAL	5.00	621,345	0	1.00
2.00	SOCIAL SERVICE	17.00	0	307,048	ADMINISTRATIVE & GENERAL	5.00	0	307,048	2.00
	0		621,345	307,048	0		621,345	307,048	
E - Renal Medical Supplies									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	324,351		0.00	0	0	1.00
2.00		0.00	0	0	RENAL DIALYSIS	74.00	0	324,351	2.00
	0		0	324,351	0		0	324,351	
F - Cafe/Dietary Other Costs Recl ass									
1.00	CAFETERIA	11.00	2,101,684	654,209	DIETARY	10.00	2,101,684	654,209	1.00
	0		2,101,684	654,209	0		2,101,684	654,209	
G - FMS Recl ass									
1.00	ADULTS & PEDIATRICS	30.00	898,829	0	NURSERY	43.00	2,659,425	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,760,596	0	NURSERY	43.00	0	897,403	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	303,303		0.00	0	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	594,100		0.00	0	0	4.00
	0		2,659,425	897,403	0		2,659,425	897,403	
H - Contract Labor									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	14,788	EMPLOYEE BENEFITS DEPARTMENT	4.00	14,788	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	145,469	ADMINISTRATIVE & GENERAL	5.00	145,469	0	2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	109,968	MEDICAL RECORDS & LIBRARY	16.00	109,968	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	399,139	ADULTS & PEDIATRICS	30.00	399,139	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	75,992	INTENSIVE CARE UNIT	31.00	75,992	0	5.00
6.00	BURN INTENSIVE CARE UNIT	33.00	0	1,560	BURN INTENSIVE CARE UNIT	33.00	1,560	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	310	SUBPROVIDER - IRF	41.00	310	0	7.00
8.00	OPERATING ROOM	50.00	0	336,764	OPERATING ROOM	50.00	336,764	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	32,746	RADIOLOGY-DIAGNOSTIC	54.00	32,746	0	9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	56,145	RADIOLOGY-THERAPEUTIC	55.00	56,145	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	275,131	ELECTROCARDIOLOGY	69.00	275,131	0	11.00
12.00	VASCULAR LAB	69.02	0	11,340	VASCULAR LAB	69.02	11,340	0	12.00
13.00	EMERGENCY	91.00	0	184,975	EMERGENCY	91.00	184,975	0	13.00
	0		0	1,644,327	0		1,644,327	0	
I - Kinetic Bed Recl ass									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,932		0.00	0	0	1.00
2.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	5,932	2.00
	0		0	5,932	0		0	5,932	
J - BUILDING INSURANCE RECLASS									
1.00		0.00	0	0		0.00	0	0	1.00
	0		0	0	0		0	0	
K - Observation Recl ass									
1.00	ADULTS & PEDIATRICS	30.00	18,836	0		0.00	0	0	1.00
2.00		0.00	0	0	BURN INTENSIVE CARE UNIT	33.00	8,850	0	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	9,986	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,310		0.00	0	0	4.00
5.00		0.00	0	0	BURN INTENSIVE CARE UNIT	33.00	0	3,925	5.00
6.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	385	6.00
	0		18,836	4,310	0		18,836	4,310	

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
2/25/2015 4:05 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
L - SOUTH6TH AND N. DIRKSON RADIOLOGY RECL									
1.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	153,896	72,068	RADIOLOGY-DIAGNOSTIC	54.00	153,896	72,068	1.00
2.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	141,046	68,281	RADIOLOGY-DIAGNOSTIC	54.00	141,046	68,281	2.00
3.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	151,846	202,301	LABORATORY	60.00	151,846	202,301	3.00
4.00	SOUTH6TH AND N. DIRKSON RADIOLOGY	192.11	233,418	253,275	LABORATORY	60.00	233,418	253,275	4.00
	0		680,206	595,925	0		680,206	595,925	
N - SIU Purchased Service Support									
1.00	SIU SCHOOL OF MEDICINE	192.01	0	747,010	ADMINISTRATIVE & GENERAL	5.00	0	100,916	1.00
2.00	OPERATING ROOM	50.00	0	31,313	ADULTS & PEDIATRICS	30.00	0	90,151	2.00
3.00	GI UNIT	69.01	0	3,125	INTENSIVE CARE UNIT	31.00	0	55,095	3.00
4.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	49,500	4.00
5.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	8,142	5.00
6.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	42,265	6.00
7.00		0.00	0	0	EMERGENCY	91.00	0	435,379	7.00
	0		0	781,448	0		0	781,448	
O - Affiliate Accounting Reclass									
1.00		0.00	0	0		0.00	0	0	1.00
	0		0	0			0	0	
P - Pancreas Reclass Other Costs									
1.00	PANCREAS ACQUISITION	109.00	26,786	123,649	KIDNEY ACQUISITION	105.00	26,786	123,649	1.00
	0		26,786	123,649	0		26,786	123,649	
Q - Management Incentive Program									
1.00		0.00	0	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	652,471	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	32,307	0		0.00	0	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	171,532	0		0.00	0	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	16,528	0		0.00	0	0	4.00
5.00	HOUSEKEEPING	9.00	7,685	0		0.00	0	0	5.00
6.00	DIETARY	10.00	5,227	0		0.00	0	0	6.00
7.00	CAFETERIA	11.00	871	0		0.00	0	0	7.00
9.00	NURSING	13.00	47,562	0		0.00	0	0	9.00
10.00	ADMINISTRATIVE MEDICAL RECORDS & LIBRARY	16.00	17,262	0		0.00	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	52,606	0		0.00	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	12,509	0		0.00	0	0	12.00
13.00	SUBPROVIDER - IPF	40.00	19,266	0		0.00	0	0	13.00
14.00	SUBPROVIDER - IRF	41.00	6,169	0		0.00	0	0	14.00
15.00	NURSERY	43.00	5,895	0		0.00	0	0	15.00
16.00	OPERATING ROOM	50.00	54,149	0		0.00	0	0	16.00
17.00	ANESTHESIOLOGY	53.00	28,846	0		0.00	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	10,246	0		0.00	0	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	6,259	0		0.00	0	0	19.00
20.00	LABORATORY	60.00	18,099	0		0.00	0	0	20.00
21.00	RESPIRATORY THERAPY	65.00	6,854	0		0.00	0	0	21.00
22.00	PHYSICAL THERAPY	66.00	30,168	0		0.00	0	0	22.00
23.00	SPEECH PATHOLOGY	68.00	871	0		0.00	0	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	28,951	0		0.00	0	0	24.00
25.00	GI UNIT	69.01	5,171	0		0.00	0	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	871	0		0.00	0	0	26.00
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	871	0		0.00	0	0	27.00
28.00	PHARMACY	15.00	14,913	0		0.00	0	0	28.00
29.00	RENAL DIALYSIS	74.00	7,022	0		0.00	0	0	29.00
30.00	ASC (NON-DISTINCT PART)	75.00	8,058	0		0.00	0	0	30.00
31.00	CARDIAC REHABILITATION	76.97	5,648	0		0.00	0	0	31.00
33.00	CENTRAL SERVICES & SUPPLY	14.00	23,142	0		0.00	0	0	33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,913	0		0.00	0	0	34.00
	0		652,471	0			0	652,471	
S - EMS Coordinator Reclass Other Costs									
1.00	PARAMED ED PRGM-(EMS)	23.00	0	672	EMERGENCY	91.00	8,790	0	1.00
2.00	PARAMED ED PRGM-(EMS)	23.00	8,790	0	EMERGENCY	91.00	0	672	2.00

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
3.00	PARAMED ED PRGM-(PHARMACY)	23.01	78,190	5,982	PHARMACY	15.00	78,190	5,982	3.00
			86,980	6,654			86,980	6,654	
T - DEPRECIATION RECLASS									
1.00		0.00	0	0		0.00	0	0	1.00
W - Success Sharing Program									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	22,695	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	962,927	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	112,035	0		0.00	0	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	26,051	0		0.00	0	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	2,078	0		0.00	0	0	4.00
5.00	HOUSEKEEPING	9.00	44,430	0		0.00	0	0	5.00
6.00	DIETARY	10.00	31,325	0		0.00	0	0	6.00
7.00	CAFETERIA	11.00	9,110	0		0.00	0	0	7.00
8.00	NURSING	13.00	12,466	0		0.00	0	0	8.00
9.00	ADMINISTRATION CENTRAL SERVICES & SUPPLY	14.00	15,343	0		0.00	0	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	22,215	0		0.00	0	0	10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	320	0		0.00	0	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	151,351	0		0.00	0	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	37,239	0		0.00	0	0	13.00
14.00	BURN INTENSIVE CARE UNIT	33.00	5,913	0		0.00	0	0	14.00
15.00	SUBPROVIDER - IPF	40.00	24,293	0		0.00	0	0	15.00
16.00	SUBPROVIDER - IRF	41.00	7,352	0		0.00	0	0	16.00
17.00	NURSERY	43.00	20,617	0		0.00	0	0	17.00
18.00	OPERATING ROOM	50.00	61,052	0		0.00	0	0	18.00
19.00	ANESTHESIOLOGY	53.00	20,138	0		0.00	0	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	47,787	0		0.00	0	0	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	6,233	0		0.00	0	0	21.00
22.00	CT SCAN	57.00	5,594	0		0.00	0	0	22.00
23.00	MRI	58.00	4,155	0		0.00	0	0	23.00
24.00	LABORATORY	60.00	59,454	0		0.00	0	0	24.00
25.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	2,238	0		0.00	0	0	25.00
26.00	RESPIRATORY THERAPY	65.00	19,338	0		0.00	0	0	26.00
27.00	PHYSICAL THERAPY	66.00	36,599	0		0.00	0	0	27.00
28.00	OCCUPATIONAL THERAPY	67.00	5,754	0		0.00	0	0	28.00
29.00	SPEECH PATHOLOGY	68.00	2,397	0		0.00	0	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	28,288	0		0.00	0	0	30.00
31.00	GI UNIT	69.01	7,831	0		0.00	0	0	31.00
32.00	VASCULAR LAB	69.02	2,877	0		0.00	0	0	32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	1,918	0		0.00	0	0	33.00
34.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1,119	0		0.00	0	0	34.00
35.00	PHARMACY	15.00	21,736	0		0.00	0	0	35.00
36.00	RENAL TXPLANT LAB	73.01	959	0		0.00	0	0	36.00
37.00	RENAL DIALYSIS	74.00	4,954	0		0.00	0	0	37.00
38.00	ASC (NON-DI STINCT PART)	75.00	14,064	0		0.00	0	0	38.00
39.00	CARDIAC REHABILITATION	76.97	6,233	0		0.00	0	0	39.00
40.00	EMERGENCY	91.00	49,864	0		0.00	0	0	40.00
41.00	KIDNEY ACQUISITION	105.00	1,279	0		0.00	0	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	4,954	0		0.00	0	0	42.00
43.00	AUDIOLOGY	192.10	1,279	0		0.00	0	0	43.00
			962,927	0			0	962,927	
Y - HUMAN RESOURCE RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	268,222	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	268,222	1.00
			0	268,222			0	268,222	
AA - Implantable Devices									
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	7,315,674	ELECTROCARDIOLOGY	69.00	0	6,942,092	1.00
2.00		0.00	0	0	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	373,582	2.00
			0	7,315,674			0	7,315,674	

RECLASSIFICATIONS

Provider CCN: 140148

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
500.00	Grand Total : Increases		7,810,660	39,821,582	Grand Total : Decreases		7,839,589	39,792,653	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,089,367	0	0	0	1.00
2.00	Land Improvements	27,643,915	1,047,695	0	1,047,695	2.00
3.00	Buildings and Fixtures	192,231,762	6,364,415	0	6,364,415	3.00
4.00	Building Improvements	26,511,350	67,163,081	0	67,163,081	4.00
5.00	Fixed Equipment	132,126,369	8,937,198	0	8,937,198	5.00
6.00	Movable Equipment	17,578,398	2,280,620	0	2,280,620	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	401,181,161	85,793,009	0	85,793,009	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	401,181,161	85,793,009	0	85,793,009	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,089,367	0			1.00
2.00	Land Improvements	28,528,333	13,896,257			2.00
3.00	Buildings and Fixtures	198,561,701	132,677,639			3.00
4.00	Building Improvements	93,674,431	911,195			4.00
5.00	Fixed Equipment	136,802,978	96,752,119			5.00
6.00	Movable Equipment	19,072,517	14,457,055			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	481,729,327	258,694,265			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	481,729,327	258,694,265			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,901,168	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,901,168	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	11,901,168				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,901,168				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140148

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	22,446,770	0	22,446,770	0.125878	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	155,875,495	0	155,875,495	0.874122	0	2.00
3.00	Total (sum of lines 1-2)	178,322,265	0	178,322,265	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,303,354	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,303,354	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,647,839	0	0	0	18,951,193	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,647,839	0	0	0	18,951,193	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-30,160,847					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	-13,540,138					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-115,425	DIETARY		10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-58,484	CAFETERIA		11.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 Misc. Income	B	-207,680	MAINTENANCE & REPAIRS		6.00		0	33.00
33.01 Misc. Income	B	-181,659	MEDICAL RECORDS & LIBRARY		16.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140148

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

Worksheet A-8

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.		
			Cost Center		Line #			
			1.00	2.00	3.00		4.00	5.00
33.02	0	33.02	B	-186	PHYSICAL THERAPY	66.00	0	33.02
37.00	0	37.00	B	-4,113,710	CAFETERIA	11.00	0	37.00
37.01	0	37.01	B	-12,556	LABORATORY	60.00	0	37.01
37.02	0	37.02	B	-182,786	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.02
37.03	0	37.03	B	-213,571	ADMINISTRATIVE & GENERAL	5.00	0	37.03
37.04	0	37.04	B	-22,521	ADMINISTRATIVE & GENERAL	5.00	0	37.04
37.05	0	37.05	B	-145,091	HOUSEKEEPING	9.00	0	37.05
37.06	0	37.06	B	-200	DIETARY	10.00	0	37.06
37.07	0	37.07	B	-125	NURSING ADMINISTRATION	13.00	0	37.07
37.08	0	37.08	B	-3,250	PHARMACY	15.00	0	37.08
37.09	0	37.09	B	-641,089	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	37.09
37.10	0	37.10	B	-21,426	ADULTS & PEDIATRICS	30.00	0	37.10
37.11	0	37.11	B	-2,017	NURSERY	43.00	0	37.11
37.12	0	37.12	B	-201,373	OPERATING ROOM	50.00	0	37.12
37.14	0	37.14	B	-845	RADIOLOGY-DIAGNOSTIC	54.00	0	37.14
37.15	0	37.15	B	-407	RADIOLOGY-THERAPEUTIC	55.00	0	37.15
37.16	0	37.16	B	-245,255	LABORATORY	60.00	0	37.16
37.18	0	37.18	B	-148,342	PHYSICAL THERAPY	66.00	0	37.18
37.19	0	37.19	B	-37,164	ELECTROCARDIOLOGY	69.00	0	37.19
37.20	0	37.20	B	-27,513	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37.20
37.21	0	37.21	B	-13,749	CARDIAC REHABILITATION	76.97	0	37.21
37.22	0	37.22	B	-1,570	EMERGENCY	91.00	0	37.22
37.23	0	37.23	B	-1,119,778	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.23
37.24	0	37.24	B	-3,533,422	ADMINISTRATIVE & GENERAL	5.00	0	37.24
37.25	0	37.25	B	-125	ASC (NON-DISTINCT PART)	75.00	0	37.25
38.00	0	38.00	A	-422,266	ADMINISTRATIVE & GENERAL	5.00	0	38.00
38.01	0	38.01	B	-237,509	ADMINISTRATIVE & GENERAL	5.00	0	38.01
38.04	0	38.04	A	-10,465,050	ANESTHESIOLOGY	53.00	0	38.04
38.05	0	38.05	A	-555,478	ANESTHESIOLOGY	53.00	0	38.05
38.06	0	38.06	A	-2,534,674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.06
38.07	0	38.07	A	-29,801	ANESTHESIOLOGY	53.00	0	38.07
38.08	0	38.08	A	-82,451	ADMINISTRATIVE & GENERAL	5.00	0	38.08
38.11	11	38.11	A	-1,183,743	CAP REL COSTS-BLDG & FIXT	1.00	11	38.11
38.15	11	38.15	B	54,600	CAP REL COSTS-BLDG & FIXT	1.00	11	38.15
38.17	0	38.17	A	461,851	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.17
38.18	9	38.18	A	7,001	CAP REL COSTS-BLDG & FIXT	1.00	9	38.18
38.22	0	38.22	A	-424	SUBPROVIDER - IPF	40.00	0	38.22
38.23	0	38.23	A	-62,802	EMERGENCY	91.00	0	38.23
39.00	0	39.00	A	-1,000,772	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	0	40.00	A	-17,303,149	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	0	41.00	A	17,230,189	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.00
42.00	0	42.00	A	-25,507	ELECTROCARDIOLOGY	69.00	0	42.00
42.01	0	42.01	A	-39,502	PHYSICAL THERAPY	66.00	0	42.01
42.02	0	42.02	A	-10,387	OPERATING ROOM	50.00	0	42.02
42.03	0	42.03	A	-14,495	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42.03
42.04	0	42.04	A	-583,231	ADMINISTRATIVE & GENERAL	5.00	0	42.04
43.00	0	43.00	B	-30,531	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	0	44.00	A	-102,516	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00	0	45.00	A	-217,809	ADMINISTRATIVE & GENERAL	5.00	0	45.00
46.00	0	46.00	B	-24,932	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
46.01	0	46.01	B	-362,396	ADMINISTRATIVE & GENERAL	5.00	0	46.01
46.02	0	46.02	B	-141	EMERGENCY	91.00	0	46.02
46.03	0	46.03	B	-88,244	INTEREST EXPENSE	113.00	0	46.03
46.04	0	46.04	A	16,061	ADMINISTRATIVE & GENERAL	5.00	0	46.04
46.05	0	46.05	A	1,508	ADULTS & PEDIATRICS	30.00	0	46.05
46.06	0	46.06	A	1,815	ANESTHESIOLOGY	53.00	0	46.06
46.07	0	46.07	A	15,834	PHYSICAL THERAPY	66.00	0	46.07
46.08	0	46.08	A	31,408	ELECTROCARDIOLOGY	69.00	0	46.08
46.09	0	46.09	A	2,468	GI UNIT	69.01	0	46.09
46.10	0	46.10	A	2,665	RENAL DIALYSIS	74.00	0	46.10
46.11	0	46.11	A	142	EMERGENCY	91.00	0	46.11
46.12	0	46.12	A	15,518	KIDNEY ACQUISITION	105.00	0	46.12

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	
46.13 MEDICAL DIRECTOR	A	5,422	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 46.13
46.20 Non-Personal Donations	A	-39,588	ADMINISTRATIVE & GENERAL	5.00	0 46.20
46.21 Non-Personal Donations	A	-200	ADULTS & PEDIATRICS	30.00	0 46.21
46.22 Non-Personal Donations	A	-200	BURN INTENSIVE CARE UNIT	33.00	0 46.22
46.23 Non-Personal Donations	A	-7,800	RADIOLOGY-DIAGNOSTIC	54.00	0 46.23
46.24 Non-Personal Donations	A	-4,000	LABORATORY	60.00	0 46.24
46.25 Non-Personal Donations	A	-10,144	KIDNEY ACQUISITION	105.00	0 46.25
47.00 A&G Patient Revenue Offset	B	-3,419	ADMINISTRATIVE & GENERAL	5.00	0 47.00
48.00 Illinois Provider Assessment Expense	A	-15,700,633	ADMINISTRATIVE & GENERAL	5.00	0 48.00
49.00 Lobbyist Fees	A	-51,411	ADMINISTRATIVE & GENERAL	5.00	0 49.00
49.01 SPINE WORKS BENEFITS	A	-131,850	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.01
49.02 SPINE WORKS SALARY	A	-546,644	OPERATING ROOM	50.00	0 49.02
49.03 SPINE WORKS FICA	A	-15,180	OPERATING ROOM	50.00	0 49.03
49.05 NON-ALLOWABLE COLLECTION FEES	A	-114,401	ANESTHESIOLOGY	53.00	0 49.05
49.06 NON-ALLOWABLE COLLECTION FEES	A	-86,172	ELECTROCARDIOLOGY	69.00	0 49.06
49.07 NON-ALLOWABLE COLLECTION FEES	A	-68,679	OPERATING ROOM	50.00	0 49.07
49.08 NON-ALLOWABLE COLLECTION FEES	A	-4,218	ADMINISTRATIVE & GENERAL	5.00	0 49.08
49.09 BARATRICALS SALARY	A	-452,455	OPERATING ROOM	50.00	0 49.09
49.10 BARATRICALS FICA	A	-34,613	OPERATING ROOM	50.00	0 49.10
49.11 BARATRICALS BENEFITS	A	-109,177	OPERATING ROOM	50.00	0 49.11
49.12 BARATRICALS SALARY PT	A	-500	PHYSICAL THERAPY	66.00	0 49.12
49.13 BARATRICALS FICA PT	A	-38	PHYSICAL THERAPY	66.00	0 49.13
49.14 BARATRICALS BENEFITS PT	A	-121	PHYSICAL THERAPY	66.00	0 49.14
49.15 HEART FAILURE SALARY	A	-91,608	ELECTROCARDIOLOGY	69.00	0 49.15
49.16 HEART FAILURE FICA	A	-7,008	ELECTROCARDIOLOGY	69.00	0 49.16
49.17 HEART FAILURE BENEFITS	A	-22,096	ELECTROCARDIOLOGY	69.00	0 49.17
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-89,985,787			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: 140148

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

Worksheet A-8-1

Date/Time Prepared: 2/25/2015 4:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE OPERATING	26,667,767	41,484,258 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE - CAPITAL	3,356,782	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELECOMMUNICATIONS	0	1,108,056 3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	BAYLIS RENT - A&G	48,080	1,339,818 3.01
3.02	9.00	HOUSEKEEPING	BAYLIS RENT - HSKG	10,807	0 3.02
3.03	6.00	MAINTENANCE & REPAIRS	BAYLIS RENT - MAINT	96,598	0 3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	BAYLIS RENT - RADIOLOGY	207,356	0 3.04
3.05	57.00	CT SCAN	BAYLIS RENT - CAT SCAN	22,260	0 3.05
3.06	58.00	MRI	BAYLIS RENT - MRI	33,588	0 3.06
3.07	60.00	LABORATORY	BAYLIS RENT - LAB	17,200	0 3.07
3.08	75.00	ASC (NON-DISTINCT PART)	BAYLIS RENT - ASC SURGERY	342,102	0 3.08
3.09	0.00			0	0 3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	KOKE MILL RENT - A&G	8,104	633,130 3.10
3.11	76.97	CARDIAC REHABILITATION	KOKE MILL RENT - CARDIAC REH	30,436	0 3.11
3.12	6.00	MAINTENANCE & REPAIRS	KOKE MILL RENT - MAINT	149,197	0 3.12
3.13	9.00	HOUSEKEEPING	KOKE MILL RENT - HSKG	11,946	0 3.13
3.14	54.00	RADIOLOGY-DIAGNOSTIC	KOKE MILL RENT - RADIOLOGY	106,327	0 3.14
3.15	60.00	LABORATORY	KOKE MILL RENT - LAB	39,401	0 3.15
3.16	67.00	OCCUPATIONAL THERAPY	KOKE MILL RENT - OT	17,512	0 3.16
3.17	66.00	PHYSICAL THERAPY	KOKE MILL RENT - PT	232,284	0 3.17
3.18	60.00	LABORATORY	SIXTH LAB	59,100	0 3.18
3.19	6.00	MAINTENANCE & REPAIRS	SIXTH ENGINEERING	11,467	0 3.19
3.20	9.00	HOUSEKEEPING	SIXTH HSKG	2,940	0 3.20
3.21	5.00	ADMINISTRATIVE & GENERAL	SIXTH IT	3,430	37,902 3.21
3.22	60.00	LABORATORY	N DIRKSEN LAB	48,122	0 3.22
3.23	6.00	MAINTENANCE & REPAIRS	N DIRKSEN ENGINEERING	9,414	0 3.23
3.24	9.00	HOUSEKEEPING	N DIRKSEN HSKG	978	0 3.24
3.25	5.00	ADMINISTRATIVE & GENERAL	N DIRKSEN IT	1,992	39,805 3.25
3.26	5.00	ADMINISTRATIVE & GENERAL	VNA RENT - A&G	125,108	43,094 3.26
3.27	4.00	EMPLOYEE BENEFITS DEPARTMENT	2401 W JEFFERSON - HR	68,245	0 3.27
3.28	5.00	ADMINISTRATIVE & GENERAL	2401 W JEFFERSON - A&G	580,664	456,984 3.28
3.29	6.00	MAINTENANCE & REPAIRS	2401 W JEFFERSON -MAINT	70,450	0 3.29
3.30	9.00	HOUSEKEEPING	2401 W JEFFERSON - HSKG	8,084	0 3.30
3.31	60.00	LABORATORY	2401 W JEFFERSON - LAB	79,217	0 3.31
3.32	69.00	ELECTROCARDIOLOGY	2401 W JEFFERSON - CARDIAC A	27,324	0 3.32
3.33	16.00	MEDICAL RECORDS & LIBRARY	2401 W JEFFERSON - MED REC	281,040	0 3.33
3.34	1.00	CAP REL COSTS-BLDG & FIXT	SYSTEM DEPRECIATION	0	98,122 3.34
3.35	66.00	PHYSICAL THERAPY	PETERSBURG RENT	21,076	0 3.35
3.36	66.00	PHYSICAL THERAPY	INDUSTRIAL REHAB	88,072	0 3.36
3.37	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ALMH	0	198,656 3.37
3.38	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ALMH	0	21,675 3.38
3.39	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ALMH	0	7,472 3.39
3.40	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES TMH	0	188,087 3.40
3.41	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS TMH	0	20,522 3.41
3.42	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC TMH	0	7,074 3.42
3.43	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES VNA	0	79,641 3.43
3.44	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS VNA	0	8,690 3.44
3.45	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC VNA	0	2,996 3.45
3.46	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES ACS	0	39,223 3.46
3.47	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS ACS	0	4,280 3.47
3.48	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC ACS	0	1,475 3.48
3.49	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MPS	0	298,189 3.49
3.50	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MPS	0	34,764 3.50
3.51	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MPS	0	10,564 3.51
3.52	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHCC	0	73,822 3.52
3.53	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHCC	0	8,606 3.53
3.54	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHCCI	0	2,615 3.54
3.55	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MP	0	16,049 3.55
3.56	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MP	0	1,454 3.56
3.57	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MP	0	745 3.57
3.58	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHV	0	33,028 3.58
3.59	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHV	0	2,992 3.59
3.60	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHV	0	1,533 3.60
3.61	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES PAH	0	128,586 3.61
3.62	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS PAH	0	15,685 3.62
3.63	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC PAH	0	7,452 3.63
3.64	5.00	ADMINISTRATIVE & GENERAL	SYSTEM SUPPORT SALARIES MHP	0	2,608 3.64
3.65	4.00	EMPLOYEE BENEFITS DEPARTMENT	SYSTEM SUPPORT BENEFITS MHP	0	236 3.65
3.66	16.00	MEDICAL RECORDS & LIBRARY	SYSTEM SUPPORT MED REC MHP	0	121 3.66
3.67	66.00	PHYSICAL THERAPY	501 N FIRST - PSYCH	61,473	0 3.67

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

Provider CCN: 140148

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

Worksheet A-8-1

Date/Time Prepared: 2/25/2015 4:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
3.68	50.00	OPERATING ROOM	501 N FIRST - PAIN CLINIC	87,683	0	3.68
3.69	6.00	MAINTENANCE & REPAIRS	501 N FIRST - MAINT	1,096	0	3.69
3.70	9.00	HOUSEKEEPING	501 N FIRST - HSKPG	1,442	0	3.70
3.71	5.00	ADMINISTRATIVE & GENERAL	501 N FIRST - IT	1,471	64,547	3.71
4.00	5.00	ADMINISTRATIVE & GENERAL	340 MILLER - A&G	4,325	123,602	4.00
4.01	6.00	MAINTENANCE & REPAIRS	340 MILLER - MAINT	32,519	0	4.01
4.02	60.00	LABORATORY	340 MILLER - LAB	2,429	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHURCHILL - A&G	58,000	0	4.03
4.04	60.00	LABORATORY	CHURCHILL - LAB	3,425	0	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CAPITAL HC - A&G	50,548	81,049	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	VINE ST - A&G	11,503	11,315	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			33,200,384	46,740,522	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	MEMORIAL HEALTH SYSTEM	0.00	MEMORIAL HEALTH SYSTEM	0.00	6.00
7.00	E	ABRAHAM LINCOLN MEMORIAL HOS	0.00	ABRAHAM LINCOLN MEMORIAL HOSPITAL	0.00	7.00
8.00	E	TAYLORVILLE MEMORIAL HOSPITAL	0.00	TAYLORVILLE MEMORIAL HOSPITAL	0.00	8.00
9.00	E	PASSAVANT AREA	0.00	PASSAVANT AREA	0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140148

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

Worksheet A-8-1

Date/Time Prepared:
2/25/2015 4:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-14,816,491	0		1.00
2.00	3,356,782	9		2.00
3.00	-1,108,056	0		3.00
3.01	-1,291,738	0		3.01
3.02	10,807	0		3.02
3.03	96,598	0		3.03
3.04	207,356	0		3.04
3.05	22,260	0		3.05
3.06	33,588	0		3.06
3.07	17,200	0		3.07
3.08	342,102	0		3.08
3.09	0	0		3.09
3.10	-625,026	0		3.10
3.11	30,436	0		3.11
3.12	149,197	0		3.12
3.13	11,946	0		3.13
3.14	106,327	0		3.14
3.15	39,401	0		3.15
3.16	17,512	0		3.16
3.17	232,284	0		3.17
3.18	59,100	0		3.18
3.19	11,467	0		3.19
3.20	2,940	0		3.20
3.21	-34,472	0		3.21
3.22	48,122	0		3.22
3.23	9,414	0		3.23
3.24	978	0		3.24
3.25	-37,813	0		3.25
3.26	82,014	0		3.26
3.27	68,245	0		3.27
3.28	123,680	0		3.28
3.29	70,450	0		3.29
3.30	8,084	0		3.30
3.31	79,217	0		3.31
3.32	27,324	0		3.32
3.33	281,040	0		3.33
3.34	-98,122	9		3.34
3.35	21,076	0		3.35
3.36	88,072	0		3.36
3.37	-198,656	0		3.37
3.38	-21,675	0		3.38
3.39	-7,472	0		3.39
3.40	-188,087	0		3.40
3.41	-20,522	0		3.41
3.42	-7,074	0		3.42
3.43	-79,641	0		3.43
3.44	-8,690	0		3.44
3.45	-2,996	0		3.45
3.46	-39,223	0		3.46
3.47	-4,280	0		3.47
3.48	-1,475	0		3.48
3.49	-298,189	0		3.49
3.50	-34,764	0		3.50
3.51	-10,564	0		3.51
3.52	-73,822	0		3.52
3.53	-8,606	0		3.53
3.54	-2,615	0		3.54
3.55	-16,049	0		3.55
3.56	-1,454	0		3.56
3.57	-745	0		3.57
3.58	-33,028	0		3.58
3.59	-2,992	0		3.59
3.60	-1,533	0		3.60
3.61	-128,586	0		3.61
3.62	-15,685	0		3.62
3.63	-7,452	0		3.63
3.64	-2,608	0		3.64
3.65	-236	0		3.65
3.66	-121	0		3.66
3.67	61,473	0		3.67

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140148

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2015 4:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	24,832,402	22,928,712	1,903,690	136,700	13,388	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	223,184	17,258	205,926	136,700	1,111	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	677,172	460,281	216,891	154,100	1,033	3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	70,000	0	70,000	154,100	282	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	17,994	4,777	13,217	142,500	114	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	958	33	925	136,700	9	6.00
7.00	43.00	AGGREGATE-NURSERY	294,339	260,699	33,639	136,700	247	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	359,187	75,629	283,558	204,100	1,491	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	27,627	0	27,627	200,300	132	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	4,000	4,000	0	136,700	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	2,146,670	1,162,257	984,413	136,700	3,163	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	73,313	13,910	59,403	136,700	261	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	398,662	72,576	326,086	136,700	1,364	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	555,294	518,119	37,175	136,700	206	14.00
15.00	69.01	AGGREGATE-GI UNIT	6,114	0	6,114	136,700	27	15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	26,648	9,196	17,452	136,700	84	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	29,468	2,307	27,161	136,700	169	17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	30,033	0	30,033	136,700	147	18.00
19.00	91.00	AGGREGATE-EMERGENCY	3,411,745	0	3,411,745	136,700	36,367	19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	145,303	0	145,303	136,700	668	20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	36,000	36,000	0	136,700	0	21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	6,715	1,007	5,708	136,700	25	22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	717,991	0	717,991	136,700	1,147	23.00
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	223,281	96,749	126,532	204,100	530	24.00
200.00			34,314,100	25,663,510	8,650,589		61,965	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	879,875	43,994	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	73,016	3,651	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	76,531	3,827	0	0	0	3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	20,892	1,045	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	7,810	391	0	0	0	5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	592	30	0	0	0	6.00
7.00	43.00	AGGREGATE-NURSERY	16,233	812	0	0	0	7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	146,304	7,315	0	0	0	8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	12,711	636	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	60.00	AGGREGATE-LABORATORY	207,876	10,394	0	0	0	11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	17,153	858	0	0	0	12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	89,644	4,482	0	0	0	13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	13,538	677	0	0	0	14.00
15.00	69.01	AGGREGATE-GI UNIT	1,775	89	0	0	0	15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	5,521	276	0	0	0	16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	11,107	555	0	0	0	17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	9,661	483	0	0	0	18.00
19.00	91.00	AGGREGATE-EMERGENCY	2,390,081	119,504	0	0	0	19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	43,902	2,195	0	0	0	20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	0	0	0	0	0	21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	1,643	82	0	0	0	22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	75,382	3,769	0	0	0	23.00
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	52,006	2,600	0	0	0	24.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140148

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

Worksheet A-8-2

Date/Time Prepared:
2/25/2015 4:05 pm

	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	
200.00			4,153,253	207,665	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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	879,875	1,023,815	23,952,527		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	73,016	132,910	150,168		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	76,531	140,360	600,641		3.00
4.00	33.00	AGGREGATE-BURN INTENSIVE CARE UNIT	0	20,892	49,108	49,108		4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	7,810	5,407	10,184		5.00
6.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	592	333	366		6.00
7.00	43.00	AGGREGATE-NURSERY	0	16,233	17,406	278,106		7.00
8.00	50.00	AGGREGATE-OPERATING ROOM	0	146,304	137,254	212,883		8.00
9.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	12,711	14,916	14,916		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	4,000		10.00
11.00	60.00	AGGREGATE-LABORATORY	0	207,876	776,537	1,938,794		11.00
12.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	17,153	42,250	56,160		12.00
13.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	89,644	236,442	309,018		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	13,538	23,637	541,756		14.00
15.00	69.01	AGGREGATE-GI UNIT	0	1,775	4,339	4,339		15.00
16.00	69.02	AGGREGATE-VASCULAR LAB	0	5,521	11,931	21,127		16.00
17.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	11,107	16,054	18,361		17.00
18.00	74.00	AGGREGATE-RENAL DIALYSIS	0	9,661	20,372	20,372		18.00
19.00	91.00	AGGREGATE-EMERGENCY	0	2,390,081	1,021,664	1,021,664		19.00
20.00	105.00	AGGREGATE-KIDNEY ACQUISITION	0	43,902	101,401	101,401		20.00
21.00	73.01	AGGREGATE-RENAL TXPLANT LAB	0	0	0	36,000		21.00
22.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	1,643	4,065	5,072		22.00
23.00	71.00	AGGREGATE-MEDICAL SUPPLIES CHARGED T	0	75,382	642,609	642,609		23.00
24.00	75.00	AGGREGATE-ASC (NON-DISTINCT PART)	0	52,006	74,526	171,275		24.00
200.00			0	4,153,253	4,497,336	30,160,847		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,951,193	18,951,193			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	43,183,267	223,833	0	43,407,100	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	70,627,407	2,800,558	0	5,241,714	5.00
6.00 00600	MAINTENANCE & REPAIRS	15,770,549	2,201,652	0	1,244,878	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,439,271	171,539	0	44,631	8.00
9.00 00900	HOUSEKEEPING	5,967,593	239,452	0	1,032,939	9.00
10.00 01000	DIETARY	1,847,040	346,678	0	268,359	10.00
11.00 01100	CAFETERIA	1,351,277	180,254	0	743,229	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,079,003	96,446	0	579,765	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,042,946	367,710	0	451,680	14.00
15.00 01500	PHARMACY	7,549,438	152,616	0	1,582,769	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,821,885	281,540	0	910,273	16.00
17.00 01700	SOCIAL SERVICE	928,393	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	6,821,361	132,708	0	2,130,614	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,431,066	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	9,462	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	84,172	1,284	0	20,608	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,725,675	3,470,453	0	7,221,639	30.00
31.00 03100	INTENSIVE CARE UNIT	8,389,934	736,545	0	1,745,684	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	1,573,528	168,557	0	321,458	33.00
40.00 04000	SUBPROVIDER - IPF	4,436,396	583,217	0	1,041,915	40.00
41.00 04100	SUBPROVIDER - IRF	1,665,315	176,447	0	383,021	41.00
43.00 04300	NURSERY	1,082,752	44,725	0	218,966	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,959,449	1,103,108	0	3,038,895	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,354,696	44,978	0	464,033	52.00
53.00 05300	ANESTHESIOLOGY	3,849,295	122,570	0	278,231	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,029,370	817,945	0	1,998,890	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	4,430,754	309,476	0	474,592	55.00
57.00 05700	CT SCAN	3,235,186	78,074	0	275,545	57.00
58.00 05800	MRI	2,367,794	95,620	0	184,052	58.00
60.00 06000	LABORATORY	23,276,809	1,135,058	0	2,534,673	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,231,900	3,188	0	110,180	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	5,029,357	216,287	0	875,961	65.00
66.00 06600	PHYSICAL THERAPY	8,816,416	291,838	0	1,917,416	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,704,140	119,703	0	402,675	67.00
68.00 06800	SPEECH PATHOLOGY	710,435	28,509	0	170,613	68.00
69.00 06900	ELECTROCARDIOLOGY	14,059,782	370,142	0	1,414,186	69.00
69.01 03340	GI UNIT	3,167,888	157,915	0	379,954	69.01
69.02 03650	VASCULAR LAB	1,418,577	23,578	0	186,673	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	524,880	32,638	0	95,861	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,654,706	22,248	0	109,610	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	7,315,674	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	20,251,973	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	437,948	23,165	0	45,640	73.01
74.00 07400	RENAL DIALYSIS	1,310,881	122,845	0	284,689	74.00
75.00 07500	ASC (NON-DISTINCT PART)	6,529,206	0	0	562,484	75.00
76.97 07697	CARDIAC REHABILITATION	1,282,693	2,431	0	290,242	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	11,541,892	496,588	0	1,735,362	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	1,409,595	15,138	0	70,935	105.00
109.00 10900	PANCREAS ACQUISITION	150,435	1,514	0	7,060	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	440,830,654	18,010,770	0	43,092,594	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257,247	29,060	0	16,132	302,439	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	46,037	289,269	0	6,847	342,153	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	1,710,784	0	0	0	1,710,784	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	43,845	47,799	0	6,246	97,890	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	502,299	0	12,621	514,920	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	12,620	12,620	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	48,693	0	0	48,693	192.08
192.09	19207	SIU MAP PROGRAM	774,724	0	0	20,573	795,297	192.09
192.10	19209	AUDIOLOGY	583,666	23,303	0	60,188	667,157	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	1,276,131	0	0	179,279	1,455,410	192.11
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	445,523,088	18,951,193	0	43,407,100	445,523,088	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	78,669,679					5.00
6.00	00600	4,120,987	23,338,066				6.00
7.00	00700	0	0	0			7.00
8.00	00800	569,443	233,453	0	3,458,337		8.00
9.00	00900	1,552,571	325,879	0	0	9,118,434	9.00
10.00	01000	527,978	185,664	0	0	74,322	10.00
11.00	01100	487,809	531,458	0	0	212,745	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	590,839	131,257	0	0	52,543	13.00
14.00	01400	828,255	500,431	0	164,130	200,325	14.00
15.00	01500	1,991,075	207,701	0	3,516	83,144	15.00
16.00	01600	1,504,045	383,158	0	0	153,380	16.00
17.00	01700	199,088	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	1,948,156	180,607	0	10,350	72,298	21.00
22.00	02200	306,884	0	0	0	0	22.00
23.00	02300	2,029	0	0	0	0	23.00
23.01	02301	22,745	1,748	0	0	700	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,525,290	4,723,061	0	1,239,238	1,890,661	30.00
31.00	03100	2,331,470	1,002,391	0	237,153	401,262	31.00
33.00	03300	442,514	229,395	0	56,188	91,828	33.00
40.00	04000	1,299,858	793,722	0	42,561	317,731	40.00
41.00	04100	477,091	240,133	0	100,459	96,126	41.00
43.00	04300	288,737	60,868	0	41,918	24,366	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4,953,968	1,501,260	0	333,000	600,962	50.00
52.00	05200	614,105	61,212	0	82,109	24,503	52.00
53.00	05300	911,408	166,810	0	13,645	66,775	53.00
54.00	05400	4,470,344	1,424,004	0	150,303	570,036	54.00
55.00	05500	1,118,287	421,177	0	19,952	168,599	55.00
57.00	05700	769,598	139,622	0	35,487	55,891	57.00
58.00	05800	567,733	180,482	0	9,793	72,248	58.00
60.00	06000	5,778,524	1,570,525	0	2,994	628,689	60.00
62.00	06200	717,373	4,339	0	3,712	1,737	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	1,312,741	294,353	0	12,828	117,831	65.00
66.00	06600	2,364,389	397,173	0	37,221	158,990	66.00
67.00	06700	477,463	162,908	0	3,047	65,213	67.00
68.00	06800	195,049	38,800	0	0	15,532	68.00
69.00	06900	3,397,674	503,739	0	69,992	201,649	69.00
69.01	03340	794,677	214,912	0	51,448	86,030	69.01
69.02	03650	349,292	32,088	0	0	12,845	69.02
70.00	07000	140,113	44,418	0	10,115	17,781	70.00
71.00	07100	7,888,658	30,278	0	0	12,120	71.00
72.00	07200	1,568,802	0	0	0	0	72.00
73.00	07300	4,342,914	0	0	0	0	73.00
73.01	03640	108,670	31,527	0	0	12,620	73.01
74.00	07400	368,504	167,185	0	25,930	66,925	74.00
75.00	07500	1,520,770	512,823	0	129,114	205,285	75.00
76.97	07697	337,828	3,309	0	0	1,325	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	2,953,718	675,825	0	392,507	270,536	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	320,737	20,602	0	0	8,247	105.00
109.00	10900	34,099	2,060	0	0	825	109.00
113.00	11300						113.00
118.00		77,394,302	18,332,357	0	3,278,710	7,114,625	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	64,856	39,549	0	5,728	15,832	190.00
192.00	19200	73,373	393,677	0	31,728	157,591	192.00
192.01	19201	366,867	1,789,588	0	25,365	716,381	192.01
192.03	19202	20,992	65,051	0	116,806	26,040	192.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	110,422	683,597	0	0	273,647	192.05
192.06	19205	VNA OF CENTRAL IL	2,706	348,135	0	0	139,360	192.06
192.07	19206	GAMBRO	0	582,275	0	0	233,087	192.07
192.08	19208	FOUNDATION	10,442	66,268	0	0	26,528	192.08
192.09	19207	SIU MAP PROGRAM	170,547	938,588	0	0	375,721	192.09
192.10	19209	AUDIOLOGY	143,068	31,714	0	0	12,695	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	312,104	67,267	0	0	26,927	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	78,669,679	23,338,066	0	3,458,337	9,118,434	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,250,041					10.00
11.00	01100	CAFETERIA	0	3,506,772				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	40,605	0	3,570,458		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	76,794	0	0	5,632,271	14.00
15.00	01500	PHARMACY	0	103,736	0	0	7,077	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	126,803	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	60,125	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	196,616	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	228	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	1,838	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,098,127	752,526	0	1,883,585	166,811	30.00
31.00	03100	INTENSIVE CARE UNIT	180,244	159,473	0	399,162	60,625	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	48,387	32,399	0	81,095	15,333	33.00
40.00	04000	SUBPROVIDER - I/PF	423,319	107,284	0	268,533	4,330	40.00
41.00	04100	SUBPROVIDER - I/RF	179,870	44,025	0	110,195	5,290	41.00
43.00	04300	NURSERY	95,250	21,257	0	53,207	8,842	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,075	271,216	0	0	66,582	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	41,646	0	104,239	17,393	52.00
53.00	05300	ANESTHESIOLOGY	0	2,166	0	0	110,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18	205,449	0	0	269,861	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	602	28,068	0	0	15,995	55.00
57.00	05700	CT SCAN	0	29,065	0	0	28,843	57.00
58.00	05800	MRI	0	18,949	0	0	6,599	58.00
60.00	06000	LABORATORY	6,004	288,370	0	0	611,403	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,691	0	0	20,894	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	81,353	0	203,629	33,879	65.00
66.00	06600	PHYSICAL THERAPY	55	158,290	0	0	5,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28,922	0	0	2,598	67.00
68.00	06800	SPEECH PATHOLOGY	0	11,113	0	0	673	68.00
69.00	06900	ELECTROCARDIOLOGY	210	122,671	0	307,048	941,824	69.00
69.01	03340	GI UNIT	383	37,044	0	92,721	69,013	69.01
69.02	03650	VASCULAR LAB	0	13,250	0	33,165	34,673	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,976	0	0	4,838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,124	0	17,831	2,769,227	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	4,274	0	0	17,227	73.01
74.00	07400	RENAL DIALYSIS	3,768	24,078	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	639	53,713	0	0	224,560	75.00
76.97	07697	CARDIAC REHABILITATION	0	23,223	0	0	852	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	22,382	172,367	0	0	89,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	5,955	0	14,907	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	456	0	1,141	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,062,333	3,370,138	0	3,570,458	5,610,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,280	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,345	427	0	0	4	192.00
192.01	19201	SCHOOL OF MEDICINE	0	1,425	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	185,363	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	70,326	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	48,157	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	4,331	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	4,559	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	5,129	0	0	21,678	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
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)	3,250,041	3,506,772	0	3,570,458	5,632,271	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	11,681,072					15.00
16.00	01600	0	9,181,086				16.00
17.00	01700	0	0	1,187,606			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,510	5,538,209	819,342	0	0	30.00
31.00	03100	23,208	737,020	18,511	0	0	31.00
33.00	03300	4,432	173,470	25,574	0	0	33.00
40.00	04000	877	792,090	145,650	0	0	40.00
41.00	04100	733	379,065	21,068	0	0	41.00
43.00	04300	1,952	52,316	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,269	122,990	0	0	0	50.00
52.00	05200	3,825	1,836	4,749	0	0	52.00
53.00	05300	36,093	39,467	0	0	0	53.00
54.00	05400	13,507	147,771	0	0	0	54.00
55.00	05500	539	88,112	6,211	0	0	55.00
57.00	05700	15,847	195,498	0	0	0	57.00
58.00	05800	4,371	60,577	0	0	0	58.00
60.00	06000	7,087	204,677	0	0	0	60.00
62.00	06200	2	7,343	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	14,015	23,864	0	0	0	65.00
66.00	06600	53	37,631	4,262	0	0	66.00
67.00	06700	68	3,671	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	27,893	212,019	0	0	0	69.00
69.01	03340	6,936	35,795	136,394	0	0	69.01
69.02	03650	617	8,260	0	0	0	69.02
70.00	07000	9	2,753	0	0	0	70.00
71.00	07100	19,555	66,084	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	11,332,209	0	0	0	0	73.00
73.01	03640	0	0	0	0	0	73.01
74.00	07400	6,155	0	0	0	0	74.00
75.00	07500	8,398	89,030	0	0	0	75.00
76.97	07697	67	4,589	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	45,845	156,949	5,845	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	0	0	0	0	0	105.00
109.00	10900	0	0	0	0	0	109.00
113.00	11300						113.00
118.00		11,681,072	9,181,086	1,187,606	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
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)	11,681,072	9,181,086	1,187,606	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM-(EMS)	PARAMED PRGM-(PHARMACY)	Subtotal	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	11,492,710					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,737,950				22.00
23.00 02300 PARAMED PRGM-(EMS)	0	0	11,719			23.00
23.01 02301 PARAMED PRGM-(PHARMACY)	0	0	0	133,095		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,151,582	627,810	0	0	77,930,519	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	16,422,682	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	3,264,158	33.00
40.00 04000 SUBPROVIDER - I PF	1,152,834	174,334	0	0	11,584,651	40.00
41.00 04100 SUBPROVIDER - I RF	139,076	21,031	0	0	4,038,945	41.00
43.00 04300 NURSERY	0	0	0	0	1,995,156	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,966,599	297,393	0	0	33,228,766	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,819,324	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	5,596,530	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	552,855	83,604	0	0	28,733,957	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	7,082,364	55.00
57.00 05700 CT SCAN	0	0	0	0	4,858,656	57.00
58.00 05800 MRI	0	0	0	0	3,568,218	58.00
60.00 06000 LABORATORY	0	0	0	0	36,044,813	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	4,109,359	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	294,243	44,496	0	0	8,554,837	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	14,189,044	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	2,970,408	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,170,724	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	21,628,829	69.00
69.01 03340 GI UNIT	0	0	0	0	5,231,110	69.01
69.02 03650 VASCULAR LAB	0	0	0	0	2,113,018	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	882,382	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	47,597,441	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	8,884,476	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	133,095	36,060,191	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	681,071	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	2,380,960	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	9,836,022	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	1,946,559	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	632,162	95,597	11,719	0	19,299,259	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	1,866,116	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	197,590	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	8,889,351	1,344,265	11,719	133,095	427,768,135	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	430,684	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,001,298	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	4,610,410	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	326,779	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	185,363	192.04
192.05	19204	ACS HOME CARE	0	0	0	0	1,652,912	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	550,978	192.06
192.07	19206	GAMBRO	0	0	0	0	815,362	192.07
192.08	19208	FOUNDATION	0	0	0	0	156,262	192.08
192.09	19207	SIU MAP PROGRAM	2,603,359	393,685	0	0	5,281,756	192.09
192.10	19209	AUDIOLOGY	0	0	0	0	881,441	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	1,861,708	192.11
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,492,710	1,737,950	11,719	133,095	445,523,088	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-4,779,392	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
40.00	04000	SUBPROVIDER - I PF	-1,327,168	40.00
41.00	04100	SUBPROVIDER - I RF	-160,107	41.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-2,263,992	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-636,459	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
60.00	06000	LABORATORY	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
65.00	06500	RESPIRATORY THERAPY	-338,739	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03340	GI UNIT	0	69.01
69.02	03650	VASCULAR LAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-727,759	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
113.00	11300	INTEREST EXPENSE	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,233,616	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140148

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

Worksheet B
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,001,298	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	4,610,410	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	326,779	192.03
192.04	19203	MEALS ON WHEELS	0	185,363	192.04
192.05	19204	ACS HOME CARE	0	1,652,912	192.05
192.06	19205	VNA OF CENTRAL IL	0	550,978	192.06
192.07	19206	GAMBRO	0	815,362	192.07
192.08	19208	FOUNDATION	0	156,262	192.08
192.09	19207	SIU MAP PROGRAM	-2,997,044	2,284,712	192.09
192.10	19209	AUDIOLOGY	0	881,441	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	1,861,708	192.11
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-13,230,660	432,292,428	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140148

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

Worksheet Non-CMS W
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	4	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.00
6.00	MAINTENANCE & REPAIRS	5	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	6	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	8	SQUARE FEET	9.00
10.00	DIETARY	9	MEALS SERVED	10.00
11.00	CAFETERIA	10	FTE	11.00
12.00	MAINTENANCE OF PERSONNEL	11	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	12	DI RECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	14.00
15.00	PHARMACY	14	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	24	ASSI GNE D TIME	17.00
19.00	NONPHYSICIAN ANESTHETISTS	17	ASSI GNE D TIME	19.00
20.00	NURSING SCHOOL	18	ASSI GNE D TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	19	ASSI GNE D TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	20	ASSI GNE D TIME	22.00
23.00	PARAMED ED PRGM-(EMS)	21	ASSI GNE D TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	33,907	223,833	0	257,740	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	2,285,880	2,800,558	0	5,086,438	5.00
6.00 00600	MAINTENANCE & REPAIRS	498,686	2,201,652	0	2,700,338	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,721	171,539	0	174,260	8.00
9.00 00900	HOUSEKEEPING	44,697	239,452	0	284,149	9.00
10.00 01000	DIETARY	13,570	346,678	0	360,248	10.00
11.00 01100	CAFETERIA	38,843	180,254	0	219,097	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	57,058	96,446	0	153,504	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	317,426	367,710	0	685,136	14.00
15.00 01500	PHARMACY	724,574	152,616	0	877,190	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	126,820	281,540	0	408,360	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	132,708	0	132,708	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	0	1,284	0	1,284	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,085,656	3,470,453	0	4,556,109	30.00
31.00 03100	INTENSIVE CARE UNIT	204,191	736,545	0	940,736	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	24,120	168,557	0	192,677	33.00
40.00 04000	SUBPROVIDER - I PF	39,810	583,217	0	623,027	40.00
41.00 04100	SUBPROVIDER - I RF	7,241	176,447	0	183,688	41.00
43.00 04300	NURSERY	-6,703	44,725	0	38,022	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,698,074	1,103,108	0	3,801,182	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	89,218	44,978	0	134,196	52.00
53.00 05300	ANESTHESIOLOGY	757,415	122,570	0	879,985	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,272,460	817,945	0	4,090,405	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,207,830	309,476	0	1,517,306	55.00
57.00 05700	CT SCAN	1,032,095	78,074	0	1,110,169	57.00
58.00 05800	MRI	881,043	95,620	0	976,663	58.00
60.00 06000	LABORATORY	1,516,198	1,135,058	0	2,651,256	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	13,593	3,188	0	16,781	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	135,363	216,287	0	351,650	65.00
66.00 06600	PHYSICAL THERAPY	273,338	291,838	0	565,176	66.00
67.00 06700	OCCUPATIONAL THERAPY	6,980	119,703	0	126,683	67.00
68.00 06800	SPEECH PATHOLOGY	3,271	28,509	0	31,780	68.00
69.00 06900	ELECTROCARDIOLOGY	1,106,137	370,142	0	1,476,279	69.00
69.01 03340	GI UNIT	371,916	157,915	0	529,831	69.01
69.02 03650	VASCULAR LAB	129,307	23,578	0	152,885	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	78,545	32,638	0	111,183	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,456	22,248	0	34,704	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	9,881	23,165	0	33,046	73.01
74.00 07400	RENAL DIALYSIS	108,208	122,845	0	231,053	74.00
75.00 07500	ASC (NON-DISTINCT PART)	817,912	0	0	817,912	75.00
76.97 07697	CARDIAC REHABILITATION	45,218	2,431	0	47,649	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	308,956	496,588	0	805,544	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	2,029	15,138	0	17,167	105.00
109.00 10900	PANCREAS ACQUISITION	0	1,514	0	1,514	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,375,940	18,010,770	0	38,386,710	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00					
	0	1.00	2.00	2A	4.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,060	0	29,060	96	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	289,269	0	289,269	41	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	47,799	0	47,799	37	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	502,299	0	502,299	75	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	75	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	48,693	0	48,693	0	192.08
192.09	19207	SIU MAP PROGRAM	0	0	0	0	122	192.09
192.10	19209	AUDIOLOGY	5,987	23,303	0	29,290	357	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	154,602	0	0	154,602	1,065	192.11
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118-201)	20,536,529	18,951,193	0	39,487,722	257,740	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 4:05 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,117,562			5.00
6.00	00600	MAINTENANCE & REPAIRS	268,078	2,975,808		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	37,043	29,767	241,335	8.00
9.00	00900	HOUSEKEEPING	100,998	41,552	0	432,832
10.00	01000	DIETARY	34,346	23,674	0	3,528
11.00	01100	CAFETERIA	31,733	67,766	0	10,099
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	38,435	16,736	0	2,494
14.00	01400	CENTRAL SERVICES & SUPPLY	53,880	63,809	0	9,509
15.00	01500	PHARMACY	129,523	26,484	0	3,947
16.00	01600	MEDICAL RECORDS & LIBRARY	97,841	48,856	0	7,281
17.00	01700	SOCIAL SERVICE	12,951	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	126,731	23,029	0	722
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	19,963	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	132	0	0	132
23.01	02301	PARAMED ED PRGM-(PHARMACY)	1,480	223	0	33
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	619,587	602,230	0	86,482
31.00	03100	INTENSIVE CARE UNIT	151,667	127,814	0	16,549
33.00	03300	BURN INTENSIVE CARE UNIT	28,786	29,250	0	3,921
40.00	04000	SUBPROVIDER - IPF	84,558	101,206	0	2,970
41.00	04100	SUBPROVIDER - IRF	31,036	30,619	0	7,010
43.00	04300	NURSERY	18,783	7,761	0	2,925
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	322,265	191,424	0	23,238
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,949	7,805	0	5,730
53.00	05300	ANESTHESIOLOGY	59,289	21,270	0	952
54.00	05400	RADIOLOGY-DIAGNOSTIC	290,805	181,573	0	10,489
55.00	05500	RADIOLOGY-THERAPEUTIC	72,747	53,704	0	1,392
57.00	05700	CT SCAN	50,064	17,803	0	2,476
58.00	05800	MRI	36,932	23,013	0	683
60.00	06000	LABORATORY	375,904	200,256	0	209
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	46,666	553	0	259
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	85,396	37,533	0	895
66.00	06600	PHYSICAL THERAPY	153,808	50,643	0	2,597
67.00	06700	OCCUPATIONAL THERAPY	31,060	20,772	0	213
68.00	06800	SPEECH PATHOLOGY	12,688	4,947	0	0
69.00	06900	ELECTROCARDIOLOGY	221,025	64,231	0	4,884
69.01	03340	GI UNIT	51,695	27,403	0	3,590
69.02	03650	VASCULAR LAB	22,722	4,092	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	9,115	5,664	0	706
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	513,173	3,861	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	102,054	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	282,515	0	0	0
73.01	03640	RENAL TXPLANT LAB	7,069	4,020	0	0
74.00	07400	RENAL DIALYSIS	23,972	21,318	0	1,809
75.00	07500	ASC (NON-DISTINCT PART)	98,929	65,389	0	9,010
76.97	07697	CARDIAC REHABILITATION	21,976	422	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	192,145	86,174	0	27,390
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				12,842
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	20,865	2,627	0	0
109.00	10900	PANCREAS ACQUISITION	2,218	263	0	0
113.00	11300	INTEREST EXPENSE				39
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,034,597	2,337,536	0	228,800
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,219	5,043	0	400
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,773	50,197	0	2,214
192.01	19201	SU SCHOOL OF MEDICINE	23,865	228,188	0	1,770
192.03	19202	UNIVERSITY BUILDING (MHCCI)	1,366	8,295	0	8,151

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	7,183	87,165	0	0	12,989	192.05
192.06	19205	VNA OF CENTRAL IL	176	44,390	0	0	6,615	192.06
192.07	19206	GAMBRO	0	74,245	0	0	11,064	192.07
192.08	19208	FOUNDATION	679	8,450	0	0	1,259	192.08
192.09	19207	SIU MAP PROGRAM	11,094	119,678	0	0	17,835	192.09
192.10	19209	AUDIOLOGY	9,307	4,044	0	0	603	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	20,303	8,577	0	0	1,278	192.11
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)	5,117,562	2,975,808	0	241,335	432,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/25/2015 4:05 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	423,389					10.00
11.00	01100	CAFETERIA	0	333,108				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,857	0	218,469		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,295	0	0	833,765	14.00
15.00	01500	PHARMACY	0	9,854	0	0	1,048	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,045	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,711	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	18,677	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	22	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	175	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	273,328	71,479	0	115,252	24,693	30.00
31.00	03100	INTENSIVE CARE UNIT	23,481	15,148	0	24,424	8,974	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,303	3,078	0	4,962	2,270	33.00
40.00	04000	SUBPROVIDER - I/PF	55,147	10,191	0	16,431	641	40.00
41.00	04100	SUBPROVIDER - I/RF	23,432	4,182	0	6,743	783	41.00
43.00	04300	NURSERY	12,408	2,019	0	3,256	1,309	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	401	25,763	0	0	9,856	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,956	0	6,378	2,575	52.00
53.00	05300	ANESTHESIOLOGY	0	206	0	0	16,294	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2	19,516	0	0	39,948	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	78	2,666	0	0	2,368	55.00
57.00	05700	CT SCAN	0	2,761	0	0	4,270	57.00
58.00	05800	MRI	0	1,800	0	0	977	58.00
60.00	06000	LABORATORY	782	27,392	0	0	90,506	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	826	0	0	3,093	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	7,728	0	12,460	5,015	65.00
66.00	06600	PHYSICAL THERAPY	7	15,036	0	0	786	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,747	0	0	385	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,056	0	0	100	68.00
69.00	06900	ELECTROCARDIOLOGY	27	11,653	0	18,788	139,418	69.00
69.01	03340	GI UNIT	50	3,519	0	5,673	10,216	69.01
69.02	03650	VASCULAR LAB	0	1,259	0	2,029	5,133	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	853	0	0	716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	677	0	1,091	409,946	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	406	0	0	2,550	73.01
74.00	07400	RENAL DIALYSIS	491	2,287	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	83	5,102	0	0	33,242	75.00
76.97	07697	CARDIAC REHABILITATION	0	2,206	0	0	126	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,916	16,373	0	0	13,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	566	0	912	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	43	0	70	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	398,936	320,130	0	218,469	830,555	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	217	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	305	41	0	0	1	192.00
192.01	19201	SCHOOL OF MEDICINE	0	135	0	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			DI ETARY	CAFETERIA	MAI NTENANCE OF PERSONNEL	NURSING ADMINI STRATION	CENTRAL SERVI CES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	24,148	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	6,680	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	4,574	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	0	411	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	0	433	0	0	0	192.09
192.10	19209	AUDIOLOGY	0	487	0	0	3,209	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
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)	423,389	333,108	0	218,469	833,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet B Part II Date/Time Prepared: 2/25/2015 4:05 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,057,689					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	579,788				16.00
17.00	01700	SOCIAL SERVICE	0	0	18,662			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,739	349,740	12,874			30.00
31.00	03100	INTENSIVE CARE UNIT	2,101	46,543	291			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	401	10,955	402			33.00
40.00	04000	SUBPROVIDER - I PF	79	50,021	2,289			40.00
41.00	04100	SUBPROVIDER - I RF	66	23,938	331			41.00
43.00	04300	NURSERY	177	3,304	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	930	7,767	0			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	346	116	75			52.00
53.00	05300	ANESTHESIOLOGY	3,268	2,492	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,223	9,332	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	49	5,564	98			55.00
57.00	05700	CT SCAN	1,435	12,346	0			57.00
58.00	05800	MRI	396	3,825	0			58.00
60.00	06000	LABORATORY	642	12,925	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	464	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
65.00	06500	RESPIRATORY THERAPY	1,269	1,507	0			65.00
66.00	06600	PHYSICAL THERAPY	5	2,376	67			66.00
67.00	06700	OCCUPATIONAL THERAPY	6	232	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	2,526	13,389	0			69.00
69.01	03340	GI UNIT	628	2,260	2,143			69.01
69.02	03650	VASCULAR LAB	56	522	0			69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1	174	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,771	4,173	0			71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,026,101	0	0			73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0			73.01
74.00	07400	RENAL DIALYSIS	557	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	760	5,622	0			75.00
76.97	07697	CARDIAC REHABILITATION	6	290	0			76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRI PSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	4,151	9,911	92			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,057,689	579,788	18,662	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	SCHOOL OF MEDICINE	0	0	0			192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0			192.03
192.04	19203	MEALS ON WHEELS	0	0	0			192.04
192.05	19204	ACS HOME CARE	0	0	0			192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0			192.06
192.07	19206	GAMBRO	0	0	0			192.07
192.08	19208	FOUNDATION	0	0	0			192.08
192.09	19207	SIU MAP PROGRAM	0	0	0			192.09
192.10	19209	AUDIOLOGY	0	0	0			192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0			192.11
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,057,689	579,788	18,662	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 4:05 pm
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(PHARMACY)	Subtotal
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	317,950			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		19,963		22.00
23.00 02300	PARAMED ED PRGM-(EMS)			154	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)			3,317	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS				6,853,142
31.00 03100	INTENSIVE CARE UNIT				1,387,141
33.00 03300	BURN INTENSIVE CARE UNIT				289,273
40.00 04000	SUBPROVIDER - I PF				967,829
41.00 04100	SUBPROVIDER - I RF				318,665
43.00 04300	NURSERY				92,421
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM				4,429,396
52.00 05200	DELIVERY ROOM & LABOR ROOM				205,044
53.00 05300	ANESTHESIOLOGY				988,578
54.00 05400	RADIOLOGY-DIAGNOSTIC				4,682,220
55.00 05500	RADIOLOGY-THERAPEUTIC				1,666,793
57.00 05700	CT SCAN				1,205,613
58.00 05800	MRI				1,048,811
60.00 06000	LABORATORY				3,404,764
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				69,378
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS				0
65.00 06500	RESPIRATORY THERAPY				514,247
66.00 06600	PHYSICAL THERAPY				809,433
67.00 06700	OCCUPATIONAL THERAPY				187,585
68.00 06800	SPEECH PATHOLOGY				52,321
69.00 06900	ELECTROCARDIOLOGY				1,970,189
69.01 03340	GI UNIT				643,348
69.02 03650	VASCULAR LAB				190,416
70.00 07000	ELECTROENCEPHALOGRAPHY				129,825
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				970,622
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS				102,054
73.00 07300	DRUGS CHARGED TO PATIENTS				1,308,616
73.01 03640	RENAL TXPLANT LAB				47,961
74.00 07400	RENAL DIALYSIS				286,354
75.00 07500	ASC (NON-DISTINCT PART)				1,049,133
76.97 07697	CARDIAC REHABILITATION				74,461
76.98 07698	HYPERBARIC OXYGEN THERAPY				0
76.99 07699	LITHOTRIpsy				0
OUTPATIENT SERVICE COST CENTERS					
91.00 09100	EMERGENCY				1,181,159
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS				0
SPECIAL PURPOSE COST CENTERS					
105.00 10500	KIDNEY ACQUISITION				42,949
109.00 10900	PANCREAS ACQUISITION				4,189
113.00 11300	INTEREST EXPENSE				
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	37,173,930
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				39,786

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (PHARMACY)	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES					354,321	192.00
192.01	19201	SIU SCHOOL OF MEDICINE					287,963	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)					66,884	192.03
192.04	19203	MEALS ON WHEELS					24,148	192.04
192.05	19204	ACS HOME CARE					616,391	192.05
192.06	19205	VNA OF CENTRAL IL					55,830	192.06
192.07	19206	GAMBRO					85,309	192.07
192.08	19208	FOUNDATION					59,492	192.08
192.09	19207	SIU MAP PROGRAM					149,162	192.09
192.10	19209	AUDIOLOGY					47,297	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY					185,825	192.11
200.00		Cross Foot Adjustments	317,950	19,963	154	3,317	341,384	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	317,950	19,963	154	3,317	39,487,722	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet B Part II Date/Time Prepared: 2/25/2015 4:05 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,853,142
31.00	03100	INTENSIVE CARE UNIT	0	1,387,141
33.00	03300	BURN INTENSIVE CARE UNIT	0	289,273
40.00	04000	SUBPROVIDER - I PF	0	967,829
41.00	04100	SUBPROVIDER - I RF	0	318,665
43.00	04300	NURSERY	0	92,421
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	4,429,396
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	205,044
53.00	05300	ANESTHESIOLOGY	0	988,578
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,682,220
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,666,793
57.00	05700	CT SCAN	0	1,205,613
58.00	05800	MRI	0	1,048,811
60.00	06000	LABORATORY	0	3,404,764
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	69,378
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
65.00	06500	RESPIRATORY THERAPY	0	514,247
66.00	06600	PHYSICAL THERAPY	0	809,433
67.00	06700	OCCUPATIONAL THERAPY	0	187,585
68.00	06800	SPEECH PATHOLOGY	0	52,321
69.00	06900	ELECTROCARDIOLOGY	0	1,970,189
69.01	03340	GI UNIT	0	643,348
69.02	03650	VASCULAR LAB	0	190,416
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129,825
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	970,622
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	102,054
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,308,616
73.01	03640	RENAL TXPLANT LAB	0	47,961
74.00	07400	RENAL DIALYSIS	0	286,354
75.00	07500	ASC (NON-DISTINCT PART)	0	1,049,133
76.97	07697	CARDIAC REHABILITATION	0	74,461
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIpsy	0	0
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	1,181,159
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	42,949
109.00	10900	PANCREAS ACQUISITION	0	4,189
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,173,930
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,786

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140148

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

Worksheet B
Part II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	354,321	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	287,963	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	66,884	192.03
192.04	19203	MEALS ON WHEELS	0	24,148	192.04
192.05	19204	ACS HOME CARE	0	616,391	192.05
192.06	19205	VNA OF CENTRAL IL	0	55,830	192.06
192.07	19206	GAMBRO	0	85,309	192.07
192.08	19208	FOUNDATION	0	59,492	192.08
192.09	19207	SIU MAP PROGRAM	0	149,162	192.09
192.10	19209	AUDIOLOGY	0	47,297	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	185,825	192.11
200.00		Cross Foot Adjustments	0	341,384	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	39,487,722	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	826,263	0			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,759	0	164,691,581		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	122,103	0	19,887,670	-78,669,679	5.00
6.00 00600	MAINTENANCE & REPAIRS	95,991	0	4,723,213	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,479	0	169,337	0	8.00
9.00 00900	HOUSEKEEPING	10,440	0	3,919,091	0	9.00
10.00 01000	DIETARY	15,115	0	1,018,184	0	10.00
11.00 01100	CAFETERIA	7,859	0	2,819,899	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	4,205	0	2,199,694	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	16,032	0	1,713,727	0	14.00
15.00 01500	PHARMACY	6,654	0	6,005,208	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,275	0	3,453,682	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	8,083,795	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
23.01 02301	PARAMED ED PRGM-(PHARMACY)	56	0	78,190	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	151,310	0	27,399,735	0	30.00
31.00 03100	INTENSIVE CARE UNIT	32,113	0	6,623,326	0	31.00
33.00 03300	BURN INTENSIVE CARE UNIT	7,349	0	1,219,649	0	33.00
40.00 04000	SUBPROVIDER - IPF	25,428	0	3,953,147	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,693	0	1,453,228	0	41.00
43.00 04300	NURSERY	1,950	0	830,782	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,095	0	11,529,921	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,961	0	1,760,596	0	52.00
53.00 05300	ANESTHESIOLOGY	5,344	0	1,055,642	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	35,662	0	7,584,020	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	13,493	0	1,800,658	0	55.00
57.00 05700	CT SCAN	3,404	0	1,045,448	0	57.00
58.00 05800	MRI	4,169	0	698,314	0	58.00
60.00 06000	LABORATORY	49,488	0	9,616,845	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	139	0	418,035	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	9,430	0	3,323,499	0	65.00
66.00 06600	PHYSICAL THERAPY	12,724	0	7,274,900	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	5,219	0	1,527,797	0	67.00
68.00 06800	SPEECH PATHOLOGY	1,243	0	647,326	0	68.00
69.00 06900	ELECTROCARDIOLOGY	16,138	0	5,365,585	0	69.00
69.01 03340	GI UNIT	6,885	0	1,441,591	0	69.01
69.02 03650	VASCULAR LAB	1,028	0	708,258	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	1,423	0	363,709	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970	0	415,872	0	71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 03640	RENAL TXPLANT LAB	1,010	0	173,164	0	73.01
74.00 07400	RENAL DIALYSIS	5,356	0	1,080,143	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	2,134,131	0	75.00
76.97 07697	CARDIAC REHABILITATION	106	0	1,101,212	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	21,651	0	6,584,164	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	660	0	269,135	0	105.00
109.00 10900	PANCREAS ACQUISITION	66	0	26,786	0	109.00
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	785,261	0	163,498,308	-78,669,679	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	61,206	0	302,439	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,612	0	25,977	0	342,153	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	1,710,784	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	2,084	0	23,697	0	97,890	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	21,900	0	47,887	0	514,920	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	47,881	0	12,620	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	2,123	0	0	0	48,693	192.08
192.09	19207	SIU MAP PROGRAM	0	0	78,057	0	795,297	192.09
192.10	19209	AUDIOLOGY	1,016	0	228,362	0	667,157	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	680,206	0	1,455,410	192.11
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)	18,951,193	0	43,407,100		78,669,679	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.936030	0.000000	0.263566		0.214444	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			257,740		5,117,562	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001565		0.013950	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS	747,668				6.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,479	0	3,534,380		8.00	
9.00	00900	HOUSEKEEPING	10,440	0	0	729,749	9.00	
10.00	01000	DIETARY	5,948	0	0	5,948	356,191	10.00
11.00	01100	CAFETERIA	17,026	0	0	17,026	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,205	0	0	4,205	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,032	0	167,739	16,032	0	14.00
15.00	01500	PHARMACY	6,654	0	3,593	6,654	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,275	0	0	12,275	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,786	0	10,578	5,786	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	56	0	0	56	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,310	0	1,266,488	151,310	229,946	30.00
31.00	03100	INTENSIVE CARE UNIT	32,113	0	242,368	32,113	19,754	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	7,349	0	57,423	7,349	5,303	33.00
40.00	04000	SUBPROVIDER - I PF	25,428	0	43,497	25,428	46,394	40.00
41.00	04100	SUBPROVIDER - I RF	7,693	0	102,668	7,693	19,713	41.00
43.00	04300	NURSERY	1,950	0	42,840	1,950	10,439	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	48,095	0	340,322	48,095	337	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,961	0	83,914	1,961	0	52.00
53.00	05300	ANESTHESIOLOGY	5,344	0	13,945	5,344	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,620	0	153,608	45,620	2	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,493	0	20,391	13,493	66	55.00
57.00	05700	CT SCAN	4,473	0	36,267	4,473	0	57.00
58.00	05800	MRI	5,782	0	10,008	5,782	0	58.00
60.00	06000	LABORATORY	50,314	0	3,060	50,314	658	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	139	0	3,794	139	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,430	0	13,110	9,430	0	65.00
66.00	06600	PHYSICAL THERAPY	12,724	0	38,039	12,724	6	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,219	0	3,114	5,219	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,243	0	0	1,243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,138	0	71,531	16,138	23	69.00
69.01	03340	GI UNIT	6,885	0	52,579	6,885	42	69.01
69.02	03650	VASCULAR LAB	1,028	0	0	1,028	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,423	0	10,337	1,423	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970	0	0	970	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03640	RENAL TXPLANT LAB	1,010	0	0	1,010	0	73.01
74.00	07400	RENAL DIALYSIS	5,356	0	26,500	5,356	413	74.00
75.00	07500	ASC (NON-DISTINCT PART)	16,429	0	131,953	16,429	70	75.00
76.97	07697	CARDIAC REHABILITATION	106	0	0	106	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,651	0	401,137	21,651	2,453	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	660	0	0	660	0	105.00
109.00	10900	PANCREAS ACQUISITION	66	0	0	66	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	587,303	0	3,350,803	569,384	335,619	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFF, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	5,854	1,267	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,612	0	32,426	12,612	257	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SIU SCHOOL OF MEDICINE	57,332	0	25,923	57,332	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	2,084	0	119,374	2,084	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	20,315	192.04
192.05	19204	ACS HOME CARE	21,900	0	0	21,900	0	192.05
192.06	19205	VNA OF CENTRAL IL	11,153	0	0	11,153	0	192.06
192.07	19206	GAMBRO	18,654	0	0	18,654	0	192.07
192.08	19208	FOUNDATION	2,123	0	0	2,123	0	192.08
192.09	19207	SIU MAP PROGRAM	30,069	0	0	30,069	0	192.09
192.10	19209	AUDIOLOGY	1,016	0	0	1,016	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	2,155	0	0	2,155	0	192.11
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)	23,338,066	0	3,458,337	9,118,434	3,250,041	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.214478	0.000000	0.978485	12.495302	9.124433	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,975,808	0	241,335	432,832	423,389	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.980120	0.000000	0.068282	0.593124	1.188657	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	246,132					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	2,850	0	100,120			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,390	0	0	72,248,324		14.00
15.00	01500	PHARMACY	7,281	0	0	90,778	20,875,427	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,900	0	0	22	0	16.00
17.00	01700	SOCIAL SERVICE	4,220	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	13,800	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	16	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(PHARMACY)	129	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	52,818	0	52,818	2,139,782	172,474	30.00
31.00	03100	INTENSIVE CARE UNIT	11,193	0	11,193	777,673	41,475	31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,274	0	2,274	196,684	7,920	33.00
40.00	04000	SUBPROVIDER - I PF	7,530	0	7,530	55,546	1,567	40.00
41.00	04100	SUBPROVIDER - I RF	3,090	0	3,090	67,852	1,310	41.00
43.00	04300	NURSERY	1,492	0	1,492	113,422	3,489	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,036	0	0	854,090	18,351	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,923	0	2,923	223,114	6,835	52.00
53.00	05300	ANESTHESIOLOGY	152	0	0	1,411,930	64,502	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,420	0	0	3,461,667	24,138	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,970	0	0	205,175	963	55.00
57.00	05700	CT SCAN	2,040	0	0	369,984	28,320	57.00
58.00	05800	MRI	1,330	0	0	84,651	7,811	58.00
60.00	06000	LABORATORY	20,240	0	0	7,842,819	12,665	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	610	0	0	268,019	4	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,710	0	5,710	434,591	25,047	65.00
66.00	06600	PHYSICAL THERAPY	11,110	0	0	68,120	94	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,030	0	0	33,330	122	67.00
68.00	06800	SPEECH PATHOLOGY	780	0	0	8,635	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,610	0	8,610	12,081,321	49,848	69.00
69.01	03340	GI UNIT	2,600	0	2,600	885,270	12,396	69.01
69.02	03650	VASCULAR LAB	930	0	930	444,771	1,102	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	630	0	0	62,058	16	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	500	0	500	35,522,377	34,947	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,251,973	73.00
73.01	03640	RENAL TXPLANT LAB	300	0	0	220,987	0	73.01
74.00	07400	RENAL DIALYSIS	1,690	0	0	0	10,999	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,770	0	0	2,880,559	15,009	75.00
76.97	07697	CARDIAC REHABILITATION	1,630	0	0	10,934	120	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,098	0	0	1,154,029	81,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	418	0	418	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	32	0	32	0	0	109.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,542	0	100,120	71,970,190	20,875,427	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	160	0	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description			CAFETERIA (FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30	0	0	55	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	100	0	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	0	0	192.04
192.05	19204	ACS HOME CARE	4,936	0	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	3,380	0	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	0	0	192.07
192.08	19208	FOUNDATION	304	0	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	320	0	0	0	0	192.09
192.10	19209	AUDIOLOGY	360	0	0	278,079	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	0	192.11
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,506,772	0	3,570,458	5,632,271	11,681,072	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.247526	0.000000	35.661786	0.077957	0.559561	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	333,108	0	218,469	833,765	1,057,689	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.353371	0.000000	2.182072	0.011540	0.050667	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	10,003					16.00
17.00 01700 SOCIAL SERVICE	0	9,752				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			9,999	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
23.01 02301 PARAMED ED PRGM-(PHARMACY)	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	6,034	6,728		0	3,612	30.00
31.00 03100 INTENSIVE CARE UNIT	803	152		0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	189	210		0	0	33.00
40.00 04000 SUBPROVIDER - IPF	863	1,196		0	1,003	40.00
41.00 04100 SUBPROVIDER - IRF	413	173		0	121	41.00
43.00 04300 NURSERY	57	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	134	0	0	0	1,711	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2	39	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	43	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	161	0	0	0	481	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	96	51	0	0	0	55.00
57.00 05700 CT SCAN	213	0	0	0	0	57.00
58.00 05800 MRI	66	0	0	0	0	58.00
60.00 06000 LABORATORY	223	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	26	0	0	0	256	65.00
66.00 06600 PHYSICAL THERAPY	41	35	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	4	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	231	0	0	0	0	69.00
69.01 03340 GI UNIT	39	1,120	0	0	0	69.01
69.02 03650 VASCULAR LAB	9	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	3	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	72	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	97	0	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	5	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	171	48	0	0	550	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,003	9,752	0	0	7,734	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1

Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)			
	16.00	17.00	19.00	20.00	21.00			
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	0	192.01	
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	0	192.03	
192.04	19203	MEALS ON WHEELS	0	0	0	0	192.04	
192.05	19204	ACS HOME CARE	0	0	0	0	192.05	
192.06	19205	VNA OF CENTRAL IL	0	0	0	0	192.06	
192.07	19206	GAMBRO	0	0	0	0	192.07	
192.08	19208	FOUNDATION	0	0	0	0	192.08	
192.09	19207	SIU MAP PROGRAM	0	0	0	2,265	192.09	
192.10	19209	AUDIOLOGY	0	0	0	0	192.10	
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	0	192.11	
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)	9,181,086	1,187,606	0	0	11,492,710	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	917.833250	121.780763	0.000000	0.000000	1,149.385939	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	579,788	18,662	0	0	317,950	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	57.961412	1.913659	0.000000	0.000000	31.798180	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(PHARMACY) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00 00100 CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500 ADMINISTRATIVE & GENERAL				5.00
6.00 00600 MAINTENANCE & REPAIRS				6.00
7.00 00700 OPERATION OF PLANT				7.00
8.00 00800 LAUNDRY & LINEN SERVICE				8.00
9.00 00900 HOUSEKEEPING				9.00
10.00 01000 DIETARY				10.00
11.00 01100 CAFETERIA				11.00
12.00 01200 MAINTENANCE OF PERSONNEL				12.00
13.00 01300 NURSING ADMINISTRATION				13.00
14.00 01400 CENTRAL SERVICES & SUPPLY				14.00
15.00 01500 PHARMACY				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY				16.00
17.00 01700 SOCIAL SERVICE				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000 NURSING SCHOOL				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	9,999			22.00
23.00 02300 PARAMED PRGM-(EMS)		100		23.00
23.01 02301 PARAMED PRGM-(PHARMACY)		0	100	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	3,612	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	31.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
40.00 04000 SUBPROVIDER - IPF	1,003	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	121	0	0	41.00
43.00 04300 NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,711	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	481	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	256	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03340 GI UNIT	0	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	550	100	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0	0	105.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	109.00
113.00 11300 INTEREST EXPENSE				113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,734	100	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

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

Worksheet B-1
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (PHARMACY) (ASSIGNED TIME)			
	SERVICES-OTHER					
	PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SIU SCHOOL OF MEDICINE	0	0	0	192.01
192.03	19202	UNIVERSITY BUILDING (MHCCI)	0	0	0	192.03
192.04	19203	MEALS ON WHEELS	0	0	0	192.04
192.05	19204	ACS HOME CARE	0	0	0	192.05
192.06	19205	VNA OF CENTRAL IL	0	0	0	192.06
192.07	19206	GAMBRO	0	0	0	192.07
192.08	19208	FOUNDATION	0	0	0	192.08
192.09	19207	SIU MAP PROGRAM	2,265	0	0	192.09
192.10	19209	AUDIOLOGY	0	0	0	192.10
192.11	19210	SOUTH6TH AND N. DIRKSON RADIOLOGY	0	0	0	192.11
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,737,950	11,719	133,095	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	173.812381	117.190000	1,330.950000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	19,963	154	3,317	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.996500	1.540000	33.170000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

		Title XVIIII		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		73,151,127	132,910	73,284,037	30.00
31.00	03100	INTENSIVE CARE UNIT		16,422,682	140,360	16,563,042	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		3,264,158	49,108	3,313,266	33.00
40.00	04000	SUBPROVIDER - I PF		10,257,483	5,407	10,262,890	40.00
41.00	04100	SUBPROVIDER - I RF		3,878,838	333	3,879,171	41.00
43.00	04300	NURSERY		1,995,156	17,406	2,012,562	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		30,964,774	137,254	31,102,028	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		3,819,324	0	3,819,324	52.00
53.00	05300	ANESTHESIOLOGY		5,596,530	14,916	5,611,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		28,097,498	0	28,097,498	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		7,082,364	0	7,082,364	55.00
57.00	05700	CT SCAN		4,858,656	0	4,858,656	57.00
58.00	05800	MRI		3,568,218	0	3,568,218	58.00
60.00	06000	LABORATORY		36,044,813	776,537	36,821,350	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		4,109,359	0	4,109,359	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	8,216,098	42,250	8,258,348	65.00
66.00	06600	PHYSICAL THERAPY	0	14,189,044	236,442	14,425,486	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,970,408	0	2,970,408	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,170,724	0	1,170,724	68.00
69.00	06900	ELECTROCARDIOLOGY		21,628,829	23,637	21,652,466	69.00
69.01	03340	GI UNIT		5,231,110	4,339	5,235,449	69.01
69.02	03650	VASCULAR LAB		2,113,018	11,931	2,124,949	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY		882,382	16,054	898,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		47,597,441	642,609	48,240,050	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS		8,884,476	0	8,884,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		36,060,191	0	36,060,191	73.00
73.01	03640	RENAL TXPLANT LAB		681,071	0	681,071	73.01
74.00	07400	RENAL DIALYSIS		2,380,960	20,372	2,401,332	74.00
75.00	07500	ASC (NON-DISTINCT PART)		9,836,022	74,526	9,910,548	75.00
76.97	07697	CARDIAC REHABILITATION		1,946,559	4,065	1,950,624	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699	LITHOTRIpsy		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY		18,571,500	1,021,664	19,593,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,299,390	0	2,299,390	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION		1,866,116	0	1,866,116	105.00
109.00	10900	PANCREAS ACQUISITION		197,590	0	197,590	109.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	419,833,909	3,372,120	423,206,029	200.00
201.00		Less Observation Beds		2,299,390	0	2,299,390	201.00
202.00		Total (see instructions)	0	417,534,519	3,372,120	420,906,639	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

		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	106,265,443		106,265,443		30.00
31.00	03100	INTENSIVE CARE UNIT	32,059,416		32,059,416		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,320,042		6,320,042		33.00
40.00	04000	SUBPROVIDER - I/PF	22,456,281		22,456,281		40.00
41.00	04100	SUBPROVIDER - I/RF	6,474,176		6,474,176		41.00
43.00	04300	NURSERY	4,590,458		4,590,458		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,156,382	67,101,829	171,258,211	0.180808	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,944,390	1,014,391	9,958,781	0.383513	52.00
53.00	05300	ANESTHESIOLOGY	18,289,842	21,629,022	39,918,864	0.140198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,289,789	80,730,646	114,020,435	0.246425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,838,637	48,325,901	51,164,538	0.138423	55.00
57.00	05700	CT SCAN	47,956,130	107,024,025	154,980,155	0.031350	57.00
58.00	05800	MRI	11,425,635	32,988,650	44,414,285	0.080339	58.00
60.00	06000	LABORATORY	76,897,633	109,994,333	186,891,966	0.192864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,212,971	3,923,030	14,136,001	0.290702	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	40,138,859	13,020,941	53,159,800	0.154555	65.00
66.00	06600	PHYSICAL THERAPY	12,441,694	20,673,136	33,114,830	0.428480	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,294,495	2,126,870	11,421,365	0.260075	67.00
68.00	06800	SPEECH PATHOLOGY	3,243,511	26,904	3,270,415	0.357974	68.00
69.00	06900	ELECTROCARDIOLOGY	76,844,913	94,643,836	171,488,749	0.126124	69.00
69.01	03340	GI UNIT	4,358,439	19,810,379	24,168,818	0.216440	69.01
69.02	03650	VASCULAR LAB	7,100,821	4,380,889	11,481,710	0.184033	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,334,179	1,429,217	6,763,396	0.130464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	150,392,373	35,110,264	185,502,637	0.256586	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	23,089,089	22,611,674	45,700,763	0.194405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,777,166	45,028,403	132,805,569	0.271526	73.00
73.01	03640	RENAL TXPLANT LAB	42,157	711,727	753,884	0.903416	73.01
74.00	07400	RENAL DIALYSIS	7,913,587	3,889,674	11,803,261	0.201721	74.00
75.00	07500	ASC (NON-DISTINCT PART)	867,801	48,765,273	49,633,074	0.198175	75.00
76.97	07697	CARDIAC REHABILITATION	2,275,979	2,432,709	4,708,688	0.413397	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,120,367	54,134,583	78,254,950	0.237320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	420,047	2,459,740	2,879,787	0.798458	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	947,832,702	843,988,046	1,791,820,748		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	947,832,702	843,988,046	1,791,820,748		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet C Part I Date/Time Prepared: 2/25/2015 4:05 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.181609		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.383513		52.00
53.00	05300 ANESTHESIOLOGY	0.140571		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246425		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138423		55.00
57.00	05700 CT SCAN	0.031350		57.00
58.00	05800 MRI	0.080339		58.00
60.00	06000 LABORATORY	0.197019		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.155349		65.00
66.00	06600 PHYSICAL THERAPY	0.435620		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260075		67.00
68.00	06800 SPEECH PATHOLOGY	0.357974		68.00
69.00	06900 ELECTROCARDIOLOGY	0.126262		69.00
69.01	03340 GI UNIT	0.216620		69.01
69.02	03650 VASCULAR LAB	0.185073		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132838		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.260050		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271526		73.00
73.01	03640 RENAL TXPLANT LAB	0.903416		73.01
74.00	07400 RENAL DIALYSIS	0.203446		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.199676		75.00
76.97	07697 CARDIAC REHABILITATION	0.414261		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	0.250376		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798458		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
109.00	10900 PANCREAS ACQUISITION			109.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		73,151,127	132,910	73,284,037	30.00
31.00	03100 INTENSIVE CARE UNIT		16,422,682	140,360	16,563,042	31.00
33.00	03300 BURN INTENSIVE CARE UNIT		3,264,158	49,108	3,313,266	33.00
40.00	04000 SUBPROVIDER - I PF		10,257,483	5,407	10,262,890	40.00
41.00	04100 SUBPROVIDER - I RF		3,878,838	333	3,879,171	41.00
43.00	04300 NURSERY		1,995,156	17,406	2,012,562	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		30,964,774	137,254	31,102,028	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,819,324	0	3,819,324	52.00
53.00	05300 ANESTHESIOLOGY		5,596,530	14,916	5,611,446	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		28,097,498	0	28,097,498	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		7,082,364	0	7,082,364	55.00
57.00	05700 CT SCAN		4,858,656	0	4,858,656	57.00
58.00	05800 MRI		3,568,218	0	3,568,218	58.00
60.00	06000 LABORATORY		36,044,813	776,537	36,821,350	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		4,109,359	0	4,109,359	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	8,216,098	42,250	8,258,348	65.00
66.00	06600 PHYSICAL THERAPY	0	14,189,044	236,442	14,425,486	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,970,408	0	2,970,408	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,170,724	0	1,170,724	68.00
69.00	06900 ELECTROCARDIOLOGY		21,628,829	23,637	21,652,466	69.00
69.01	03340 GI UNIT		5,231,110	4,339	5,235,449	69.01
69.02	03650 VASCULAR LAB		2,113,018	11,931	2,124,949	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		882,382	16,054	898,436	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		47,597,441	642,609	48,240,050	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		8,884,476	0	8,884,476	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		36,060,191	0	36,060,191	73.00
73.01	03640 RENAL TXPLANT LAB		681,071	0	681,071	73.01
74.00	07400 RENAL DIALYSIS		2,380,960	20,372	2,401,332	74.00
75.00	07500 ASC (NON-DISTINCT PART)		9,836,022	74,526	9,910,548	75.00
76.97	07697 CARDIAC REHABILITATION		1,946,559	4,065	1,950,624	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
76.99	07699 LI THOTRI PSY		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY		18,571,500	1,021,664	19,593,164	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,299,390	0	2,299,390	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		1,866,116	0	1,866,116	105.00
109.00	10900 PANCREAS ACQUISITION		197,590	0	197,590	109.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)	0	419,833,909	3,372,120	423,206,029	200.00
201.00	Less Observation Beds		2,299,390	0	2,299,390	201.00
202.00	Total (see instructions)	0	417,534,519	3,372,120	420,906,639	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	106,265,443		106,265,443		30.00
31.00	03100	INTENSIVE CARE UNIT	32,059,416		32,059,416		31.00
33.00	03300	BURN INTENSIVE CARE UNIT	6,320,042		6,320,042		33.00
40.00	04000	SUBPROVIDER - I/PF	22,456,281		22,456,281		40.00
41.00	04100	SUBPROVIDER - I/RF	6,474,176		6,474,176		41.00
43.00	04300	NURSERY	4,590,458		4,590,458		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,156,382	67,101,829	171,258,211	0.180808	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,944,390	1,014,391	9,958,781	0.383513	52.00
53.00	05300	ANESTHESIOLOGY	18,289,842	21,629,022	39,918,864	0.140198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,289,789	80,730,646	114,020,435	0.246425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,838,637	48,325,901	51,164,538	0.138423	55.00
57.00	05700	CT SCAN	47,956,130	107,024,025	154,980,155	0.031350	57.00
58.00	05800	MRI	11,425,635	32,988,650	44,414,285	0.080339	58.00
60.00	06000	LABORATORY	76,897,633	109,994,333	186,891,966	0.192864	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,212,971	3,923,030	14,136,001	0.290702	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	40,138,859	13,020,941	53,159,800	0.154555	65.00
66.00	06600	PHYSICAL THERAPY	12,441,694	20,673,136	33,114,830	0.428480	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,294,495	2,126,870	11,421,365	0.260075	67.00
68.00	06800	SPEECH PATHOLOGY	3,243,511	26,904	3,270,415	0.357974	68.00
69.00	06900	ELECTROCARDIOLOGY	76,844,913	94,643,836	171,488,749	0.126124	69.00
69.01	03340	GI UNIT	4,358,439	19,810,379	24,168,818	0.216440	69.01
69.02	03650	VASCULAR LAB	7,100,821	4,380,889	11,481,710	0.184033	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	5,334,179	1,429,217	6,763,396	0.130464	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	150,392,373	35,110,264	185,502,637	0.256586	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	23,089,089	22,611,674	45,700,763	0.194405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	87,777,166	45,028,403	132,805,569	0.271526	73.00
73.01	03640	RENAL TXPLANT LAB	42,157	711,727	753,884	0.903416	73.01
74.00	07400	RENAL DIALYSIS	7,913,587	3,889,674	11,803,261	0.201721	74.00
75.00	07500	ASC (NON-DISTINCT PART)	867,801	48,765,273	49,633,074	0.198175	75.00
76.97	07697	CARDIAC REHABILITATION	2,275,979	2,432,709	4,708,688	0.413397	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	24,120,367	54,134,583	78,254,950	0.237320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	420,047	2,459,740	2,879,787	0.798458	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	947,832,702	843,988,046	1,791,820,748		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	947,832,702	843,988,046	1,791,820,748		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140148

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

Worksheet C
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
60.00	06000 LABORATORY	0.000000			60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	03340 GI UNIT	0.000000			69.01
69.02	03650 VASCULAR LAB	0.000000			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
73.01	03640 RENAL TXPLANT LAB	0.000000			73.01
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
109.00	10900 PANCREAS ACQUISITION				109.00
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part I Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,853,142	0	6,853,142	84,522	81.08	30.00
31.00	INTENSIVE CARE UNIT	1,387,141		1,387,141	10,929	126.92	31.00
33.00	BURN INTENSIVE CARE UNIT	289,273		289,273	2,564	112.82	33.00
40.00	SUBPROVIDER - IPF	967,829	0	967,829	11,730	82.51	40.00
41.00	SUBPROVIDER - IRF	318,665	0	318,665	5,615	56.75	41.00
43.00	NURSERY	92,421		92,421	3,178	29.08	43.00
200.00	Total (Lines 30-199)	9,908,471		9,908,471	118,538		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	44,155	3,580,087				30.00
31.00	INTENSIVE CARE UNIT	5,292	671,661				31.00
33.00	BURN INTENSIVE CARE UNIT	121	13,651				33.00
40.00	SUBPROVIDER - IPF	4,060	334,991				40.00
41.00	SUBPROVIDER - IRF	3,008	170,704				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	56,636	4,771,094				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/25/2015 4:05 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,429,396	171,258,211	0.025864	45,205,981	1,169,207	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	205,044	9,958,781	0.020589	2,394	49	52.00
53.00	05300 ANESTHESIOLOGY	988,578	39,918,864	0.024765	7,603,888	188,310	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,682,220	114,020,435	0.041065	17,065,287	700,786	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,666,793	51,164,538	0.032577	1,051,395	34,251	55.00
57.00	05700 CT SCAN	1,205,613	154,980,155	0.007779	22,822,323	177,535	57.00
58.00	05800 MRI	1,048,811	44,414,285	0.023614	5,083,980	120,053	58.00
60.00	06000 LABORATORY	3,404,764	186,891,966	0.018218	38,392,474	699,434	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	69,378	14,136,001	0.004908	4,943,787	24,264	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	514,247	53,159,800	0.009674	22,400,826	216,706	65.00
66.00	06600 PHYSICAL THERAPY	809,433	33,114,830	0.024443	4,389,675	107,297	66.00
67.00	06700 OCCUPATIONAL THERAPY	187,585	11,421,365	0.016424	2,975,746	48,874	67.00
68.00	06800 SPEECH PATHOLOGY	52,321	3,270,415	0.015998	1,246,856	19,947	68.00
69.00	06900 ELECTROCARDIOLOGY	1,970,189	171,488,749	0.011489	40,056,133	460,205	69.00
69.01	03340 GI UNIT	643,348	24,168,818	0.026619	2,257,429	60,091	69.01
69.02	03650 VASCULAR LAB	190,416	11,481,710	0.016584	3,511,883	58,241	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	129,825	6,763,396	0.019195	1,947,465	37,382	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	970,622	185,502,637	0.005232	61,219,642	320,301	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	102,054	45,700,763	0.002233	14,633,586	32,677	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,308,616	132,805,569	0.009854	41,906,043	412,942	73.00
73.01	03640 RENAL TXPLANT LAB	47,961	753,884	0.063619	34,074	2,168	73.01
74.00	07400 RENAL DIALYSIS	286,354	11,803,261	0.024261	5,887,599	142,839	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,049,133	49,633,074	0.021138	19,935	421	75.00
76.97	07697 CARDIAC REHABILITATION	74,461	4,708,688	0.015814	1,292,040	20,432	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,181,159	78,254,950	0.015094	9,656,741	145,759	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	215,027	2,879,787	0.074668	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (Lines 50-199)	27,433,348	1,613,654,932		355,607,182	5,200,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part III Date/Time Prepared: 2/25/2015 4:05 pm
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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
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
			6.00	7.00	8.00	9.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,522	0.00	44,155	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	10,929	0.00	5,292	0	0 31.00
33.00	03300	BURN INTENSIVE CARE UNIT	2,564	0.00	121	0	0 33.00
40.00	04000	SUBPROVIDER - IPF	11,730	0.00	4,060	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	5,615	0.00	3,008	0	0 41.00
43.00	04300	NURSERY	3,178	0.00	0	0	0 43.00
200.00		Total (lines 30-199)	118,538		56,636	0	0 200.00
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost			
			12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140148

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

Worksheet D
Part IV
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	03340	GI UNIT	0	0	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	133,095	0	133,095	0	73.00
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	11,719	0	11,719	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	144,814	0	144,814	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	171,258,211	0.000000	0.000000	45,205,981	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,958,781	0.000000	0.000000	2,394	52.00
53.00	05300 ANESTHESIOLOGY	0	39,918,864	0.000000	0.000000	7,603,888	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	114,020,435	0.000000	0.000000	17,065,287	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	51,164,538	0.000000	0.000000	1,051,395	55.00
57.00	05700 CT SCAN	0	154,980,155	0.000000	0.000000	22,822,323	57.00
58.00	05800 MRI	0	44,414,285	0.000000	0.000000	5,083,980	58.00
60.00	06000 LABORATORY	0	186,891,966	0.000000	0.000000	38,392,474	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,136,001	0.000000	0.000000	4,943,787	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	53,159,800	0.000000	0.000000	22,400,826	65.00
66.00	06600 PHYSICAL THERAPY	0	33,114,830	0.000000	0.000000	4,389,675	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,421,365	0.000000	0.000000	2,975,746	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,270,415	0.000000	0.000000	1,246,856	68.00
69.00	06900 ELECTROCARDIOLOGY	0	171,488,749	0.000000	0.000000	40,056,133	69.00
69.01	03340 GI UNIT	0	24,168,818	0.000000	0.000000	2,257,429	69.01
69.02	03650 VASCULAR LAB	0	11,481,710	0.000000	0.000000	3,511,883	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,763,396	0.000000	0.000000	1,947,465	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	185,502,637	0.000000	0.000000	61,219,642	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	45,700,763	0.000000	0.000000	14,633,586	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	133,095	132,805,569	0.001002	0.001002	41,906,043	73.00
73.01	03640 RENAL TXPLANT LAB	0	753,884	0.000000	0.000000	34,074	73.01
74.00	07400 RENAL DIALYSIS	0	11,803,261	0.000000	0.000000	5,887,599	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	49,633,074	0.000000	0.000000	19,935	75.00
76.97	07697 CARDIAC REHABILITATION	0	4,708,688	0.000000	0.000000	1,292,040	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	11,719	78,254,950	0.000150	0.000150	9,656,741	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,879,787	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (Lines 50-199)	144,814	1,613,654,932			355,607,182	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	18,033,265	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	171	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,202,493	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	26,312,436	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	20,225,840	0	0	0	55.00
57.00	05700 CT SCAN	0	31,140,758	0	0	0	57.00
58.00	05800 MRI	0	8,004,415	0	0	0	58.00
60.00	06000 LABORATORY	0	12,893,580	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	3,151,588	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	3,866,981	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	368,392	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	38,975,423	0	0	0	69.00
69.01	03340 GI UNIT	0	5,949,564	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	1,849,718	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	286,651	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,930,883	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	19,220,874	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,990	15,806,892	15,839	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	27,501	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	829,675	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	7,031,194	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	998,966	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,449	11,974,969	1,796	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (Lines 50-199)	43,439	236,082,229	17,635	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03340 GI UNIT	0	0		69.01
69.02 03650 VASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 03640 RENAL TXPLANT LAB	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIIII	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	0.180808	18,033,265	0	0	3,260,559	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.383513	171	0	0	66	52.00	
53.00 05300 ANESTHESIOLOGY	0.140198	5,202,493	95	0	729,379	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.246425	26,312,436	1,239	10,486	6,484,042	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0.138423	20,225,840	0	0	2,799,721	55.00	
57.00 05700 CT SCAN	0.031350	31,140,758	113	10,486	976,263	57.00	
58.00 05800 MRI	0.080339	8,004,415	0	3,932	643,067	58.00	
60.00 06000 LABORATORY	0.192864	12,893,580	5,327	0	2,486,707	60.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702	3,151,588	0	0	916,173	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0.154555	3,866,981	0	0	597,661	65.00	
66.00 06600 PHYSICAL THERAPY	0.428480	368,392	0	0	157,849	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.260075	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.357974	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.126124	38,975,423	6,443	6,554	4,915,736	69.00	
69.01 03340 GI UNIT	0.216440	5,949,564	789	0	1,287,724	69.01	
69.02 03650 VASCULAR LAB	0.184033	1,849,718	0	0	340,409	69.02	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.130464	286,651	0	0	37,398	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256586	3,930,883	2,943	0	1,008,610	71.00	
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405	19,220,874	9,750	0	3,736,634	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.271526	15,806,892	334	99,616	4,291,982	73.00	
73.01 03640 RENAL TXPLANT LAB	0.903416	27,501	41	0	24,845	73.01	
74.00 07400 RENAL DIALYSIS	0.201721	829,675	0	0	167,363	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.198175	7,031,194	563	0	1,393,407	75.00	
76.97 07697 CARDIAC REHABILITATION	0.413397	998,966	0	0	412,970	76.97	
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 EMERGENCY	0.237320	11,974,969	139	0	2,841,900	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798458	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00	
200.00	Subtotal (see instructions)		236,082,229	27,776	131,074	39,510,465	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		236,082,229	27,776	131,074	39,510,465	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	13	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	305	2,584		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	4	329		57.00
58.00 05800 MRI	0	316		58.00
60.00 06000 LABORATORY	1,027	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
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	813	827		69.00
69.01 03340 GI UNIT	171	0		69.01
69.02 03650 VASCULAR LAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	755	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,895	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	91	27,048		73.00
73.01 03640 RENAL TXPLANT LAB	37	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	112	0		75.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	33	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	5,256	31,104	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	5,256	31,104	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part II Date/Time Prepared: 2/25/2015 4:05 pm
		Component CCN: 14S148	Title XVIII	Subprovider - IPF

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	4,429,396	171,258,211	0.025864	2,082	54	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	205,044	9,958,781	0.020589	0	0	52.00
53.00	05300 ANESTHESIOLOGY	988,578	39,918,864	0.024765	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,682,220	114,020,435	0.041065	87,772	3,604	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,666,793	51,164,538	0.032577	1,487	48	55.00
57.00	05700 CT SCAN	1,205,613	154,980,155	0.007779	184,478	1,435	57.00
58.00	05800 MRI	1,048,811	44,414,285	0.023614	74,148	1,751	58.00
60.00	06000 LABORATORY	3,404,764	186,891,966	0.018218	700,034	12,753	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	69,378	14,136,001	0.004908	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	514,247	53,159,800	0.009674	26,927	260	65.00
66.00	06600 PHYSICAL THERAPY	809,433	33,114,830	0.024443	66,727	1,631	66.00
67.00	06700 OCCUPATIONAL THERAPY	187,585	11,421,365	0.016424	27,191	447	67.00
68.00	06800 SPEECH PATHOLOGY	52,321	3,270,415	0.015998	9,796	157	68.00
69.00	06900 ELECTROCARDIOLOGY	1,970,189	171,488,749	0.011489	62,482	718	69.00
69.01	03340 GI UNIT	643,348	24,168,818	0.026619	781	21	69.01
69.02	03650 VASCULAR LAB	190,416	11,481,710	0.016584	6,378	106	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	129,825	6,763,396	0.019195	8,827	169	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	970,622	185,502,637	0.005232	11,294	59	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	102,054	45,700,763	0.002233	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,308,616	132,805,569	0.009854	480,493	4,735	73.00
73.01	03640 RENAL TXPLANT LAB	47,961	753,884	0.063619	0	0	73.01
74.00	07400 RENAL DIALYSIS	286,354	11,803,261	0.024261	37,132	901	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,049,133	49,633,074	0.021138	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	74,461	4,708,688	0.015814	1,211	19	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	1,181,159	78,254,950	0.015094	310,803	4,691	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,879,787	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	27,218,321	1,613,654,932		2,100,043	33,559	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
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
69.01	03340	GI UNIT	0	0	0	0	69.01
69.02	03650	VASCULAR LAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	133,095	0	133,095
73.01	03640	RENAL TXPLANT LAB	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	11,719	0	11,719
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (lines 50-199)	0	0	144,814	0	144,814

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	171,258,211	0.000000	0.000000	2,082	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	9,958,781	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	39,918,864	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	114,020,435	0.000000	0.000000	87,772	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	51,164,538	0.000000	0.000000	1,487	55.00
57.00	05700 CT SCAN	0	154,980,155	0.000000	0.000000	184,478	57.00
58.00	05800 MRI	0	44,414,285	0.000000	0.000000	74,148	58.00
60.00	06000 LABORATORY	0	186,891,966	0.000000	0.000000	700,034	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,136,001	0.000000	0.000000	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	53,159,800	0.000000	0.000000	26,927	65.00
66.00	06600 PHYSICAL THERAPY	0	33,114,830	0.000000	0.000000	66,727	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	11,421,365	0.000000	0.000000	27,191	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,270,415	0.000000	0.000000	9,796	68.00
69.00	06900 ELECTROCARDIOLOGY	0	171,488,749	0.000000	0.000000	62,482	69.00
69.01	03340 GI UNIT	0	24,168,818	0.000000	0.000000	781	69.01
69.02	03650 VASCULAR LAB	0	11,481,710	0.000000	0.000000	6,378	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	6,763,396	0.000000	0.000000	8,827	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	185,502,637	0.000000	0.000000	11,294	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	45,700,763	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	133,095	132,805,569	0.001002	0.001002	480,493	73.00
73.01	03640 RENAL TXPLANT LAB	0	753,884	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	11,803,261	0.000000	0.000000	37,132	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	49,633,074	0.000000	0.000000	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	4,708,688	0.000000	0.000000	1,211	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	11,719	78,254,950	0.000150	0.000150	310,803	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,879,787	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	144,814	1,613,654,932			2,100,043	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	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	338	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	2,151	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	908	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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	277	0	0	0	69.00
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	481	0	0	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	47	3	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	528	3,677	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03340 GI UNIT	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 4:05 pm		
		Component CCN: 14S148	Title XVIII	Subprovider - IPF	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	0.180808	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.383513	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.140198	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.246425	338	0	0	83 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.138423	0	0	0	0 55.00
57.00	05700 CT SCAN	0.031350	2,151	0	0	67 57.00
58.00	05800 MRI	0.080339	0	0	0	0 58.00
60.00	06000 LABORATORY	0.192864	908	0	0	175 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702	0	0	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.154555	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.428480	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.260075	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.357974	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.126124	277	0	0	35 69.00
69.01	03340 GI UNIT	0.216440	0	0	0	0 69.01
69.02	03650 VASCULAR LAB	0.184033	0	0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130464	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.256586	0	0	0	0 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271526	0	0	0	0 73.00
73.01	03640 RENAL TXPLANT LAB	0.903416	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.201721	0	0	0	0 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.198175	0	0	0	0 75.00
76.97	07697 CARDIAC REHABILITATION	0.413397	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.237320	3	0	0	1 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.798458	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
200.00	Subtotal (see instructions)		3,677	0	0	361 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		3,677	0	0	361 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part V Date/Time Prepared: 2/25/2015 4:05 pm
	Component CCN: 14S148	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03340 GI UNIT	0	0	69.01
69.02 03650 VASCULAR LAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01 03640 RENAL TXPLANT LAB	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140148 Component CCN: 14T148		Period: From 10/01/2013 To 09/30/2014		Worksheet D Part II Date/Time Prepared: 2/25/2015 4:05 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,429,396	171,258,211	0.025864	3,044	79	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	205,044	9,958,781	0.020589	0	0	52.00
53.00	05300	ANESTHESIOLOGY	988,578	39,918,864	0.024765	787	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,682,220	114,020,435	0.041065	108,370	4,450	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,666,793	51,164,538	0.032577	49,197	1,603	55.00
57.00	05700	CT SCAN	1,205,613	154,980,155	0.007779	119,583	930	57.00
58.00	05800	MRI	1,048,811	44,414,285	0.023614	49,102	1,159	58.00
60.00	06000	LABORATORY	3,404,764	186,891,966	0.018218	437,189	7,965	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	69,378	14,136,001	0.004908	8,795	43	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	514,247	53,159,800	0.009674	407,698	3,944	65.00
66.00	06600	PHYSICAL THERAPY	809,433	33,114,830	0.024443	2,401,128	58,691	66.00
67.00	06700	OCCUPATIONAL THERAPY	187,585	11,421,365	0.016424	2,015,571	33,104	67.00
68.00	06800	SPEECH PATHOLOGY	52,321	3,270,415	0.015998	710,475	11,366	68.00
69.00	06900	ELECTROCARDIOLOGY	1,970,189	171,488,749	0.011489	44,067	506	69.00
69.01	03340	GI UNIT	643,348	24,168,818	0.026619	0	0	69.01
69.02	03650	VASCULAR LAB	190,416	11,481,710	0.016584	17,327	287	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	129,825	6,763,396	0.019195	6,228	120	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	970,622	185,502,637	0.005232	90,796	475	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	102,054	45,700,763	0.002233	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,308,616	132,805,569	0.009854	542,455	5,345	73.00
73.01	03640	RENAL TXPLANT LAB	47,961	753,884	0.063619	0	0	73.01
74.00	07400	RENAL DIALYSIS	286,354	11,803,261	0.024261	114,205	2,771	74.00
75.00	07500	ASC (NON-DISTINCT PART)	1,049,133	49,633,074	0.021138	0	0	75.00
76.97	07697	CARDIAC REHABILITATION	74,461	4,708,688	0.015814	3,565	56	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,181,159	78,254,950	0.015094	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,879,787	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50-199)	27,218,321	1,613,654,932		7,129,582	132,913	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	133,095	0	133,095	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	11,719	0	11,719	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	0	0	144,814	0	144,814	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	171,258,211	0.000000	0.000000	3,044 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,958,781	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	39,918,864	0.000000	0.000000	787 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	114,020,435	0.000000	0.000000	108,370 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	51,164,538	0.000000	0.000000	49,197 55.00
57.00 05700 CT SCAN	0	154,980,155	0.000000	0.000000	119,583 57.00
58.00 05800 MRI	0	44,414,285	0.000000	0.000000	49,102 58.00
60.00 06000 LABORATORY	0	186,891,966	0.000000	0.000000	437,189 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,136,001	0.000000	0.000000	8,795 62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0 62.30
65.00 06500 RESPIRATORY THERAPY	0	53,159,800	0.000000	0.000000	407,698 65.00
66.00 06600 PHYSICAL THERAPY	0	33,114,830	0.000000	0.000000	2,401,128 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	11,421,365	0.000000	0.000000	2,015,571 67.00
68.00 06800 SPEECH PATHOLOGY	0	3,270,415	0.000000	0.000000	710,475 68.00
69.00 06900 ELECTROCARDIOLOGY	0	171,488,749	0.000000	0.000000	44,067 69.00
69.01 03340 GI UNIT	0	24,168,818	0.000000	0.000000	0 69.01
69.02 03650 VASCULAR LAB	0	11,481,710	0.000000	0.000000	17,327 69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,763,396	0.000000	0.000000	6,228 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	185,502,637	0.000000	0.000000	90,796 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	45,700,763	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	133,095	132,805,569	0.001002	0.001002	542,455 73.00
73.01 03640 RENAL TXPLANT LAB	0	753,884	0.000000	0.000000	0 73.01
74.00 07400 RENAL DIALYSIS	0	11,803,261	0.000000	0.000000	114,205 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	49,633,074	0.000000	0.000000	0 75.00
76.97 07697 CARDIAC REHABILITATION	0	4,708,688	0.000000	0.000000	3,565 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	11,719	78,254,950	0.000150	0.000150	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,879,787	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0 94.00
200.00 Total (lines 50-199)	144,814	1,613,654,932			7,129,582 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
69.01	03340 GI UNIT	0	0	0	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	544	0	0	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00	Total (lines 50-199)	544	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet D Part IV Date/Time Prepared: 2/25/2015 4:05 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
60.00	06000 LABORATORY	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03340 GI UNIT	0	0	69.01
69.02	03650 VASCULAR LAB	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
73.01	03640 RENAL TXPLANT LAB	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1 Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	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)		84,522	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		84,522	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.		50,681	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,189	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		44,155	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		73,284,037	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		73,284,037	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		103,659,450	28.00
29.00	Private room charges (excluding swing-bed charges)		58,277,430	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		45,382,020	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.706969	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,149.89	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,455.06	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)		73,284,037	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)		867.04	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		38,284,151	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)		38,284,151	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/25/2015 4:05 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
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	16,563,042	10,929	1,515.51	5,292	8,020,079		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	3,313,266	2,564	1,292.23	121	156,360		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)					71,152,483		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					117,613,073		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,265,399		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,243,610		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,509,009		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					108,104,064		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,652		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					867.04		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,299,390		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/25/2015 4:05 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,853,142	73,284,037	0.093515	2,299,390	215,027	90.00
91.00	Nursing School cost	0	73,284,037	0.000000	2,299,390	0	91.00
92.00	Allied health cost	0	73,284,037	0.000000	2,299,390	0	92.00
93.00	All other Medical Education	0	73,284,037	0.000000	2,299,390	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Component CCN: 14S148		Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,730	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,730	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.		9,767	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,963	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,060	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,262,890	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		10,262,890	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		17,493,380	28.00
29.00	Private room charges (excluding swing-bed charges)		14,712,080	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,781,300	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.586673	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,506.30	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,416.86	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		89.44	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		52.47	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		512,474	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,750,416	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)		874.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,552,216	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,552,216	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14S148				Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					445,391		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,997,607		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)					334,991		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					34,087		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					369,078		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,628,529		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148 Component CCN: 14S148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	967,829	10,262,890	0.094304	0	0	90.00
91.00	Nursing School cost	0	10,262,890	0.000000	0	0	91.00
92.00	Allied health cost	0	10,262,890	0.000000	0	0	92.00
93.00	All other Medical Education	0	10,262,890	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-1
		Component CCN: 14T148		Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,615	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,615	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)		5,615	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,008	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,879,171	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,879,171	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)		3,879,171	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)		690.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,078,107	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)		2,078,107	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1	
		Component CCN: 14T148				Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					2,223,623	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,301,730	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)					170,704	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					133,457	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					304,161	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,997,569	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140148 Component CCN: 14T148		Period: From 10/01/2013 To 09/30/2014		Worksheet D-1 Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	318,665	3,879,171	0.082148	0	0	90.00
91.00	Nursing School cost	0	3,879,171	0.000000	0	0	91.00
92.00	Allied health cost	0	3,879,171	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,879,171	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/25/2015 4:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,340,183	30.00
31.00	03100	INTENSIVE CARE UNIT		17,089,008	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		2,154,375	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.181609	45,205,981	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383513	2,394	52.00
53.00	05300	ANESTHESIOLOGY	0.140571	7,603,888	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246425	17,065,287	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138423	1,051,395	55.00
57.00	05700	CT SCAN	0.031350	22,822,323	57.00
58.00	05800	MRI	0.080339	5,083,980	58.00
60.00	06000	LABORATORY	0.197019	38,392,474	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702	4,943,787	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.155349	22,400,826	65.00
66.00	06600	PHYSICAL THERAPY	0.435620	4,389,675	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260075	2,975,746	67.00
68.00	06800	SPEECH PATHOLOGY	0.357974	1,246,856	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126262	40,056,133	69.00
69.01	03340	GI UNIT	0.216620	2,257,429	69.01
69.02	03650	VASCULAR LAB	0.185073	3,511,883	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132838	1,947,465	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260050	61,219,642	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405	14,633,586	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271526	41,906,043	73.00
73.01	03640	RENAL TXPLANT LAB	0.903416	34,074	73.01
74.00	07400	RENAL DIALYSIS	0.203446	5,887,599	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.199676	19,935	75.00
76.97	07697	CARDIAC REHABILITATION	0.414261	1,292,040	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.250376	9,656,741	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798458	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		355,607,182	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)		355,607,182	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3 Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - IPF		6,379,342	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.181609	2,082	378 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383513	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.140571	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246425	87,772	21,629 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138423	1,487	206 55.00
57.00	05700	CT SCAN	0.031350	184,478	5,783 57.00
58.00	05800	MRI	0.080339	74,148	5,957 58.00
60.00	06000	LABORATORY	0.197019	700,034	137,920 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.155349	26,927	4,183 65.00
66.00	06600	PHYSICAL THERAPY	0.435620	66,727	29,068 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260075	27,191	7,072 67.00
68.00	06800	SPEECH PATHOLOGY	0.357974	9,796	3,507 68.00
69.00	06900	ELECTROCARDIOLOGY	0.126262	62,482	7,889 69.00
69.01	03340	GI UNIT	0.216620	781	169 69.01
69.02	03650	VASCULAR LAB	0.185073	6,378	1,180 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132838	8,827	1,173 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260050	11,294	2,937 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271526	480,493	130,466 73.00
73.01	03640	RENAL TXPLANT LAB	0.903416	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.203446	37,132	7,554 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.199676	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.414261	1,211	502 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.250376	310,803	77,818 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798458	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50-94 and 96-98)		2,100,043	445,391 200.00
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)		2,100,043	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-3	
		Component CCN: 14T148		Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII	Subprovider - IRF	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
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,456,061	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.181609	3,044	553 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.383513	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.140571	787	111 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.246425	108,370	26,705 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138423	49,197	6,810 55.00
57.00	05700	CT SCAN	0.031350	119,583	3,749 57.00
58.00	05800	MRI	0.080339	49,102	3,945 58.00
60.00	06000	LABORATORY	0.197019	437,189	86,135 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.290702	8,795	2,557 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.155349	407,698	63,335 65.00
66.00	06600	PHYSICAL THERAPY	0.435620	2,401,128	1,045,979 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.260075	2,015,571	524,200 67.00
68.00	06800	SPEECH PATHOLOGY	0.357974	710,475	254,332 68.00
69.00	06900	ELECTROCARDIOLOGY	0.126262	44,067	5,564 69.00
69.01	03340	GI UNIT	0.216620	0	0 69.01
69.02	03650	VASCULAR LAB	0.185073	17,327	3,207 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132838	6,228	827 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.260050	90,796	23,611 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.194405	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271526	542,455	147,291 73.00
73.01	03640	RENAL TXPLANT LAB	0.903416	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.203446	114,205	23,235 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.199676	0	0 75.00
76.97	07697	CARDIAC REHABILITATION	0.414261	3,565	1,477 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.250376	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.798458	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
200.00		Total (sum of lines 50-94 and 96-98)		7,129,582	2,223,623 200.00
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)		7,129,582	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 2/25/2015 4:05 pm		
		Kidney	Hospital	PPS		
Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	867.04	33	28,612 1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,515.51	1	1,516 2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0 3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,292.23	0	0 4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0 5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0 6.00
7.00	TOTAL (sum of lines 1-6)		0		34	30,128 7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.180808	335,801	60,716	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.383513	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.140198	81,779	11,465	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.246425	71,861	17,708	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138423	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031350	55,837	1,750	15.00
16.00	MRI	58.00	0.080339	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.192864	302,166	58,277	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.290702	17,589	5,113	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.154555	15,945	2,464	23.00
24.00	PHYSICAL THERAPY	66.00	0.428480	6,604	2,830	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.260075	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.357974	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.126124	234,000	29,513	27.00
27.01	GI UNIT	69.01	0.216440	5,882	1,273	27.01
27.02	VASCULAR LAB	69.02	0.184033	3,531	650	27.02
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.130464	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.256586	144,535	37,086	29.00
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.194405	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.271526	31,592	8,578	31.00
31.01	RENAL TXPLANT LAB	73.01	0.903416	533,663	482,120	31.01
32.00	RENAL DIALYSIS	74.00	0.201721	3,439	694	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.198175	440	87	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION	76.97	0.413397	895	370	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
38.00	EMERGENCY	91.00	0.237320	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.798458	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			1,845,559	720,694	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140148

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/25/2015 4:05 pm

		Kidney		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	33	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	1	0	43.00	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			34	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	750,822		1,845,559		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	1,866,116		1,845,122		59.00	
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	2,616,938		3,690,681		61.00	
62.00	Total Usable Organs (see instructions)		42			62.00	
63.00	Medicare Usable Organs (see instructions)		36			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.857143			64.00	
65.00	Medicare Cost/Charges (see instructions)	2,243,090		3,163,441		65.00	
66.00	Revenue for Organs Sold	28,845		0		66.00	
67.00	Subtotal (line 65 minus line 66)	2,214,245		3,163,441		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,214,245	0	3,163,441	0	69.00	
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		8	12		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	22		73.00	
74.00	Total (sum of lines 70 thru 73)		8	34		74.00	
75.00	Organs Transplanted		8	22	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	12	28,845	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0	81.00	
82.00	Organs Used for Research		0	0	0	82.00	
83.00	Unusable/Discarded Organs		0	0	0	83.00	
84.00	Total (sum of lines 75 thru 83 should equal line 74)		8	34		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet D-4		
		Component CCN:		Date/Time Prepared: 2/25/2015 4:05 pm		
		Pancreas	Hospital	PPS		
Cost Center Description	Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	867.04	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	1	1,515.51	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	1,292.23	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	6.00
7.00	TOTAL (sum of lines 1-6)		1		0	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
Computation of Ancillary Service Cost Applicable to Organ Acquisition						
8.00	OPERATING ROOM	50.00	0.180808	15,521	2,806	8.00
9.00	RECOVERY ROOM	51.00	0.000000	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.383513	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.140198	703	99	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.246425	855	211	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.138423	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00
15.00	CT SCAN	57.00	0.031350	0	0	15.00
16.00	MRI	58.00	0.080339	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.192864	7,762	1,497	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0.290702	742	216	20.00
20.30	BLOOD CLOTTING FOR HEMOPHILIACS	62.30	0.000000	0	0	20.30
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0.154555	2,724	421	23.00
24.00	PHYSICAL THERAPY	66.00	0.428480	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.260075	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.357974	940	336	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.126124	0	0	27.00
27.01	GI UNIT	69.01	0.216440	0	0	27.01
27.02	VASCULAR LAB	69.02	0.184033	0	0	27.02
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.130464	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.256586	2,458	631	29.00
30.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0.194405	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.271526	2,118	575	31.00
31.01	RENAL TXPLANT LAB	73.01	0.903416	0	0	31.01
32.00	RENAL DIALYSIS	74.00	0.201721	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.198175	0	0	33.00
34.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	34.00
34.97	CARDIAC REHABILITATION	76.97	0.413397	0	0	34.97
34.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	34.98
34.99	LITHOTRIPSY	76.99	0.000000	0	0	34.99
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.000000	0	0	37.00
38.00	EMERGENCY	91.00	0.237320	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.798458	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00
41.00	TOTAL (sum of lines 8-40)			33,823	6,792	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140148

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 2/25/2015 4:05 pm

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	6,792		33,824			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	197,590		185,054			59.00
60.00	Cost of physicians' services in a teaching hospital (see instructions)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	204,382		218,878			61.00
62.00	Total Usable Organs (see instructions)		6				62.00
63.00	Medicare Usable Organs (see instructions)		5				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.833333				64.00
65.00	Medicare Cost/Charges (see instructions)	170,318		182,398			65.00
66.00	Revenue for Organs Sold	4,857		0			66.00
67.00	Subtotal (line 65 minus line 66)	165,461		182,398			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	165,461	0	182,398	0	0	69.00
Cost Center Description		Living Related		Cadaveric	Revenue		
		1.00		2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	3			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	3			73.00
74.00	Total (sum of lines 70 thru 73)		0	6			74.00
75.00	Organs Transplanted		0	3		0	75.00
76.00	Organs Sold to Other Hospitals		0	0		0	76.00
77.00	Organs Sold to OPOs		0	3		0	77.00
78.00	Organs Sold to Transplant Hospitals		0	0		0	78.00
79.00	Organs Sold to Military or VA Hospitals		0	0		0	79.00
80.00	Organs Sold Outside the U.S.		0	0		0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		0	81.00
82.00	Organs Used for Research		0	0		0	82.00
83.00	Unusable/Discarded Organs		0	0		0	83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	6		0	84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		87,541,794		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)		4,495,889		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		17,826,763		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		396.73		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)		87.55		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)		87.55		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		145.22		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)		87.55		12.00
13.00	Total allowable FTE count for the prior year.		88.06		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.		88.17		14.00
15.00	Sum of lines 12 through 14 divided by 3.		87.93		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		87.93		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.221637		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.219633		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.219633		21.00
22.00	IME payment adjustment (see instructions)		11,910,967		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).		14.30		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		57.67		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)		14.30		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.036045		26.00
27.00	IME payments adjustment factor. (see instructions)		0.009534		27.00
28.00	IME add-on adjustment amount (see instructions)		1,004,584		28.00
29.00	Total IME payment (sum of lines 22 and 28)		12,915,551		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.28		30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.93		31.00
32.00	Sum of lines 30 and 31		18.21		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		4.59	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,004,542		
			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
35.01	Factor 3 (see instructions)		0.00000000		0.00000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0		4,250,810
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0		4,250,810
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,250,810		
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		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		110,208,586		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		110,208,586		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		8,519,162		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		3,500,153		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		16,876		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		2,379,706		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		43,439		
59.00	Total (sum of amounts on lines 49 through 58)		124,667,922		
60.00	Primary payer payments		97,486		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		124,570,436		
62.00	Deductibles billed to program beneficiaries		8,562,334		
63.00	Coinurance billed to program beneficiaries		509,272		
64.00	Allowable bad debts (see instructions)		2,246,746		
65.00	Adjusted reimbursable bad debts (see instructions)		1,460,385		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part A Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS

		Prior to October 1		On/After October 1	
	0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,815,876		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		116,959,215		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-94,003		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-17,515		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)		116,847,697		71.00
71.01	Sequestration adjustment (see instructions)		2,336,954		71.01
72.00	Interim payments		113,935,178		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		575,565		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		270,454		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 2/25/2015 4:05 pm	
		Original .mcrx Values		Adjusted .mcax Values		Revised Value	
		1.00		2.00		5.00	
				HFS Look Up		Override Value	
				3.00		4.00	
						PPS	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.28	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.93	0.00			13.93	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	18.21	0.00			13.93	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	396.73	0.00			396.73	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	4.59	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.28	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.33	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	9,117	0			9,117	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,214	0			3,214	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	5	0			5	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,992	0			1,992	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	145	0			145	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	14,473	0			14,473	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	98,541	0			98,541	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	3,817	0			3,817	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	1,555	0			1,555	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	103,913	0			103,913	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.93	0.00			13.93	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140148		Period: From 10/01/2013 To 09/30/2014		Worksheet DSH Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	4.59		0.00	True	29.00
30.00	Line 28 or 29 as applicable		4.59		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet DSH Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.20		29.00
30.00	Line 28 or 29 as applicable	3.20		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36,360	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,492,830	2.00
3.00	PPS payments		40,743,715	3.00
4.00	Outlier payment (see instructions)		119,816	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		17,635	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36,360	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		158,850	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)		158,850	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)		158,850	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		122,490	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)		36,360	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)		40,881,166	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		28	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,379,560	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)		32,537,938	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,079,934	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)		33,617,872	30.00
31.00	Primary payer payments		415	31.00
32.00	Subtotal (line 30 minus line 31)		33,617,457	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,925,932	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,251,856	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,536,002	36.00
37.00	Subtotal (see instructions)		34,869,313	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,869,313	40.00
40.01	Sequestration adjustment (see instructions)		697,386	40.01
41.00	Interim payments		34,066,898	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		105,029	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148 Component CCN: 14S148	Period: From 10/01/2013 To 09/30/2014	Worksheet E Part B Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		361	2.00
3.00	PPS payments		199	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		199	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)		62	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)		137	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)		137	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		137	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		137	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		137	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		134	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/25/2015 4:05 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		106,284,966		31,845,563	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		7,193,243		2,043,804	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	09/25/2014	662,269	09/25/2014	185,847	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	05/28/2014	205,300	05/28/2014	8,316	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)		456,969		177,531	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)		113,935,178		34,066,898	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		575,565		105,029	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		114,510,743		34,171,927	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: 140148
Component CCN: 14S148

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

Worksheet E-1
Part I
Date/Time Prepared:
2/25/2015 4:05 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		2,898,520		134	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	05/28/2014	6,439		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)		-6,439		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)		2,892,081		134	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		165,322		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,057,403		134	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: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part I Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0
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		4,591,100		0
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)				0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	05/28/2014	84,389		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		84,389		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,675,489		0
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)				0
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		95,425		0
7.00	Total Medicare program liability (see instructions)		4,580,064		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-1 Part II Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			21,626 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			49,568 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			10,777 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			95,363 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,791,820,748 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			43,645,123 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)			1,976,738 8.00
9.00	Sequestration adjustment amount (see instructions)			39,535 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,937,203 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,955,066 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)			-17,863 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part II Date/Time Prepared: 2/25/2015 4:05 pm
		Component CCN: 14S148	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,073,867	1.00
2.00	Net IPF PPS Outlier Payments		44,513	2.00
3.00	Net IPF PPS ECT Payments		63,984	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		3.12	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		3.75	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		3.12	8.00
9.00	Average Daily Census (see instructions)		32.136986	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.048875	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		150,235	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,332,599	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,332,599	16.00
17.00	Primary payer payments		20,119	17.00
18.00	Subtotal (line 16 less line 17).		3,312,480	18.00
19.00	Deductibles		290,976	19.00
20.00	Subtotal (line 18 minus line 19)		3,021,504	20.00
21.00	Coinsurance		66,856	21.00
22.00	Subtotal (line 20 minus line 21)		2,954,648	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		253,266	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		164,623	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		216,862	25.00
26.00	Subtotal (sum of lines 22 and 24)		3,119,271	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		528	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,119,799	31.00
31.01	Sequestration adjustment (see instructions)		62,396	31.01
32.00	Interim payments		2,892,081	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		165,322	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		44,513	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140148 Component CCN: 14T148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-3 Part III Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,237,506 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0233 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			268,658 3.00
4.00	Outlier Payments			91,327 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.83 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.41 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.41 9.00
10.00	Average Daily Census (see instructions)			15.383562 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.027092 11.00
12.00	Teaching Adjustment (see instructions)			114,803 12.00
13.00	Total PPS Payment (see instructions)			4,712,294 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,712,294 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,712,294 19.00
20.00	Deductibles			32,512 20.00
21.00	Subtotal (line 19 minus line 20)			4,679,782 21.00
22.00	Coinsurance			17,424 22.00
23.00	Subtotal (line 21 minus line 22)			4,662,358 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			16,359 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			10,633 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			13,529 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,672,991 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			544 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,673,535 32.00
32.01	Sequestration adjustment (see instructions)			93,471 32.01
33.00	Interim payments			4,675,489 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-95,425 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			91,327 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/25/2015 4:05 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			112.84	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			9.26	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			103.58	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			148.42	6.00
7.00	Enter the lesser of line 5 or line 6			103.58	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	54.95	86.84	141.79	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	38.35	60.60	98.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	38.35	60.60		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	40.02	58.70		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	37.87	61.70		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	38.75	60.33		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	38.75	60.33		17.00
18.00	Per resident amount	80,588.11	80,588.11		18.00
19.00	Approved amount for resident costs	3,122,789	4,861,881	7,984,670	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			44.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			7,984,670	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	56,642	11,876		26.00
27.00	Total Inpatient Days (see instructions)	116,525	116,525		27.00
28.00	Ratio of inpatient days to total inpatient days	0.486093	0.101918		28.00
29.00	Program direct GME amount	3,881,292	813,782		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		114,987		30.00
31.00	Net Program direct GME amount			4,580,087	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet E-4 Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		11,803,261	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		125,912,410	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		2,379,706	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		117,605	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		128,174,511	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,547,186	42.00
43.00	Primary payer payments (see instructions)		415	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,546,771	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		167,721,282	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.764211	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.235789	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,580,087	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		3,500,153	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,079,934	50.00

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

Provider CCN: 140148

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

Worksheet G

Date/Time Prepared:
2/25/2015 4:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	85,745,902	0	0	0	1.00
2.00	Temporary investments	85,664,444	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	116,374,566	0	0	0	4.00
5.00	Other receivable	4,533,719	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,000,000	0	0	0	6.00
7.00	Inventory	9,020,160	0	0	0	7.00
8.00	Prepaid expenses	5,656,466	0	0	0	8.00
9.00	Other current assets	2,110,864	0	0	0	9.00
10.00	Due from other funds	11,904,779	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	307,010,900	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,089,366	0	0	0	12.00
13.00	Land improvements	28,528,332	0	0	0	13.00
14.00	Accumulated depreciation	-13,896,257	0	0	0	14.00
15.00	Buildings	290,523,994	0	0	0	15.00
16.00	Accumulated depreciation	-132,677,639	0	0	0	16.00
17.00	Leasehold improvements	1,712,138	0	0	0	17.00
18.00	Accumulated depreciation	-911,195	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	155,875,495	0	0	0	23.00
24.00	Accumulated depreciation	-111,209,174	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	223,035,060	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	64,795,566	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	208,346,643	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	273,142,209	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	803,188,169	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	49,477,692	0	0	0	37.00
38.00	Salaries, wages, and fees payable	21,236,790	0	0	0	38.00
39.00	Payroll taxes payable	613,060	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	31,923,560	0	0	0	43.00
44.00	Other current liabilities	8,707,176	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	111,958,278	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	160,417,808	0	0	0	46.00
47.00	Notes payable	4,925,847	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	62,757,656	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	228,101,311	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	340,059,589	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	463,128,580				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)	463,128,580	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	803,188,169	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140148

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

Worksheet G-1

Date/Time Prepared:
2/25/2015 4:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		429,605,910		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		78,856,690			2.00
3.00	Total (sum of line 1 and line 2)		508,462,600		0	3.00
4.00	ASSETS RELEASED	0		0		4.00
5.00	CHANGE IN VALUE/INT RATE SWAP	90,488		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)		90,488		0	10.00
11.00	Subtotal (line 3 plus line 10)		508,553,088		0	11.00
12.00	CONTRIBUTIONS	35,020,725		0		12.00
13.00	CHANGE IN MIN PENSION LEVEL	-35,207,381		0		13.00
14.00	OTHER DEDUCTIONS	45,611,164		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)		45,424,508		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		463,128,580		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	ASSETS RELEASED		0			4.00
5.00	CHANGE IN VALUE/INT RATE SWAP		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	CONTRIBUTIONS		0			12.00
13.00	CHANGE IN MIN PENSION LEVEL		0			13.00
14.00	OTHER DEDUCTIONS		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: 140148

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/25/2015 4:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	119,037,099		119,037,099	1.00
2.00	SUBPROVIDER - IPF	19,152,446		19,152,446	2.00
3.00	SUBPROVIDER - IRF	6,511,300		6,511,300	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)	144,700,845		144,700,845	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,167,852		32,167,852	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT	6,344,167		6,344,167	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)	38,512,019		38,512,019	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	183,212,864		183,212,864	17.00
18.00	Ancillary services	791,859,937	896,102,851	1,687,962,788	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	HAMP RESTATEMENT	0	-20,608,209	-20,608,209	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	975,072,801	875,494,642	1,850,567,443	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		535,508,875		29.00
30.00	GRANT EXPENSE	0			30.00
31.00	PURCHASED SERVICE HAMP	33,454,522			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)		33,454,522		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)		568,963,397		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140148

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

Worksheet G-3

Date/Time Prepared:
2/25/2015 4:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,850,567,443	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,321,203,372	2.00
3.00	Net patient revenues (line 1 minus line 2)	529,364,071	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	568,963,397	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-39,599,326	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	46,977	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	4,302,193	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	314,039	20.00
21.00	Rental of vending machines	58,484	21.00
22.00	Rental of hospital space	2,333,206	22.00
23.00	Governmental appropriations	0	23.00
24.00	HIGHTER EDUCATION	0	24.00
24.01	CAPI TATION	53,888,685	24.01
24.02	AUTOPSY REVENUE	12,556	24.02
24.03	MI SCELLANEOUS INCOME	4,989,740	24.03
24.04	OTHER	-916,442	24.04
24.05	CHILD CARE	1,119,778	24.05
24.06	HOSPITAL ACCESS IMPROVEMENT PA	25,483,343	24.06
24.07	CAPI TATION REVENUE	0	24.07
24.08	OTHER OPERATING REVENUES	3,888,917	24.08
24.09	NON-OPERATING RELEASE FROM RESTRICTE	0	24.09
24.10	GAIN/LOSS ON FAIR VALUE	844,536	24.10
24.11	INTEREST RATE SWAP	0	24.11
24.12	REALI ZED GAIN/LOSS	13,588,931	24.12
24.13	UNREALI ZED GAIN/LOSS	5,290,199	24.13
24.14	DEFERRED COMP INT/DIVI DENDS	88,244	24.14
24.15	DONATIONS UNRESTRICTED	0	24.15
24.16	CONTRI BUTIONS RELEASED	0	24.16
24.17	INTEREST INCOME 85 SERIES	180	24.17
24.18	OPERATI ONS INVESTMENT INTEREST	0	24.18
24.19	DEFERRED COMP EXPENSE	0	24.19
24.20	WORKERS COMP INTEREST	118,444	24.20
24.21	INVESTMENT INCOME EXPENSE	-1,431,273	24.21
24.22	SELF INSURANCE INTEREST	264,218	24.22
24.23	BOND FUND INTEREST INCOME	4,219,787	24.23
24.24	BOND SERIES INTEREST INCOME	5,874	24.24
24.25	INVESTMENT MGMT FEES	-54,600	24.25
24.26	EXTRAORDI NARY GAI N/LOSS	0	24.26
25.00	Total other income (sum of lines 6-24)	118,456,016	25.00
26.00	Total (line 5 plus line 25)	78,856,690	26.00
27.00	OTHER EXPENSES (SPECI FY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	78,856,690	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140148

Period:

Worksheet I-1

Component CCN: 142315

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

Date/Time Prepared:
2/25/2015 4:05 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	968,471	HOURS OF SERVICE	30,164.30	14.50	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES		HOURS OF SERVICE	0.00	0.00	3.00
4.00	TECHNICIANS		HOURS OF SERVICE	0.00	0.00	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS		HOURS OF SERVICE	0.00	0.00	6.00
7.00	PHYSICIANS	6,996	ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	111,672	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,087,139				9.00
10.00	EMPLOYEE BENEFITS	70,632	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	108,208	SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES		REQUISITIONS			14.00
15.00	DRUGS	13,315	REQUISITIONS			15.00
16.00	OTHER	31,587	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	1,310,881				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	122,845	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	284,689	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	368,504	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	234,110	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES		REQUISITIONS			24.00
25.00	PHARMACY	6,155	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	53,776	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	2,380,960				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
30.97	CARDIAC REHABILITATION		CHARGES	0		30.97
30.98	HYPERBARIC OXYGEN THERAPY		CHARGES	0		30.98
30.99	LITHOTRIpsy		CHARGES	0		30.99
31.00	TOTAL COSTS (SUM OF LINES 27-30)	2,380,960				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140148

Period: From 10/01/2013

Worksheet 1-2

Component CCN: 142315

To 09/30/2014

Date/Time Prepared: 2/25/2015 4:05 pm

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	465,163	0	968,471	0	355,321	19,470	1.00
MAINTENANCE								
2.00	Hemodialysis	108,648	0	69,254	0	151,635	5,906	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	356,515	0	899,217	0	203,686	13,564	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	465,163	0	968,471	0	355,321	19,470	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	0	0	1,808,425	572,535	2,380,960		1.00
MAINTENANCE								
2.00	Hemodialysis	0	0	335,443	106,199	441,642		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	0	0	1,472,982	466,336	1,939,318		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	0	0	1,808,425	572,535	2,380,960		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					2,380,960		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140148

Period: From 10/01/2013

Worksheet 1-3

Component CCN: 142315

To 09/30/2014

Date/Time Prepared: 2/25/2015 4:05 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)	
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)		
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	465,163	0	968,471	0	355,321	1.00
MAINTENANCE							
2.00	Hemodialysis	1,251	32,816.00	2,157.00	0.00	455,846	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	28,540	4,105	75,392.00	28,007.00	0.00	612,321
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	EPO	0	0	0.00	0.00	0.00	0
15.00	ARANESP	0	0	0.00	0.00	0.00	0
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	5,356	108,208.00	30,164.00	0.00	1,068,167	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	86.848954	0.000000	32.106849	0.000000	0.332646	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	19,470	0	0	1,808,425	572,535	1.00
MAINTENANCE							
2.00	Hemodialysis	1,712	0	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	3,932	0	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	5,644	0	0		1,808,425	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	3.449681	0.000000	0.000000		0.316593	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140148

Period: From 10/01/2013

Worksheet 1-4

Component CCN: 142315

To 09/30/2014

Date/Time Prepared: 2/25/2015 4:05 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	1,301	441,642	339.46	252	692	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,301	441,642		252	692	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	1,301					12.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	320,450	74,860	200,940	297.06	290.38	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	320,450	74,860	200,940			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140148

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

Worksheet 1-5

Date/Time Prepared:
2/25/2015 4:05 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	320,450		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	74,860	74,860	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	200,940	200,940	2.02
2.03	Total payment due (see instructions)	275,800	275,800	2.03
2.04	Outlier payments	944		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	21	21	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	21	21	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	14,972	14,972	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	40,184	40,184	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	55,156	55,156	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	55,177	8.00
9.00	Program payment (see instructions)	0	220,623	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	441,642		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	441,642		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140148	Period: From 10/01/2013 To 09/30/2014	Worksheet L Parts I-III Date/Time Prepared: 2/25/2015 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,941,950	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		519,259	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)		265.53	3.00
4.00	Number of interns & residents (see instructions)		102.23	4.00
5.00	Indirect medical education percentage (see instructions)		11.48	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		796,936	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.93	8.00
9.00	Sum of lines 7 and 8		18.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.76	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		261,017	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		8,519,162	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