

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: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/26/2015 3:46 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/26/2015 Time: 3:46 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METHODIST MEDICAL CTR OF ILLINOIS (140209) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	584,381	-172,095	-123,335	0 1.00
2.00 Subprovider - IPF	0	-128,947	3		0 2.00
3.00 Subprovider - IRF	0	15,636	73		0 3.00
5.00 Swing bed - SNF	0	0	0		0 5.00
6.00 Swing bed - NF	0				0 6.00
9.00 HOME HEALTH AGENCY I	0	0	37		0 9.00
200.00 Total	0	471,070	-171,982	-123,335	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: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:58 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 221 N E GLEN OAK			PO Box:						1.00	
2.00	City: PEORIA			State: IL		Zip Code: 61636		County: PEORIA		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		METHODIST MEDICAL CTR OF ILLINOIS	140209	37900	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF		METHODIST MED CTR - PSYCH	14S209	37900	4	12/15/1983	N	P	P	4.00
5.00	Subprovider - IRF		METHODIST MED CTR - REHAB	14T209	37900	5	12/15/1993	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		METHODIST HOME CARE	147259	37900		06/01/1992	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		METHODIST HOSPICE	141537	37900		01/01/1990				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2014	12/31/2014		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)					N	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,245	2,793	0	0	1,010	0		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	339	97	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:58 am		
		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.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		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 Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. D, Parts III & IV and D-2, Pt. 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, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. 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/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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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 Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	2.12	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted 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)	FAMILY MEDICINE - GENERAL	1350	7.97	20.18	0.283126	65.00
65.01		FAMILY MEDICINE - GERIATRIC MEDICINE	1351	0.64	0.49	0.566372	65.01

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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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	8.76	0.000000		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
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE - GENERAL	1350	6.67	22.95	0.225186
67.01			0	0.00	0.00	0.000000
				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		
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. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			Y	N	0
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		
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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N		0
				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	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	
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	
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.					

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00			
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		109.00			
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00		
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is 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 hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00		
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,296,475	877,911	13,464	118.01		
		1.00	2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02			
119.00	DO NOT USE THIS LINE			119.00			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00		
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:58 am	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0721			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: PEORIA HOME OFFICE	Contractor's Name: NGS		Contractor's Number: 00131		141.00	
142.00	Street: 221 NE GLEN OAK	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61636		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 the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	N	157.00
158.00	SUBPROVIDER						158.00
159.00	SNF	N	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00
161.00	CMHC		N	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	
		Name		County		State	
		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 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.75	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 8:58 am	
			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)		07/01/2014	09/30/2014	170.00
			1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:58 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		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	04/23/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	Y		Y	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: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 8:58 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MONICA		SUTTER			41.00
42.00	Enter the employer/company name of the cost report preparer.	UNITYPOINT HEALTH					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5144		MONICA.SUTTER@UNITYPOINT.ORG			43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/23/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:58 am

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	182	65,926	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)		182	65,926	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	12	4,380	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		206	74,686	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	44	16,060		0	16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		276				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)		13	4,745			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: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:58 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,084	10,344	41,537			1.00
2.00 HMO and other (see instructions)	4,806	0				2.00
3.00 HMO IPF Subprovider	520	0				3.00
4.00 HMO IRF Subprovider	237	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,084	10,344	41,537			7.00
8.00 INTENSIVE CARE UNIT	2,735	0	2,794			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	63	2,810			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,651	4,096			13.00
14.00 Total (see instructions)	19,819	12,058	51,237	31.95	1,644.88	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,597	0	14,043	6.43	79.16	16.00
17.00 SUBPROVIDER - IRF	6,078	436	7,827	0.00	40.25	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	35,601	0	58,394	0.00	60.33	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	14.76	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)				38.38	1,839.38	27.00
28.00 Observation Bed Days		835	5,434			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			895			30.00
31.00 Employee discount days - IRF			28			31.00
32.00 Labor & delivery days (see instructions)	0	990	1,793			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: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2015 8:58 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,094	2,709	11,236	1.00
2.00 HMO and other (see instructions)			955	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,094	2,709	11,236	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	352	888	1,983	16.00
17.00 SUBPROVIDER - IRF	0.00	0	474	37	614	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 8:58 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	128,295,320	0	128,295,320	3,770,211.00	34.03	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		3,825,704	0	3,825,704	41,091.00	93.10	3.00
4.00	Physician-Part A - Administrative		330,411	0	330,411	3,122.00	105.83	4.00
4.01	Physicians - Part A - Teaching		986,590	0	986,590	9,528.00	103.55	4.01
5.00	Physician-Part B		37,324,193	0	37,324,193	377,135.00	98.97	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	3,876,934	-986,590	2,890,344	79,830.00	36.21	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)		15,456,732	846,758	16,303,490	647,334.00	25.19	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		2,330,557	0	2,330,557	67,458.00	34.55	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		1,561,172	0	1,561,172	11,072.00	141.00	13.00
14.00	Home office salaries & wage-related costs		22,955,984	0	22,955,984	537,341.00	42.72	14.00
15.00	Home office: Physician Part A - Administrative		157,495	0	157,495	1,118.00	140.87	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)		21,667,362	0	21,667,362			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,333,077	0	5,333,077			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		823,501	0	823,501			21.00
22.00	Physician Part A - Administrative		69,474	0	69,474			22.00
22.01	Physician Part A - Teaching		208,241	0	208,241			22.01
23.00	Physician Part B		7,942,465	0	7,942,465			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		810,565	0	810,565			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,643,043	-952,875	690,168	27,262.00	25.32	26.00
27.00	Administrative & General	5.00	7,463,513	128,343	7,591,856	324,375.00	23.40	27.00
28.00	Administrative & General under contract (see inst.)		4,479,277	0	4,479,277	38,387.00	116.69	28.00
29.00	Maintenance & Repairs	6.00	1,531,324	0	1,531,324	54,877.00	27.90	29.00
30.00	Operation of Plant	7.00	983,845	0	983,845	32,826.00	29.97	30.00
31.00	Laundry & Linen Service	8.00	91,587	0	91,587	5,411.00	16.93	31.00
32.00	Housekeeping	9.00	1,973,636	0	1,973,636	137,042.00	14.40	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,789,290	-474,769	1,314,521	71,181.00	18.47	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	426,231	474,769	901,000	65,478.00	13.76	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	713,168	0	713,168	29,188.00	24.43	38.00
39.00	Central Services and Supply	14.00	591,707	-51,344	540,363	32,092.00	16.84	39.00
40.00	Pharmacy	15.00	3,359,006	0	3,359,006	83,793.00	40.09	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2015 8:58 am

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2015 8:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	86,761,176	986,590	87,747,766	3,301,014.00	26.58	1.00
2.00	Excluded area salaries (see instructions)	15,456,732	846,758	16,303,490	647,334.00	25.19	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,304,444	139,832	71,444,276	2,653,680.00	26.92	3.00
4.00	Subtotal other wages & related costs (see inst.)	27,005,208	0	27,005,208	616,989.00	43.77	4.00
5.00	Subtotal wage-related costs (see inst.)	21,736,836	0	21,736,836	0.00	30.42	5.00
6.00	Total (sum of lines 3 thru 5)	120,046,488	139,832	120,186,320	3,270,669.00	36.75	6.00
7.00	Total overhead cost (see instructions)	25,045,627	-875,876	24,169,751	901,912.00	26.80	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 8:58 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,248,654 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			11,829,600 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			487,373 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,400,208 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			194,441 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)			663,916 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			946,357 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			8,273,253 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			261,186 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			351,897 21.00
22.00	Day Care Cost and Allowances			85,627 22.00
23.00	Tuition Reimbursement			1,112,173 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			36,854,685 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: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,796,999	36,854,685	1.00
2.00	Hospital	6,796,999	36,420,617	2.00
3.00	Subprovider - IPF	0	266,518	3.00
4.00	Subprovider - IRF	0	167,550	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140209 Component CCN: 147259		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/26/2015 8:58 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	6,144	0	2,738	8,882	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,199.00	0.00	768.00	1,967.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			0.00	0.00	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	7.13	7.13	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	2.11	2.11	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.26	0.26	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19340			20.00
20.01				37900			20.01
20.02				99914			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	17,850	1,498	571	224	20,143	21.00
22.00	Skilled Nursing Visit Charges	2,566,793	230,265	63,474	31,185	2,891,717	22.00
23.00	Physical Therapy Visits	8,269	194	54	105	8,622	23.00
24.00	Physical Therapy Visit Charges	1,364,329	32,424	7,728	17,472	1,421,953	24.00
25.00	Occupational Therapy Visits	2,267	93	7	25	2,392	25.00
26.00	Occupational Therapy Visit Charges	377,328	15,456	1,176	4,200	398,160	26.00
27.00	Speech Pathology Visits	330	26	3	0	359	27.00
28.00	Speech Pathology Visit Charges	55,272	4,368	336	0	59,976	28.00
29.00	Medical Social Service Visits	329	14	7	10	360	29.00
30.00	Medical Social Service Visit Charges	68,460	2,940	1,470	1,890	74,760	30.00
31.00	Home Health Aide Visits	3,481	223	7	14	3,725	31.00
32.00	Home Health Aide Visit Charges	267,500	17,463	551	1,103	286,617	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	32,526	2,048	649	378	35,601	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,699,682	302,916	74,735	55,850	5,133,183	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,689		168	26	1,883	36.00
37.00	Total Number of Outlier Episodes		37		2	39	37.00
38.00	Total Non-Routine Medical Supply Charges	131,494	25,119	3,875	3,960	164,448	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140209
Component CCN: 141537

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/26/2015 8:58 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	15,561	0	0	0	0	15,561	2.00
3.00	Inpatient Respite Care	10	0	0	0	0	10	3.00
4.00	General Inpatient Care	145	0	0	0	0	145	4.00
5.00	Total Hospice Days	15,716	0	0	0	0	15,716	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	383	0	0	0	0	383	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 8:58 am
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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)			0.217008	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		15,656,974		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		186,209,750		6.00	
7.00	Medicaid cost (line 1 times line 6)		40,409,005		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)		24,752,031		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		5,918		9.00	
10.00	Stand-alone SCHIP charges		13,622		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		2,956		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)		24,752,031		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		12,528,377	0	12,528,377	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,718,758	0	2,718,758	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,718,758	0	2,718,758	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		19,394,476		19,394,476	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		391,040		391,040	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		19,003,436		19,003,436	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,123,898		4,123,898	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,842,656		6,842,656	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		31,594,687		31,594,687	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/26/2015 8:58 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		8,453,691	8,453,691	250,896	8,704,587	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,437,467	7,437,467	534,134	7,971,601	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,251,554	18,033,869	19,285,423	-813,455	18,471,968	4.00
4.01	00401	PARKING	391,489	45,437	436,926	-333,590	103,336	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	7,463,513	27,732,639	35,196,152	-197,222	34,998,930	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,531,324	7,268,322	8,799,646	-1,443	8,798,203	6.00
7.00	00700	OPERATION OF PLANT	983,845	4,833,182	5,817,027	0	5,817,027	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	91,587	1,313,653	1,405,240	0	1,405,240	8.00
9.00	00900	HOUSEKEEPING	1,973,636	996,243	2,969,879	-902	2,968,977	9.00
10.00	01000	DIETARY	1,789,290	1,630,390	3,419,680	-1,432,232	1,987,448	10.00
11.00	01100	CAFETERIA	426,231	62,246	488,477	1,417,911	1,906,388	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	713,168	54,460	767,628	0	767,628	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	591,707	-1,802,925	-1,211,218	1,115,409	-95,809	14.00
15.00	01500	PHARMACY	3,359,006	10,163,854	13,522,860	-9,573,017	3,949,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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	4,829,776	1,745,357	6,575,133	-14,024	6,561,109	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	3,876,934	833,993	4,710,927	-1,582,890	3,128,037	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	2,456,762	2,456,762	986,590	3,443,352	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,944,834	3,059,431	16,004,265	-4,133,030	11,871,235	30.00
31.00	03100	INTENSIVE CARE UNIT	1,627,759	377,971	2,005,730	5,206,480	7,212,210	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,638,823	340,003	1,978,826	-1,786,654	192,172	34.00
40.00	04000	SUBPROVIDER - I/PF	3,526,689	331,496	3,858,185	215,335	4,073,520	40.00
41.00	04100	SUBPROVIDER - I/RF	1,981,123	354,949	2,336,072	-3,969	2,332,103	41.00
43.00	04300	NURSERY	812,336	345,298	1,157,634	-306,570	851,064	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,435,309	24,536,392	37,971,701	-15,954,334	22,017,367	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,971,817	1,971,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,900,176	2,069,173	3,969,349	-576,481	3,392,868	52.00
53.00	05300	ANESTHESIOLOGY	8,818,142	2,480,461	11,298,603	-484,671	10,813,932	53.00
53.01	03950	PAIN CLINIC	492,379	494,729	987,108	-590,808	396,300	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,496,042	1,672,052	5,168,094	248,477	5,416,571	54.00
54.01	05401	NORTHSIDE IMAGING	89,993	7,403	97,396	248,106	345,502	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	81,102	15,495	96,597	212,045	308,642	54.02
54.03	05403	NORTHSIDE ULTRASOUND	95,197	7,945	103,142	155,789	258,931	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	57,097	971,393	1,028,490	-1,028,490	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	920,738	738,162	1,658,900	-94,787	1,564,113	55.00
56.00	05600	RADIOISOTOPE	305,779	849,654	1,155,433	-1,130,226	25,207	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	86,531	503,525	590,056	-201,505	388,551	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	402,100	320,721	722,821	210,359	933,180	57.00
57.01	05701	NORTHSIDE CT	72,972	27,761	100,733	177,038	277,771	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	313,339	157,786	471,125	-79,436	391,689	58.00
58.01	05801	NORTHSIDE MRI	94,164	35,868	130,032	199,096	329,128	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	451,462	451,462	59.00
60.00	06000	LABORATORY	4,271,109	8,537,662	12,808,771	-1,391,685	11,417,086	60.00
60.01	06001	NORTHSIDE LAB	0	16,584	16,584	0	16,584	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,385,033	1,385,033	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,421,548	1,421,548	64.00
65.00	06500	RESPIRATORY THERAPY	1,162,953	380,533	1,543,486	-198,718	1,344,768	65.00
66.00	06600	PHYSICAL THERAPY	0	2,751,250	2,751,250	-1,178,362	1,572,888	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	709,315	709,315	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	540,284	540,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	332,210	332,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	581,143	248,972	830,115	-2,721	827,394	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	644,452	644,452	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	9,787,441	9,787,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,701,101	13,701,101	73.00
74.00	07400	RENAL DIALYSIS	244,019	105,105	349,124	-55,086	294,038	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	501,502	28,505	530,007	-62,707	467,300	76.00
76.01	03340	GASTROINTESTINAL SERVICES	527,481	472,802	1,000,283	-48,897	951,386	76.01
76.02	03140	CARDIOLOGY	0	0	0	802,669	802,669	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	148,526	148,526	76.03
76.97	07697	CARDIAC REHABILITATION	222,720	96,293	319,013	-391	318,622	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	527,402	527,402	76.98

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.99	07699 LI THOTRIPSY	0	73,250	73,250	0	73,250	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,914,406	868,092	2,782,498	1,888,774	4,671,272	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	922,981	1,500,091	2,423,072	-116,400	2,306,672	90.01
90.03	09002 PHYSICIAN OFFICES	25,213,691	23,439,487	48,653,178	-2,742,924	45,910,254	90.03
90.06	09003 DIABETIC CARE CENTER	296,610	73,019	369,629	-1,111	368,518	90.06
90.07	09004 WOUND CARE CENTER	913,893	871,307	1,785,200	-774,020	1,011,180	90.07
91.00	09100 EMERGENCY	3,937,984	3,141,616	7,079,600	-939,005	6,140,595	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	8,549	8,549	-8,549	0	95.00
101.00	10100 HOME HEALTH AGENCY	3,695,865	2,652,358	6,348,223	-271,593	6,076,630	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		2,638,274	2,638,274	0	2,638,274	113.00
116.00	11600 HOSPICE	846,463	1,263,882	2,110,345	-295,838	1,814,507	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	127,718,504	180,123,939	307,842,443	-2,918,044	304,924,399	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	300,567	-822,667	-522,100	1,770,999	1,248,899	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,432	14,432	0	14,432	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	6,034	6,034	0	6,034	194.01
194.02	07952 WELLNESS CENTER	276,249	591,383	867,632	0	867,632	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	1,147,045	1,147,045	194.05
200.00	20000 TOTAL (SUM OF LINES 118-199)	128,295,320	179,913,121	308,208,441	0	308,208,441	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 8:58 am

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	258,032	8,962,619	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	7,971,601	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,784,624	24,256,592	4.00
4.01	00401	PARKING	-103,337	-1	4.01
5.00	00500	ADMINISTRATIVE & GENERAL	22,595,868	57,594,798	5.00
6.00	00600	MAINTENANCE & REPAIRS	-127,365	8,670,838	6.00
7.00	00700	OPERATION OF PLANT	434,234	6,251,261	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,405,240	8.00
9.00	00900	HOUSEKEEPING	0	2,968,977	9.00
10.00	01000	DIETARY	0	1,987,448	10.00
11.00	01100	CAFETERIA	-1,068,254	838,134	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,834,525	3,602,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-95,809	14.00
15.00	01500	PHARMACY	0	3,949,843	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,620,744	3,620,744	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-6,561,109	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	-98,225	3,029,812	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	3,443,352	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-378,714	11,492,521	30.00
31.00	03100	INTENSIVE CARE UNIT	-19,506	7,192,704	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-5,420	186,752	34.00
40.00	04000	SUBPROVIDER - IPF	-72,600	4,000,920	40.00
41.00	04100	SUBPROVIDER - IRF	-145,571	2,186,532	41.00
43.00	04300	NURSERY	-187,788	663,276	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,124,768	15,892,599	50.00
51.00	05100	RECOVERY ROOM	0	1,971,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,494,239	1,898,629	52.00
53.00	05300	ANESTHESIOLOGY	-9,463,066	1,350,866	53.00
53.01	03950	PAIN CLINIC	-84,648	311,652	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-242,031	5,174,540	54.00
54.01	05401	NORTHSIDE IMAGING	30,359	375,861	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	25,946	334,588	54.02
54.03	05403	NORTHSIDE ULTRASOUND	19,062	277,993	54.03
54.04	05404	NORTHSIDE RADIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-611,524	952,589	55.00
56.00	05600	RADIOISOTOPE	0	25,207	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	388,551	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	-29,703	903,477	57.00
57.01	05701	NORTHSIDE CT	23,298	301,069	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	391,689	58.00
58.01	05801	NORTHSIDE MRI	27,182	356,310	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	451,462	59.00
60.00	06000	LABORATORY	-327,258	11,089,828	60.00
60.01	06001	NORTHSIDE LAB	0	16,584	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,385,033	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,421,548	64.00
65.00	06500	RESPIRATORY THERAPY	-194	1,344,574	65.00
66.00	06600	PHYSICAL THERAPY	-163,393	1,409,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	709,315	67.00
68.00	06800	SPEECH PATHOLOGY	0	540,284	68.00
69.00	06900	ELECTROCARDIOLOGY	0	332,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-55,125	772,269	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	644,452	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,787,441	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,701,101	73.00
74.00	07400	RENAL DIALYSIS	0	294,038	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	467,300	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	951,386	76.01
76.02	03140	CARDIOLOGY	0	802,669	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	148,526	76.03
76.97	07697	CARDIAC REHABILITATION	-35,439	283,183	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	527,402	76.98
76.99	07699	LITHOTRIPSY	0	73,250	76.99

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-755,558	3,915,714	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	-1,124,688	1,181,984	90.01
90.03	09002	PHYSICIAN OFFICES	-29,666,188	16,244,066	90.03
90.06	09003	DIABETIC CARE CENTER	-186,326	182,192	90.06
90.07	09004	WOUND CARE CENTER	-804,058	207,122	90.07
91.00	09100	EMERGENCY	-2,263,177	3,877,418	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	-9,413	6,067,217	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-2,638,274	0	113.00
116.00	11600	HOSPICE	-50	1,814,457	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-29,193,135	275,731,264	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	-9,436	1,239,463	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,432	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	194.00
194.01	07951	FOUNDATION	0	6,034	194.01
194.02	07952	WELLNESS CENTER	-102,220	765,412	194.02
194.03	07954	CAPITAL LABOR	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	1,147,045	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-29,304,791	278,903,650	200.00

RECLASSIFICATIONS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/26/2015 8:58 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	644,452	1.00
2.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	9,787,441	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,239,541	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
0			0	11,671,434	
B - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,701,101	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0			0	13,701,101	
C - FOOD PREP RECLASS					
1.00	CAFETERIA	11.00	474,769	943,142	1.00
0			474,769	943,142	
D - PARKING RECLASS					
1.00	OTHER NON-REIMBURSABLE	194.05	298,899	34,691	1.00
0			298,899	34,691	
E - EQUIPMENT RENTAL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	425,059	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00

RECLASSIFICATIONS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/26/2015 8:58 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
			0	425,059	
F - CHILD CARE					
1.00	OTHER NON-REIMBURSABLE	194.05	653,976	159,479	1.00
			653,976	159,479	
H - PT BILLING DIRECTOR					
1.00	ADMINISTRATIVE & GENERAL	5.00	128,343	53,794	1.00
			128,343	53,794	
I - IP AMBULANCE					
1.00	ADULTS & PEDIATRICS	30.00	0	8,549	1.00
			0	8,549	
L - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	250,896	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	109,075	2.00
			0	359,971	
M - NORTHSIDE ADMIN ALLOCATION					
1.00	NORTHSIDE IMAGING	54.01	13,773	234,333	1.00
2.00	NORTHSIDE MRI	58.01	12,332	209,810	2.00
3.00	NORTHSIDE CT	57.01	10,571	179,837	3.00
4.00	NORTHSIDE MAMMOGRAPHY	54.02	11,772	200,273	4.00
5.00	NORTHSIDE ULTRASOUND	54.03	8,649	147,140	5.00
			57,097	971,393	
N - HYPERBARIC OXYGEN					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	269,992	257,410	1.00
			269,992	257,410	
O - ALLOCATED BENEFIT ACCOUNTS					
1.00	RESEARCH	191.00	0	1,770,999	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
			0	1,770,999	
P - BH ADMIN					
1.00	SUBPROVIDER - IPF	40.00	99,819	115,869	1.00
			99,819	115,869	
Q - COST CENTER MAPPING RECLASSES					
1.00	ADULTS & PEDIATRICS	30.00	406,282	271,677	1.00
2.00	INTENSIVE CARE UNIT	31.00	4,890,110	422,470	2.00
3.00	OPERATING ROOM	50.00	266,539	149,437	3.00
4.00	RECOVERY ROOM	51.00	1,701,021	270,796	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	262,501	42,744	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	432,827	371,055	6.00
7.00	RADIOLOGY-THERAPEUTIC	55.00	169,434	27,231	7.00
8.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	138,070	157,989	8.00
9.00	CARDIAC CATHETERIZATION	59.00	326,790	124,672	9.00
10.00	LABORATORY	60.00	19,267	9,323	10.00
11.00	INTRAVENOUS THERAPY	64.00	982,228	439,320	11.00
12.00	RESPIRATORY THERAPY	65.00	21,907	201,498	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	709,315	13.00
14.00	SPEECH PATHOLOGY	68.00	53,201	487,083	14.00
15.00	ELECTROCARDIOLOGY	69.00	220,043	112,167	15.00
16.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	12,201	931	16.00
17.00	CARDIOLOGY	76.02	664,446	138,223	17.00
18.00	PULMONARY FUNCTION TESTING	76.03	133,466	15,060	18.00
19.00	CARDIAC REHABILITATION	76.97	17,665	2,091	19.00
20.00	CLINIC	90.00	1,397,450	754,589	20.00
21.00	ANESTHESIOLOGY	53.00	4,364	3,471	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
			12,119,812	4,711,142	
R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	22.00	986,590	0	1.00
			986,590	0	
S - BLOOD RECLASS					
1.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,385,033	1.00
	TOTALS		0	1,385,033	

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Period:
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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total : Increases	15,089,297	36,569,066		500.00

RECLASSIFICATIONS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES RECLASS							
1.00	PHARMACY	15.00	0	2	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	87	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	14	0	3.00	
4.00	NURSERY	43.00	0	1,239	0	4.00	
5.00	OPERATING ROOM	50.00	0	1,638,380	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,970	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	1,476	0	7.00	
8.00	PAIN CLINIC	53.01	0	3,248	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	119,539	0	9.00	
10.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	791	0	10.00	
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	55	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	84,768	0	12.00	
13.00	GASTROINTESTINAL SERVICES	76.01	0	32,251	0	13.00	
14.00	CLINIC	90.00	0	19	0	14.00	
15.00	EMERGENCY	91.00	0	154	0	15.00	
16.00	OPERATING ROOM	50.00	0	9,777,391	0	16.00	
17.00	ANESTHESIOLOGY	53.00	0	10,050	0	17.00	
			0	11,671,434			
B - DRUGS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,899	0	1.00	
2.00	DIETARY	10.00	0	14,187	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	42,845	0	3.00	
4.00	PHARMACY	15.00	0	9,573,015	0	4.00	
5.00	NURSING SCHOOL	20.00	0	14,024	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	119,883	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	18,572	0	7.00	
8.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	21,577	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	353	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	3,969	0	10.00	
11.00	NURSERY	43.00	0	2,157	0	11.00	
12.00	OPERATING ROOM	50.00	0	297,001	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	17,934	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	359,910	0	14.00	
15.00	PAIN CLINIC	53.01	0	16,138	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,619	0	16.00	
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,656	0	17.00	
18.00	RADIOISOTOPE	56.00	0	603,353	0	18.00	
19.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	103,205	0	19.00	
20.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	77,402	0	20.00	
21.00	NORTHSIDE CT	57.01	0	13,370	0	21.00	
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	79,381	0	22.00	
23.00	NORTHSIDE MRI	58.01	0	23,046	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	63,117	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	101	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	23,610	0	26.00	
27.00	GASTROINTESTINAL SERVICES	76.01	0	10,008	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	548	0	28.00	
29.00	CLINIC	90.00	0	132,355	0	29.00	
30.00	CHILLI FAMILY PHYSICIANS	90.01	0	76,431	0	30.00	
31.00	PHYSICIAN OFFICES	90.03	0	1,877,377	0	31.00	
32.00	DIABETIC CARE CENTER	90.06	0	11	0	32.00	
33.00	WOUND CARE CENTER	90.07	0	14,672	0	33.00	
34.00	EMERGENCY	91.00	0	83,375	0	34.00	
			0	13,701,101			
C - FOOD PREP RECLASS							
1.00	DIETARY	10.00	474,769	943,142	0	1.00	
			474,769	943,142			
D - PARKING RECLASS							
1.00	PARKING	4.01	298,899	34,691	0	1.00	
			298,899	34,691			
E - EQUIPMENT RENTAL							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	13,489	9	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	1,443	0	2.00	
3.00	HOUSEKEEPING	9.00	0	902	0	3.00	
4.00	DIETARY	10.00	0	134	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,333	0	5.00	
6.00	OPERATING ROOM	50.00	0	43,932	0	6.00	
7.00	PAIN CLINIC	53.01	0	4,850	0	7.00	

RECLASSIFICATIONS

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Period:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	LABORATORY	60.00	0	35,242	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	2,788	0	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,721	0	10.00	
11.00	PHYSICIAN OFFICES	90.03	0	387	0	11.00	
12.00	HOSPICE	116.00	0	295,838	0	12.00	
			0	425,059			
F - CHILD CARE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	653,976	159,479	0	1.00	
			653,976	159,479			
H - PT BILLING DIRECTOR							
1.00	HOME HEALTH AGENCY	101.00	128,343	53,794	0	1.00	
			128,343	53,794			
I - IP AMBULANCE							
1.00	AMBULANCE SERVICES	95.00	0	8,549	0	1.00	
			0	8,549			
L - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	359,971	11	1.00	
2.00		0.00	0	0	11	2.00	
			0	359,971			
M - NORTHSIDE ADMIN ALLOCATION							
1.00	NORTHSIDE ADMIN	54.05	57,097	971,393	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	
			57,097	971,393			
N - HYPERBARIC OXYGEN							
1.00	WOUND CARE CENTER	90.07	269,992	257,410	0	1.00	
			269,992	257,410			
O - ALLOCATED BENEFIT ACCOUNTS							
1.00	I&R SRVCES-SALARY & FRINGES	21.00	0	596,300	0	1.00	
	APPRVD						
2.00	OPERATING ROOM	50.00	0	91,600	0	2.00	
3.00	ANESTHESIOLOGY	53.00	0	121,070	0	3.00	
4.00	CLINIC	90.00	0	27,660	0	4.00	
5.00	CHILD FAMILY PHYSICIANS	90.01	0	39,969	0	5.00	
6.00	PHYSICIAN OFFICES	90.03	0	865,160	0	6.00	
7.00	DIABETIC CARE CENTER	90.06	0	1,100	0	7.00	
8.00	WOUND CARE CENTER	90.07	0	28,140	0	8.00	
			0	1,770,999			
P - BH ADMIN							
1.00	ADULTS & PEDIATRICS	30.00	99,819	115,869	0	1.00	
			99,819	115,869			
Q - COST CENTER MAPPING RECLASSES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	51,344	6,610	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	4,120,498	363,382	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	78,819	8,695	0	3.00	
4.00	SURGICAL INTENSIVE CARE UNIT	34.00	1,624,329	140,748	0	4.00	
5.00	NURSERY	43.00	243,179	59,995	0	5.00	
6.00	OPERATING ROOM	50.00	3,538,308	983,698	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	442,995	418,827	0	7.00	
8.00	PAIN CLINIC	53.01	359,583	206,989	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	267,478	157,769	0	9.00	
10.00	RADIOLOGY-THERAPEUTIC	55.00	136,949	152,847	0	10.00	
11.00	RADIOISOTOPE	56.00	294,236	232,637	0	11.00	
12.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	17,598	80,702	0	12.00	
13.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	6,167	1,340	0	13.00	
14.00	RESPIRATORY THERAPY	65.00	249,906	21,544	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	1,178,261	0	15.00	
16.00	RENAL DIALYSIS	74.00	29,077	2,399	0	16.00	
17.00	GASTROINTESTINAL SERVICES	76.01	5,923	715	0	17.00	
18.00	CARDIAC REHABILITATION	76.97	13,778	5,821	0	18.00	
19.00	CLINIC	90.00	92,670	10,561	0	19.00	
20.00	WOUND CARE CENTER	90.07	8,129	195,677	0	20.00	
21.00	EMERGENCY	91.00	389,020	466,456	0	21.00	
22.00	HOME HEALTH AGENCY	101.00	77,593	11,863	0	22.00	
23.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	72,233	3,606	0	23.00	
			12,119,812	4,711,142			

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Period:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	R - TEACHING PHYSICIAN SALARY					
1.00	I&R SRVCES-SALARY & FRINGES	21.00	986,590	0	0	1.00
	APPRVD					
	0		986,590	0		
	S - BLOOD RECLASS					
1.00	LABORATORY	60.00	0	1,385,033	0	1.00
	TOTALS		0	1,385,033		
500.00	Grand Total: Decreases		15,089,297	36,569,066		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,458,352	0	0	0	1.00
2.00	Land Improvements	8,499,472	142,545	0	142,545	2.00
3.00	Buildings and Fixtures	261,834,121	4,201,627	0	4,201,627	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	134,009,122	5,071,842	0	5,071,842	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	405,801,067	9,416,014	0	9,416,014	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	405,801,067	9,416,014	0	9,416,014	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,458,352	0			1.00
2.00	Land Improvements	8,642,017	0			2.00
3.00	Buildings and Fixtures	253,743,743	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	110,312,736	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	374,156,848	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	374,156,848	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
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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	8,453,691	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,437,467	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,891,158	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	8,453,691				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,437,467				2.00
3.00	Total (sum of lines 1-2)	0	15,891,158				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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	253,743,743	0	253,743,743	0.696990	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	110,312,736	0	110,312,736	0.303010	0	2.00
3.00	Total (sum of lines 1-2)	364,056,479	0	364,056,479	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 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	8,711,723	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,862,526	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	16,574,249	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 col.s. 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	250,896	0	0	0	8,962,619	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	109,075	0	0	0	7,971,601	2.00
3.00	Total (sum of lines 1-2)	359,971	0	0	0	16,934,220	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8

Date/Time Prepared:
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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)	A	-31,127		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-2,820		OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)	A	-103,337		PARKING	4.01	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-40,292,017				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	50,484,185				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,034,589		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			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.)	B	-6,554,570		NURSING SCHOOL	20.00	0	19.00
20.00 Vending machines	B	-33,665		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			0		0.00	0	33.00
34.00			0		0.00	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
35.00 MALPRACTICE NET OF INCOME	A	-6,152,875	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 FEDERAL INCOME TAXES	A	-72,870	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00		0			0.00	0 37.00
37.01 LEASED EMPLOYEES	B	-425,092	RADIOLOGY-THERAPEUTIC		55.00	0 37.01
37.02 LEASED EMPLOYEES	B	-271,744	PHYSICIAN OFFICES		90.03	0 37.02
38.00 A&G MISC INCOME	B	-190,367	ADMINISTRATIVE & GENERAL		5.00	0 38.00
38.01 MAINTENANCE MISC INCOME	B	-127,365	MAINTENANCE & REPAIRS		6.00	0 38.01
38.02 I&R MISC INCOME	B	-38,594	I&R SRVCES-SALARY & FRINGES APPRVD		21.00	0 38.02
38.03 A&P MISC INCOME	B	-77,902	ADULTS & PEDIATRICS		30.00	0 38.03
38.04 SURGICAL ICU MISC INCOME	B	-5,420	SURGICAL INTENSIVE CARE UNIT		34.00	0 38.04
38.05 NURSERY MISC INCOME	B	-19,795	NURSERY		43.00	0 38.05
38.06 OR MISC INCOME	B	-3,891	INTENSIVE CARE UNIT		31.00	0 38.06
38.07 LABOR & DELIVERY MISC INCOME	B	-5,770	DELIVERY ROOM & LABOR ROOM		52.00	0 38.07
38.08 RAD-DIAG MISC INCOME	B	-20,772	RADIOLOGY-DIAGNOSTIC		54.00	0 38.08
38.10 LAB MISC INCOME	B	-18,323	LABORATORY		60.00	0 38.10
38.11 PT MISC INCOME	B	-119,368	PHYSICAL THERAPY		66.00	0 38.11
38.12 CARDIAC MISC INCOME	B	-16,551	CARDIAC REHABILITATION		76.97	0 38.12
38.13 CLINIC MISC INCOME	B	-10,000	CLINIC		90.00	0 38.13
38.14 BENEFITS MISC INCOME	B	-371,804	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.14
38.15 PHYSICIAN OFFICE MISC INCOME	B	-963,925	PHYSICIAN OFFICES		90.03	0 38.15
38.16 DIABETIC MISC INCOME	B	-175	DIABETIC CARE CENTER		90.06	0 38.16
38.17 ER MISC INCOME	B	-48,165	EMERGENCY		91.00	0 38.17
38.18 RAD-THER MISC INCOME	B	-48,780	RADIOLOGY-THERAPEUTIC		55.00	0 38.18
38.22 CHILD CARE EMPLOYEE REVENUE	B	-531,861	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 38.22
39.00 PROMOTION EXPENSE	A	-20,781	ADMINISTRATIVE & GENERAL		5.00	0 39.00
39.01 PROMOTION EXPENSE	A	-475	HOME HEALTH AGENCY		101.00	0 39.01
39.02 PROMOTION EXPENSE	A	-232	ELECTROENCEPHALOGRAPHY		70.00	0 39.02
39.03 PROMOTION EXPENSE	A	-4,963	ADULTS & PEDIATRICS		30.00	0 39.03
39.04 PROMOTION EXPENSE	A	-1,151	DELIVERY ROOM & LABOR ROOM		52.00	0 39.04
39.05 PROMOTION EXPENSE	A	-185	RADIOLOGY-DIAGNOSTIC		54.00	0 39.05
39.06 PROMOTION EXPENSE	A	-3,364	LABORATORY		60.00	0 39.06
39.07 PROMOTION EXPENSE	A	-194	RESPIRATORY THERAPY		65.00	0 39.07
39.08 PROMOTION EXPENSE	A	-1,546	CARDIAC REHABILITATION		76.97	0 39.08
39.10 PROMOTION EXPENSE	A	-1,249	CHILLY FAMILY PHYSICIANS		90.01	0 39.10
39.11 PROMOTION EXPENSE	A	-21,263	PHYSICIAN OFFICES		90.03	0 39.11
39.12 PROMOTION EXPENSE	A	-7,401	EMERGENCY		91.00	0 39.12
39.14 PROMOTION EXPENSE	A	-50	HOSPICE		116.00	0 39.14
40.00 PHYSICIAN RECRUITMENT	A	-157,508	ADMINISTRATIVE & GENERAL		5.00	0 40.00
40.03 PHYSICIAN RECRUITMENT	A	-134	ANESTHESIOLOGY		53.00	0 40.03
41.00 SPONSORSHIP EXPENSES	A	-11,077	ADMINISTRATIVE & GENERAL		5.00	0 41.00
41.01 SPONSORSHIP EXPENSES	A	-6,539	NURSING SCHOOL		20.00	0 41.01
42.00		0			0.00	0 42.00
43.00 CRNA SALARIES	A	-3,825,704	ANESTHESIOLOGY		53.00	0 43.00
43.02 CRNA BENEFITS	A	-816,276	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 43.02
44.01 PHYSICIAN BENEFITS	A	-7,254	SUBPROVIDER - IRF		41.00	0 44.01
44.02 PHYSICIAN BENEFITS	A	-1,056,302	OPERATING ROOM		50.00	0 44.02
44.03 PHYSICIAN BENEFITS	A	-991,287	ANESTHESIOLOGY		53.00	0 44.03
44.06 PHYSICIAN BENEFITS	A	-108,582	CLINIC		90.00	0 44.06
44.07 PHYSICIAN BENEFITS	A	-197,789	CHILLY FAMILY PHYSICIANS		90.01	0 44.07
44.08 PHYSICIAN BENEFITS	A	-4,864,021	PHYSICIAN OFFICES		90.03	0 44.08
44.09 PHYSICIAN BENEFITS	A	-30,281	DIABETIC CARE CENTER		90.06	0 44.09
44.10 PHYSICIAN BENEFITS	A	-133,740	WOUND CARE CENTER		90.07	0 44.10
45.00 MEDICAID PROVIDER TAX	A	-12,911,870	ADMINISTRATIVE & GENERAL		5.00	0 45.00
46.00 REMOVE NON-ALLOWABLE INTEREST	A	-2,638,274	INTEREST EXPENSE		113.00	0 46.00
47.00 SELF INSURANCE ADJUSTMENT	A	-5,034,229	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 47.00
47.01 PENSION ADJUSTMENT	A	10,658,279	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 47.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-29,304,791				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: 140209

Period: From 01/01/2014 To 12/31/2014

Worksheet A-8-1

Date/Time Prepared: 5/26/2015 8:58 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	UNI TYPOINT HOME OFFICE	1,880,515	0
2.00	16.00	MEDICAL RECORDS & LIBRARY	UNI TYPOINT HOME OFFICE	3,620,744	0
3.00	13.00	NURSING ADMINISTRATION	UNI TYPOINT HOME OFFICE	2,834,525	0
4.00	7.00	OPERATION OF PLANT	UNI TYPOINT HOME OFFICE	437,054	0
4.01	5.00	ADMINISTRATIVE & GENERAL	UNI TYPOINT HOME OFFICE	42,176,144	0
4.02	90.03	PHYSICIAN OFFICES	GLEN OAK MEDICAL PLAZA	36,006	56,076
4.03	5.00	ADMINISTRATIVE & GENERAL	GLEN OAK MEDICAL PLAZA	57,055	88,856
4.04	101.00	HOME HEALTH AGENCY	GLEN OAK MEDICAL PLAZA	16,037	24,975
4.06	194.02	WELLNESS CENTER	ATRIUM BUILDING	187,828	290,048
4.07	76.97	CARDIAC REHABILITATION	ATRIUM BUILDING	31,866	49,208
4.08	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	78,826	121,725
4.09	53.01	PAIN CLINIC	ATRIUM BUILDING	155,540	240,188
4.10	90.07	WOUND CARE CENTER	ATRIUM BUILDING	78,768	122,276
4.11	90.06	DIABETIC CARE CENTER	ATRIUM BUILDING	26,810	40,759
4.12	191.00	RESEARCH	ATRIUM BUILDING	17,339	26,775
4.13	70.00	ELECTROENCEPHALOGRAPHY	ATRIUM BUILDING	63,207	97,605
4.14	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	44,688	91,329
4.15	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	74,951	115,740
4.16	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	56,635	110,233
4.17	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	30,059	51,993
4.18	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	59,637	92,093
4.19	90.03	PHYSICIAN OFFICES	ATRIUM BUILDING	59,593	92,025
4.20	66.00	PHYSICAL THERAPY	ATRIUM BUILDING	80,895	124,920
4.21	21.00	I&R SRVCES-SALARY & FRINGES	FAMILY MEDICAL BUILDING	96,037	155,668
4.22	90.00	CLINIC	FAMILY MEDICAL BUILDING	194,974	316,037
4.23	90.03	PHYSICIAN OFFICES	METAMORA MEDICAL CLINIC	118,604	90,815
4.24	90.01	CHILLI FAMILY PHYSICIANS	CHILLI COTHE OFFICE	89,009	93,587
4.25	90.03	PHYSICIAN OFFICES	KNOXVILLE MEDPOINTE	106,177	107,500
4.26	90.03	PHYSICIAN OFFICES	CANTON BUILDING	192,747	141,622
4.27	90.03	PHYSICIAN OFFICES	PEKIN	170,774	230,388
4.28	90.03	PHYSICIAN OFFICES	CENTRAL ILLINOIS INTERNAL	19,484	40,470
4.29	90.01	CHILLI FAMILY PHYSICIANS	LACON	48,973	61,200
4.30	90.01	CHILLI FAMILY PHYSICIANS	PRINCEVILLE	60,149	42,000
4.31	90.03	PHYSICIAN OFFICES	EAST PEORIA	111,916	132,840
4.32	90.03	PHYSICIAN OFFICES	MMG AT STERLING	95,019	141,975
4.33	90.03	PHYSICIAN OFFICES	PEARTREE	164,161	127,731
4.35	90.03	PHYSICIAN OFFICES	MMG ENT	9,297	8,758
4.36	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD URGENT	61,601	73,128
4.37	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PRACTIC	67,382	79,992
4.38	90.03	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD PEDS	42,316	50,256
4.39	90.03	PHYSICIAN OFFICES	MMG AT WASHINGTON	172,656	146,344
4.40	90.03	PHYSICIAN OFFICES	PODI TORY	86,821	73,588
4.42	90.03	PHYSICIAN OFFICES	NORTHSIDE	886,143	704,353
4.43	90.03	PHYSICIAN OFFICES	NORTHSIDE	554,850	441,057
4.44	54.01	NORTHSIDE IMAGING	NORTHSIDE IMAGING	249,881	219,522
4.45	58.01	NORTHSIDE MRI	NORTHSIDE MRI	223,731	196,549
4.46	57.01	NORTHSIDE CT	NORTHSIDE CT	191,769	168,471
4.47	54.02	NORTHSIDE MAMMOGRAPHY	NORTHSIDE MAMMOGRAPH	213,561	187,615
4.48	54.03	NORTHSIDE ULTRASOUND	NORTHSIDE ULTRASOUND	156,902	137,840
4.50	90.03	PHYSICIAN OFFICES	PRAIRIE POINT	113,567	106,300
4.51	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	24,793	0
4.52	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	29,897	0
4.54	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	75,369	0
4.55	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	39,288	0
4.56	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	11,043	0
4.57	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	23,689	0
4.58	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	29,407	0
4.59	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	7,575	0
4.60	1.00	CAP REL COSTS-BLDG & FIXT	EAST CAMPUS DEPRECIATION	16,971	0
4.73	90.03	PHYSICIAN OFFICES	MMG ADMIN	12,644,243	12,908,883
5.00	0		0	69,505,498	19,021,313

* 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.

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

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 8:58 am

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	UNI TYPOINT HEAL	100.00	UNI TYPOINT HEAL	100.00	6.00
7.00	B	METHODIST SERVICES	100.00	METHODIST SERV	100.00	7.00
8.00	B	HEARTLAND HOME	100.00	HEARTLAND HOME	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 8:58 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,880,515	0		1.00
2.00	3,620,744	0		2.00
3.00	2,834,525	0		3.00
4.00	437,054	0		4.00
4.01	42,176,144	0		4.01
4.02	-20,070	0		4.02
4.03	-31,801	0		4.03
4.04	-8,938	0		4.04
4.06	-102,220	0		4.06
4.07	-17,342	0		4.07
4.08	-42,899	0		4.08
4.09	-84,648	0		4.09
4.10	-43,508	0		4.10
4.11	-13,949	0		4.11
4.12	-9,436	0		4.12
4.13	-34,398	0		4.13
4.14	-46,641	0		4.14
4.15	-40,789	0		4.15
4.16	-53,598	0		4.16
4.17	-21,934	0		4.17
4.18	-32,456	0		4.18
4.19	-32,432	0		4.19
4.20	-44,025	0		4.20
4.21	-59,631	0		4.21
4.22	-121,063	0		4.22
4.23	27,789	0		4.23
4.24	-4,578	0		4.24
4.25	-1,323	0		4.25
4.26	51,125	0		4.26
4.27	-59,614	0		4.27
4.28	-20,986	0		4.28
4.29	-12,227	0		4.29
4.30	18,149	0		4.30
4.31	-20,924	0		4.31
4.32	-46,956	0		4.32
4.33	36,430	0		4.33
4.35	539	0		4.35
4.36	-11,527	0		4.36
4.37	-12,610	0		4.37
4.38	-7,940	0		4.38
4.39	26,312	0		4.39
4.40	13,233	0		4.40
4.42	181,790	0		4.42
4.43	113,793	0		4.43
4.44	30,359	0		4.44
4.45	27,182	0		4.45
4.46	23,298	0		4.46
4.47	25,946	0		4.47
4.48	19,062	0		4.48
4.50	7,267	0		4.50
4.51	24,793	9		4.51
4.52	29,897	9		4.52
4.54	75,369	9		4.54
4.55	39,288	9		4.55
4.56	11,043	9		4.56
4.57	23,689	9		4.57
4.58	29,407	9		4.58
4.59	7,575	9		4.59
4.60	16,971	9		4.60
4.73	-264,640	0		4.73
5.00	50,484,185			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.

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

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/26/2015 8:58 am

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

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

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

6.00	HEALTH SYSTEM	6.00
7.00	NOT FOR PROFIT	7.00
8.00	NOT FOR PROFIT	8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:
5/26/2015 8:58 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	468,567	71,579	396,988	171,400	2,096	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	34,650	0	34,650	171,400	231	2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	72,600	72,600	0	142,500	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	171,279	111,279	60,000	171,400	400	4.00
5.00	43.00	AGGREGATE-NURSERY	167,993	167,993	0	171,400	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	5,145,592	4,991,528	154,064	204,100	786	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	1,530,239	1,485,156	45,083	194,500	459	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,645,941	4,645,941	0	200,300	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	229,296	219,996	9,300	231,100	74	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	137,652	137,652	0	231,100	0	10.00
11.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	29,703	29,703	0	171,400	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	305,571	305,571	0	171,400	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	37,800	0	37,800	171,400	210	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	16,900	0	16,900	171,400	417	14.00
15.00	90.00	AGGREGATE-CLINIC	524,401	508,901	15,500	171,400	103	15.00
16.00	90.01	AGGREGATE-CHILD FAMILYPHYSICIANS	926,994	926,994	0	171,400	0	16.00
17.00	90.03	AGGREGATE-PHYSICIAN OFFICES	23,959,685	22,930,466	1,029,219	171,400	8,416	17.00
18.00	90.06	AGGREGATE-DIABETIC CARE CENTER	141,921	141,921	0	171,400	0	18.00
19.00	90.07	AGGREGATE-WOUND CARE CENTER	626,810	626,810	0	171,400	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	2,295,618	2,045,622	249,996	171,400	1,068	20.00
200.00			41,469,212	39,419,712	2,049,500		14,260	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	172,718	8,636	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	19,035	952	0	0	0	2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	32,962	1,648	0	0	0	4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	77,126	3,856	0	0	0	6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	42,921	2,146	0	0	0	7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	8,222	411	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	10.00
11.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	17,305	865	0	0	0	13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	34,362	1,718	0	0	0	14.00
15.00	90.00	AGGREGATE-CLINIC	8,488	424	0	0	0	15.00
16.00	90.01	AGGREGATE-CHILD FAMILYPHYSICIANS	0	0	0	0	0	16.00
17.00	90.03	AGGREGATE-PHYSICIAN OFFICES	693,511	34,676	0	0	0	17.00
18.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	0	0	18.00
19.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	19.00
20.00	91.00	AGGREGATE-EMERGENCY	88,007	4,400	0	0	0	20.00
200.00			1,194,657	59,732	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	172,718	224,270	295,849	1.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140209

Period:
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	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		
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	19,035	15,615	15,615		2.00
3.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	72,600		3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	32,962	27,038	138,317		4.00
5.00	43.00	AGGREGATE-NURSERY	0	0	0	167,993		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	77,126	76,938	5,068,466		6.00
7.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	42,921	2,162	1,487,318		7.00
8.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	4,645,941		8.00
9.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	8,222	1,078	221,074		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	137,652		10.00
11.00	57.00	AGGREGATE-COMPUTED TOMOGRAPHY (CT) S	0	0	0	29,703		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	0	0	305,571		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	17,305	20,495	20,495		13.00
14.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	34,362	0	0		14.00
15.00	90.00	AGGREGATE-CLINIC	0	8,488	7,012	515,913		15.00
16.00	90.01	AGGREGATE-CHILD FAMILY PHYSICIANS	0	0	0	926,994		16.00
17.00	90.03	AGGREGATE-PHYSICIAN OFFICES	0	693,511	335,708	23,266,174		17.00
18.00	90.06	AGGREGATE-DIABETIC CARE CENTER	0	0	0	141,921		18.00
19.00	90.07	AGGREGATE-WOUND CARE CENTER	0	0	0	626,810		19.00
20.00	91.00	AGGREGATE-EMERGENCY	0	88,007	161,989	2,207,611		20.00
200.00			0	1,194,657	872,305	40,292,017		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	8,962,619	8,962,619				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	7,971,601		7,971,601			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	24,256,592	61,082	8,590	24,326,264		4.00
4.01 00401 PARKING	-1	0	34,132	18,183	52,314	4.01
5.00 00500 ADMIN STRATIVE & GENERAL	57,594,798	441,802	717,222	1,490,904	2,596	5.00
6.00 00600 MAINTENANCE & REPAIRS	8,670,838	180,262	601,962	300,724	1,059	6.00
7.00 00700 OPERATION OF PLANT	6,251,261	1,525,804	321,506	193,209	8,968	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,405,240	30,909	515	17,986	182	8.00
9.00 00900 HOUSEKEEPING	2,968,977	111,184	8,367	387,587	653	9.00
10.00 01000 DIETARY	1,987,448	176,880	41,955	258,148	1,040	10.00
11.00 01100 CAFETERIA	838,134	116,741	3,081	176,940	686	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,602,153	0	0	140,053	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-95,809	79,333	73,891	106,118	466	14.00
15.00 01500 PHARMACY	3,949,843	65,998	102,729	659,648	388	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,620,744	0	0	0	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	1,213,570	231,153	948,481	7,132	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	3,029,812	79,599	26,665	761,360	468	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	3,443,352	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,492,521	833,623	178,515	1,793,125	4,899	30.00
31.00 03100 INTENSIVE CARE UNIT	7,192,704	462,541	230,085	1,264,514	2,718	31.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	186,752	737	438	2,846	4	34.00
40.00 04000 SUBPROVIDER - I PF	4,000,920	301,243	45,106	712,181	1,770	40.00
41.00 04100 SUBPROVIDER - I RF	2,186,532	234,653	20,735	389,057	1,379	41.00
43.00 04300 NURSERY	663,276	27,769	22,443	111,772	163	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	15,892,599	501,242	1,198,093	1,062,257	2,946	50.00
51.00 05100 RECOVERY ROOM	1,971,817	204,480	26,593	334,050	1,202	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,898,629	157,047	41,571	337,715	923	52.00
53.00 05300 ANESTHESIOLOGY	1,350,866	9,385	130,874	981,823	55	53.00
53.01 03950 PAIN CLINIC	311,652	0	10,872	26,079	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,174,540	448,228	482,723	772,638	2,634	54.00
54.01 05401 NORTHSIDE IMAGING	375,861	0	133,128	20,378	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	334,588	0	113,778	18,239	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	277,993	0	83,592	20,393	0	54.03
54.04 05404 NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	952,589	121,161	728,998	183,507	712	55.00
56.00 05600 RADIOISOTOPE	25,207	1,776	994	2,267	10	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	388,551	71,301	37,066	13,537	419	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	903,477	20,123	115,715	108,558	118	57.00
57.01 05701 NORTHSIDE CT	301,069	0	102,168	16,406	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	391,689	64,271	282,387	61,534	378	58.00
58.01 05801 NORTHSIDE MRI	356,310	0	449,633	20,914	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	451,462	41,152	98,265	64,176	242	59.00
60.00 06000 LABORATORY	11,089,828	286,519	95,612	852,668	1,684	60.00
60.01 06001 NORTHSIDE LAB	16,584	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,385,033	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,421,548	98,200	52,457	247,053	577	64.00
65.00 06500 RESPIRATORY THERAPY	1,344,574	27,527	65,443	267,370	162	65.00
66.00 06600 PHYSICAL THERAPY	1,409,495	53,388	4,062	0	314	66.00
67.00 06700 OCCUPATIONAL THERAPY	709,315	29,810	872	0	175	67.00
68.00 06800 SPEECH PATHOLOGY	540,284	11,463	3,897	10,448	67	68.00
69.00 06900 ELECTROCARDIOLOGY	332,210	12,393	17,500	66,523	73	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	772,269	0	41,030	114,126	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	644,452	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,787,441	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,701,101	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	294,038	14,700	9,182	42,211	86	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	467,300	54,270	371	86,697	319	76.00
76.01 03340 GASTROINTESTINAL SERVICES	951,386	77,847	150,237	102,425	458	76.01
76.02 03140 RADIOLOGY	802,669	159,463	98,319	233,127	937	76.02
76.03 03560 PULMONARY FUNCTION TESTING	148,526	4,288	8,903	26,210	25	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4.01	
76.97 07697 CARDIAC REHABILITATION	283,183	2,138	2,351	44,502	13	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	527,402	0	0	53,022	0	76.98
76.99 07699 LI THOTRIPSY	73,250	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	3,915,714	144,932	73,030	1,389,450	852	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	1,181,984	0	6,807	181,257	0	90.01
90.03 09002 PHYSICIAN OFFICES	16,244,066	67,894	354,611	4,951,539	399	90.03
90.06 09003 DIABETIC CARE CENTER	182,192	0	197	58,249	0	90.06
90.07 09004 WOUND CARE CENTER	207,122	0	1,768	41,093	0	90.07
91.00 09100 EMERGENCY	3,877,418	157,675	165,181	628,995	927	91.00
92.00 09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	6,067,217	0	16,269	685,359	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	1,814,457	0	3,056	166,230	0	116.00
118.00	275,731,264	8,786,403	7,876,695	24,025,861	51,278	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	1,239,463	0	0	59,026	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	14,432	0	6,766	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	6,034	62,447	2,089	0	367	194.01
194.02 07952 WELLNESS CENTER	765,412	0	8,603	54,250	0	194.02
194.03 07954 CAPITAL LABOR	0	0	77,448	0	0	194.03
194.05 07953 OTHER NON-REIMBURSABLE	1,147,045	113,769	0	187,127	669	194.05
200.00						200.00
201.00						201.00
202.00	278,903,650	8,962,619	7,971,601	24,326,264	52,314	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
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						15.00
16.00	01600						16.00
17.00	01700						17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000						30.00
31.00	03100						31.00
34.00	03400						34.00
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
53.01	03950						53.01
54.00	05400						54.00
54.01	05401						54.01
54.02	05402						54.02
54.03	05403						54.03
54.04	05404						54.04
54.05	05405						54.05
55.00	05500						55.00
56.00	05600						56.00
56.01	03450						56.01
57.00	05700						57.00
57.01	05701						57.01
58.00	05800						58.00
58.01	05801						58.01
59.00	05900						59.00
60.00	06000						60.00
60.01	06001						60.01
62.30	06250						62.30
63.00	06300						63.00
64.00	06400						64.00
65.00	06500						65.00
66.00	06600						66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
76.00	03550						76.00
76.01	03340						76.01
76.02	03140						76.02
76.03	03560						76.03
76.97	07697						76.97
76.98	07698						76.98
76.99	07699						76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A. 01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	1,370,048	377,495	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	21,618,509	5,956,703	102,034	129,491	11,697	90.03
90.06	09003	DIABETIC CARE CENTER	240,638	66,304	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	249,983	68,879	0	0	14,352	90.07
91.00	09100	EMERGENCY	4,830,196	1,330,883	236,959	300,726	196,573	91.00
92.00	09200	OBSERVATION BEDS	0					92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,768,845	1,865,047	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,983,743	546,589	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	275,158,703	59,215,461	12,177,813	12,544,820	1,961,092	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,298,489	357,778	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,198	5,841	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	70,937	19,546	93,847	119,102	0	194.01
194.02	07952	WELLNESS CENTER	828,265	228,215	0	0	0	194.02
194.03	07954	CAPITAL LABOR	77,448	21,340	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,448,610	399,141	170,976	216,986	0	194.05
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)	278,903,650	60,247,322	12,442,636	12,880,908	1,961,092	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	4,813,883					9.00
10.00	01000	0	3,753,649				10.00
11.00	01100	94,741	0	1,941,308			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	18,677	0	4,791,988	13.00
14.00	01400	74,916	0	22,737	0	0	14.00
15.00	01500	28,213	0	55,837	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	157,173	0	0	20.00
21.00	02100	0	0	70,298	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,136,129	1,971,005	233,016	0	744,545	30.00
31.00	03100	715,611	440,249	147,632	0	471,717	31.00
34.00	03400	1,716	152,842	287	0	917	34.00
40.00	04000	377,249	763,827	103,320	0	330,131	40.00
41.00	04100	171,754	425,726	52,534	0	167,860	41.00
43.00	04300	70,913	0	12,347	0	39,452	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	843,711	0	134,619	0	430,138	50.00
51.00	05100	119,523	0	39,221	0	125,321	51.00
52.00	05200	174,042	0	37,968	0	121,318	52.00
53.00	05300	0	0	47,288	0	151,095	53.00
53.01	03950	0	0	3,655	0	11,677	53.01
54.00	05400	70,722	0	83,337	0	266,282	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	53,757	0	19,108	0	61,055	55.00
56.00	05600	0	0	235	0	751	56.00
56.01	03450	0	0	1,488	0	4,754	56.01
57.00	05700	8,388	0	12,595	0	40,245	57.00
57.01	05701	0	0	0	0	0	57.01
58.00	05800	0	0	6,565	0	20,977	58.00
58.01	05801	0	0	0	0	0	58.01
59.00	05900	7,625	0	6,513	0	20,810	59.00
60.00	06000	105,226	0	127,336	0	406,867	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	163,367	0	31,560	0	100,841	64.00
65.00	06500	0	0	28,466	0	90,957	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	6,672	0	1,149	0	3,670	68.00
69.00	06900	17,347	0	7,192	0	22,979	69.00
70.00	07000	0	0	14,697	0	46,959	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	18,491	0	3,380	0	10,801	74.00
76.00	03550	0	0	6,905	0	22,062	76.00
76.01	03340	61,382	0	11,081	0	35,407	76.01
76.02	03140	122,954	0	16,981	0	54,257	76.02
76.03	03560	1,716	0	3,198	0	10,218	76.03
76.97	07697	2,097	0	5,521	0	17,641	76.97
76.98	07698	0	0	3,720	0	11,886	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	13,153	0	103,163	0	329,631	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILD FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	111,295	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	5,456	0	17,432	90.06
90.07	09004	WOUND CARE CENTER	0	0	2,885	0	9,217	90.07
91.00	09100	EMERGENCY	352,468	0	75,114	0	240,008	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	78,743	0	251,602	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	19,265	0	61,556	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,813,883	3,753,649	1,923,557	0	4,753,036	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	5,560	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	12,191	0	38,952	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,813,883	3,753,649	1,941,308	0	4,791,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
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
4.01	00401	PARKING						4.01
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	715,274					14.00
15.00	01500	PHARMACY	2,814	6,407,196				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,618,382			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	1,257	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,147	0	1,545,351	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,315	0	32,783	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	8,158	0	38,342	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,217	0	440,287	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,034	0	95,498	0	0	41.00
43.00	04300	NURSERY	4,063	0	274,093	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	343,375	0	1,169,063	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,688	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,300	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	8,173	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,075	0	99,916	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	35	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	42	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	33	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,794	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	210	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	162	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	7,175	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	351	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,412	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	230	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	15,962	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	458	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,790	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	198	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,784	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	28,046	0	0	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	98,488	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,203,434	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,839	0	0	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	23	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	16,780	0	0	0	0	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	76	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,014	0	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,757	0	0	0	0 90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	1,162	0	0	0	0 90.01
90.03	09002	PHYSICIAN OFFICES	17,469	0	0	0	0 90.03
90.06	09003	DIABETIC CARE CENTER	45	0	0	0	0 90.06
90.07	09004	WOUND CARE CENTER	4,803	0	0	0	0 90.07
91.00	09100	EMERGENCY	16,584	0	923,049	0	0 91.00
92.00	09200	OBSERVATION BEDS					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	7,482	2,539	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					0 113.00
116.00	11600	HOSPICE	1,256	198,594	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	715,076	6,404,567	4,618,382	0	0 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0 194.00
194.01	07951	FOUNDATION	0	0	0	0	0 194.01
194.02	07952	WELLNESS CENTER	198	2,629	0	0	0 194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0 194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0 194.05
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)	715,274	6,407,196	4,618,382	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		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
4.01 00401	PARKING					4.01
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	7,358,873				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	5,313,644			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	4,392,113		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,494,858	1,154,671	954,419	35,776,483	-2,109,090
31.00 03100	INTENSIVE CARE UNIT	211,096	279,033	230,641	16,020,490	-509,674
34.00 03400	SURGICAL INTENSIVE CARE UNIT	64,926	4,317	3,568	521,293	-7,885
40.00 04000	SUBPROVIDER - I PF	81,073	108,067	89,325	9,851,033	-197,392
41.00 04100	SUBPROVIDER - I RF	189,850	0	0	5,595,111	0
43.00 04300	NURSERY	18,101	10,329	8,538	1,608,088	-18,867
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	18,951	187,615	155,077	29,004,283	-342,692
51.00 05100	RECOVERY ROOM	0	0	0	4,317,523	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	183,647	0	0	4,269,515	0
53.00 05300	ANESTHESIOLOGY	0	0	0	3,397,086	0
53.01 03950	PAIN CLINIC	0	53,957	44,599	570,275	-98,556
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	32,374	26,759	11,050,268	-59,133
54.01 05401	NORTHSIDE IMAGING	0	0	0	675,261	0
54.02 05402	NORTHSIDE MAMMOGRAPHY	0	0	0	595,213	0
54.03 05403	NORTHSIDE ULTRASOUND	0	0	0	487,259	0
54.04 05404	NORTHSIDE RADIO	0	0	0	0	0
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,118,264	0
56.00 05600	RADIOISOTOPE	0	0	0	45,840	0
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	921,164	0
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	1,607,011	0
57.01 05701	NORTHSIDE CT	0	0	0	535,620	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,268,880	0
58.01 05801	NORTHSIDE MRI	0	0	0	1,054,914	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,011,134	0
60.00 06000	LABORATORY	0	0	0	17,355,659	0
60.01 06001	NORTHSIDE LAB	0	0	0	21,611	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,766,768	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	3,024,094	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,405,043	0
66.00 06600	PHYSICAL THERAPY	0	0	0	2,056,984	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,047,640	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	775,412	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	646,229	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,266,782	0
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	850,066	0
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	12,582,702	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,679,654	0
74.00 07400	RENAL DIALYSIS	1,360	0	0	550,660	0
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	992,702	0
76.01 03340	GASTROINTESTINAL SERVICES	11,898	75,848	62,694	2,195,040	-138,542
76.02 03140	CARDIOLOGY	0	0	0	2,392,945	0
76.03 03560	PULMONARY FUNCTION TESTING	0	0	0	270,058	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Part I
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
76.97 07697 CARDIAC REHABILITATION	2,040	0	0	458,739	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	757,971	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	93,433	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	510	1,533,908	1,267,887	10,807,789	-2,801,795	90.00
90.01 09001 CHIL LI FAMI LY PHYSI CI ANS	0	0	0	1,748,705	0	90.01
90.03 09002 PHYSI CI AN OFFI CES	0	1,621,471	1,340,265	30,908,934	-2,961,736	90.03
90.06 09003 DI ABETI C CARE CENTER	0	0	0	329,875	0	90.06
90.07 09004 WOUND CARE CENTER	32,208	4,625	3,823	390,775	-8,448	90.07
91.00 09100 EMERGENCY	10,113	191,931	158,645	8,863,249	-350,576	91.00
92.00 09200 OBSERVATI ON BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVI CES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	16,317	0	0	8,990,575	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	21,925	0	0	2,832,928	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			273,365,030	-9,604,386	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	55,498	45,873	1,763,198	-101,371	191.00
192.00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	0	0	27,039	0	192.00
193.00 19300 NONPAI D WORKERS	0	0	0	0	0	193.00
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01 07951 FOUNDATI ON	0	0	0	303,432	0	194.01
194.02 07952 WELLNESS CENTER	0	0	0	1,110,450	0	194.02
194.03 07954 CAPI TAL LABOR	0	0	0	98,788	0	194.03
194.05 07953 OTHER NON-REI MBURSABLE	0	0	0	2,235,713	0	194.05
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)			278,903,650	-9,705,757	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401 PARKING		4.01
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 SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	33,667,393	30.00
31.00	03100 INTENSIVE CARE UNIT	15,510,816	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	513,408	34.00
40.00	04000 SUBPROVIDER - I PF	9,653,641	40.00
41.00	04100 SUBPROVIDER - I RF	5,595,111	41.00
43.00	04300 NURSERY	1,589,221	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	28,661,591	50.00
51.00	05100 RECOVERY ROOM	4,317,523	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,269,515	52.00
53.00	05300 ANESTHESIOLOGY	3,397,086	53.00
53.01	03950 PAIN CLINIC	471,719	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,991,135	54.00
54.01	05401 NORTHSIDE IMAGING	675,261	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	595,213	54.02
54.03	05403 NORTHSIDE ULTRASOUND	487,259	54.03
54.04	05404 NORTHSIDE RADIO	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	3,118,264	55.00
56.00	05600 RADIOISOTOPE	45,840	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	921,164	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,607,011	57.00
57.01	05701 NORTHSIDE CT	535,620	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,268,880	58.00
58.01	05801 NORTHSIDE MRI	1,054,914	58.01
59.00	05900 CARDIAC CATHETERIZATION	1,011,134	59.00
60.00	06000 LABORATORY	17,355,659	60.00
60.01	06001 NORTHSIDE LAB	21,611	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,766,768	63.00
64.00	06400 INTRAVENOUS THERAPY	3,024,094	64.00
65.00	06500 RESPIRATORY THERAPY	2,405,043	65.00
66.00	06600 PHYSICAL THERAPY	2,056,984	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,047,640	67.00
68.00	06800 SPEECH PATHOLOGY	775,412	68.00
69.00	06900 ELECTROCARDIOLOGY	646,229	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,266,782	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	850,066	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	12,582,702	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,679,654	73.00
74.00	07400 RENAL DIALYSIS	550,660	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	992,702	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,056,498	76.01
76.02	03140 RADIOLOGY	2,392,945	76.02
76.03	03560 PULMONARY FUNCTION TESTING	270,058	76.03
76.97	07697 CARDIAC REHABILITATION	458,739	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	757,971	76.98
76.99	07699 LI THOTRI PSY	93,433	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	8,005,994	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	1,748,705	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140209

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Cost Center Description			Total	
			26.00	
90.03	09002	PHYSICIAN OFFICES	27,947,198	90.03
90.06	09003	DIABETIC CARE CENTER	329,875	90.06
90.07	09004	WOUND CARE CENTER	382,327	90.07
91.00	09100	EMERGENCY	8,512,673	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,990,575	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	2,832,928	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	263,760,644	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	1,661,827	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,039	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	303,432	194.01
194.02	07952	WELLNESS CENTER	1,110,450	194.02
194.03	07954	CAPITAL LABOR	98,788	194.03
194.05	07953	OTHER NON-REIMBURSABLE	2,235,713	194.05
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	269,197,893	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	61,082	8,590	69,672	4.00
4.01 00401	PARKING	0	0	34,132	34,132	4.01
5.00 00500	ADMINISTRATIVE & GENERAL	315,783	441,802	717,222	1,474,807	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	180,262	601,962	782,224	6.00
7.00 00700	OPERATION OF PLANT	0	1,525,804	321,506	1,847,310	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	30,909	515	31,424	8.00
9.00 00900	HOUSEKEEPING	0	111,184	8,367	119,551	9.00
10.00 01000	DIETARY	0	176,880	41,955	218,835	10.00
11.00 01100	CAFETERIA	0	116,741	3,081	119,822	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	79,333	73,891	153,224	14.00
15.00 01500	PHARMACY	18,692	65,998	102,729	187,419	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	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	1,213,570	231,153	1,444,723	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	38,044	79,599	26,665	144,308	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	833,623	178,515	1,012,138	30.00
31.00 03100	INTENSIVE CARE UNIT	0	462,541	230,085	692,626	31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	737	438	1,175	34.00
40.00 04000	SUBPROVIDER - I PF	0	301,243	45,106	346,349	40.00
41.00 04100	SUBPROVIDER - I RF	0	234,653	20,735	255,388	41.00
43.00 04300	NURSERY	0	27,769	22,443	50,212	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	113,778	501,242	1,198,093	1,813,113	50.00
51.00 05100	RECOVERY ROOM	0	204,480	26,593	231,073	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	157,047	41,571	198,618	52.00
53.00 05300	ANESTHESIOLOGY	0	9,385	130,874	140,259	53.00
53.01 03950	PAIN CLINIC	21,951	0	10,872	32,823	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	284,765	448,228	482,723	1,215,716	54.00
54.01 05401	NORTHSIDE IMAGING	53,760	0	133,128	186,888	54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	45,946	0	113,778	159,724	54.02
54.03 05403	NORTHSIDE ULTRASOUND	33,756	0	83,592	117,348	54.03
54.04 05404	NORTHSIDE CARDIO	0	0	0	0	54.04
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	5,152	121,161	728,998	855,311	55.00
56.00 05600	RADIOISOTOPE	7,876	1,776	994	10,646	56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	305,602	71,301	37,066	413,969	56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,970	20,123	115,715	140,808	57.00
57.01 05701	NORTHSIDE CT	41,258	0	102,168	143,426	57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	64,271	282,387	346,658	58.00
58.01 05801	NORTHSIDE MRI	48,134	0	449,633	497,767	58.01
59.00 05900	CARDIAC CATHETERIZATION	78,125	41,152	98,265	217,542	59.00
60.00 06000	LABORATORY	258,960	286,519	95,612	641,091	60.00
60.01 06001	NORTHSIDE LAB	0	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	98,200	52,457	150,657	64.00
65.00 06500	RESPIRATORY THERAPY	20,635	27,527	65,443	113,605	65.00
66.00 06600	PHYSICAL THERAPY	24,584	53,388	4,062	82,034	66.00
67.00 06700	OCCUPATIONAL THERAPY	652	29,810	872	31,334	67.00
68.00 06800	SPEECH PATHOLOGY	17,094	11,463	3,897	32,454	68.00
69.00 06900	ELECTROCARDIOLOGY	1,065	12,393	17,500	30,958	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	130,679	0	41,030	171,709	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	14,700	9,182	23,882	74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	54,270	371	54,641	76.00
76.01 03340	GASTROINTESTINAL SERVICES	0	77,847	150,237	228,084	76.01
76.02 03140	CARDIOLOGY	30,495	159,463	98,319	288,277	76.02
76.03 03560	PULMONARY FUNCTION TESTING	0	4,288	8,903	13,191	76.03
76.97 07697	CARDIAC REHABILITATION	15,643	2,138	2,351	20,132	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

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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	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	152	76.98
76.99 07699 LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	217,861	144,932	73,030	435,823	3,976	90.00
90.01 09001 CHI LLI FAMILY PHYSICIANS	84,875	0	6,807	91,682	519	90.01
90.03 09002 PHYSICIAN OFFICES	1,503,301	67,894	354,611	1,925,806	14,225	90.03
90.06 09003 DIABETIC CARE CENTER	14,029	0	197	14,226	167	90.06
90.07 09004 WOUND CARE CENTER	21,614	0	1,768	23,382	118	90.07
91.00 09100 EMERGENCY	0	157,675	165,181	322,856	1,800	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	0	0	16,269	16,269	1,961	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE	0	0	3,056	3,056	476	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,759,079	8,786,403	7,876,695	20,422,177	68,812	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	9,073	0	0	9,073	169	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,766	6,766	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01 07951 FOUNDATION	0	62,447	2,089	64,536	0	194.01
194.02 07952 WELLNESS CENTER	98,285	0	8,603	106,888	155	194.02
194.03 07954 CAPITAL LABOR	0	0	77,448	77,448	0	194.03
194.05 07953 OTHER NON-REIMBURSABLE	0	113,769	0	113,769	536	194.05
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)	3,866,437	8,962,619	7,971,601	20,800,657	69,672	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description		PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.01	5.00	6.00	7.00	8.00	
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
4.01	00401	PARKING	34,183				4.01
5.00	00500	ADMINISTRATIVE & GENERAL	1,697	1,480,771			5.00
6.00	00600	MAINTENANCE & REPAIRS	692	66,060	849,837		6.00
7.00	00700	OPERATION OF PLANT	5,861	56,213	156,613	2,066,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	119	9,852	3,173	9,458	54,077
9.00	00900	HOUSEKEEPING	427	23,545	11,412	34,021	0
10.00	01000	DIETARY	679	16,696	18,156	54,123	157
11.00	01100	CAFETERIA	448	7,690	11,983	35,721	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	25,342	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	305	1,111	8,143	24,275	3,803
15.00	01500	PHARMACY	253	32,361	6,774	20,195	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,520	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	4,660	16,255	124,566	371,341	10
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	306	26,397	8,170	24,356	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	23,318	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,201	96,858	85,566	255,080	11,526
31.00	03100	INTENSIVE CARE UNIT	1,776	61,981	47,477	141,533	6,389
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3	1,292	76	225	10
40.00	04000	SUBPROVIDER - I PF	1,157	34,275	30,921	92,177	2,027
41.00	04100	SUBPROVIDER - I RF	901	19,181	24,086	71,801	2,038
43.00	04300	NURSERY	107	5,590	2,850	8,497	626
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,925	126,346	51,449	153,375	5,919
51.00	05100	RECOVERY ROOM	785	17,188	20,989	62,569	2,721
52.00	05200	DELIVERY ROOM & LABOR ROOM	603	16,496	16,120	48,055	2,709
53.00	05300	ANESTHESIOLOGY	36	16,747	963	2,872	0
53.01	03950	PAIN CLINIC	0	2,361	0	0	98
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,721	46,597	46,008	137,153	3,658
54.01	05401	NORTHSIDE IMAGING	0	3,585	0	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	3,160	0	0	0
54.03	05403	NORTHSIDE ULTRASOUND	0	2,587	0	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	465	13,456	12,436	37,074	963
56.00	05600	RADIOISOTOPE	7	205	182	543	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	274	3,460	7,319	21,817	551
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	77	7,774	2,066	6,157	157
57.01	05701	NORTHSIDE CT	0	2,842	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	247	5,419	6,597	19,666	0
58.01	05801	NORTHSIDE MRI	0	5,599	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	158	4,438	4,224	12,592	0
60.00	06000	LABORATORY	1,100	83,474	29,409	87,672	16
60.01	06001	NORTHSIDE LAB	0	112	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	9,379	0	0	3
64.00	06400	INTRAVENOUS THERAPY	377	12,324	10,080	30,048	1,991
65.00	06500	RESPIRATORY THERAPY	106	11,547	2,826	8,423	361
66.00	06600	PHYSICAL THERAPY	205	9,936	5,480	16,336	88
67.00	06700	OCCUPATIONAL THERAPY	114	5,012	3,060	9,122	52
68.00	06800	SPEECH PATHOLOGY	44	3,834	1,177	3,507	74
69.00	06900	ELECTROCARDIOLOGY	48	2,903	1,272	3,792	266
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,281	0	0	534
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	4,364	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	66,281	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	92,784	0	0	0
74.00	07400	RENAL DIALYSIS	56	2,439	1,509	4,498	116
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	208	4,124	5,570	16,606	53
76.01	03340	GASTROINTESTINAL SERVICES	299	8,684	7,991	23,820	518
76.02	03140	CARDIOLOGY	612	8,766	16,368	48,794	104
76.03	03560	PULMONARY FUNCTION TESTING	16	1,273	440	1,312	16
76.97	07697	CARDIAC REHABILITATION	8	2,250	219	654	10
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	3,931	0	0	0
76.99	07699	LITHOTRIPSY	0	496	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	557	37,408	14,876	44,348	373

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
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Cost Center Description			PARKING	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.01	5.00	6.00	7.00	8.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	9,278	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	261	146,428	6,969	20,775	323	90.03
90.06	09003	DIABETIC CARE CENTER	0	1,630	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	1,693	0	0	396	90.07
91.00	09100	EMERGENCY	605	32,710	16,184	48,247	5,421	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	45,839	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	13,434	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,506	1,455,411	831,749	2,012,630	54,077	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	8,793	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	144	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	240	480	6,410	19,108	0	194.01
194.02	07952	WELLNESS CENTER	0	5,609	0	0	0	194.02
194.03	07954	CAPITAL LABOR	0	524	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	437	9,810	11,678	34,812	0	194.05
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	1	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,184	1,480,771	849,837	2,066,550	54,077	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
4.01	00401	PARKING						4.01
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	190,065					9.00
10.00	01000	DIETARY	0	309,385				10.00
11.00	01100	CAFETERIA	3,741	0	179,911			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,731	0	27,474	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,958	0	2,107	0	0	14.00
15.00	01500	PHARMACY	1,114	0	5,175	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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	14,566	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	6,515	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,857	162,455	21,594	0	4,269	30.00
31.00	03100	INTENSIVE CARE UNIT	28,254	36,286	13,682	0	2,705	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	68	12,598	27	0	5	34.00
40.00	04000	SUBPROVIDER - I PF	14,895	62,957	9,575	0	1,893	40.00
41.00	04100	SUBPROVIDER - I RF	6,781	35,089	4,869	0	962	41.00
43.00	04300	NURSERY	2,800	0	1,144	0	226	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,312	0	12,476	0	2,466	50.00
51.00	05100	RECOVERY ROOM	4,719	0	3,635	0	719	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,872	0	3,519	0	696	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,382	0	866	53.00
53.01	03950	PAIN CLINIC	0	0	339	0	67	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,792	0	7,723	0	1,527	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,122	0	1,771	0	350	55.00
56.00	05600	RADIOISOTOPE	0	0	22	0	4	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	138	0	27	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	331	0	1,167	0	231	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	608	0	120	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	301	0	604	0	119	59.00
60.00	06000	LABORATORY	4,155	0	11,801	0	2,333	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,450	0	2,925	0	578	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,638	0	521	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	263	0	106	0	21	68.00
69.00	06900	ELECTROCARDIOLOGY	685	0	666	0	132	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,362	0	269	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	730	0	313	0	62	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	640	0	126	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,424	0	1,027	0	203	76.01
76.02	03140	CARDIOLOGY	4,855	0	1,574	0	311	76.02
76.03	03560	PULMONARY FUNCTION TESTING	68	0	296	0	59	76.03
76.97	07697	CARDIAC REHABILITATION	83	0	512	0	101	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	345	0	68	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	519	0	9,561	0	1,890	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	10,314	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	506	0	100	90.06
90.07	09004	WOUND CARE CENTER	0	0	267	0	53	90.07
91.00	09100	EMERGENCY	13,916	0	6,961	0	1,376	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,298	0	1,443	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,785	0	353	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	190,065	309,385	178,266	0	27,251	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	515	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	0	0	1,130	0	223	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	190,065	309,385	179,911	0	27,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
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	173,051					14.00
15.00	01500	681					15.00
16.00	01600	0	255,860	24,520			16.00
17.00	01700	0	0	0	0		17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	304	0	0	0		20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,229	0	8,204	0		30.00
31.00	03100	2,012	0	174	0		31.00
34.00	03400	1,974	0	204	0		34.00
40.00	04000	294	0	2,338	0		40.00
41.00	04100	1,218	0	507	0		41.00
43.00	04300	983	0	1,455	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	83,070	0	6,207	0		50.00
51.00	05100	0	0	0	0		51.00
52.00	05200	2,828	0	0	0		52.00
53.00	05300	2,976	0	0	0		53.00
53.01	03950	1,977	0	0	0		53.01
54.00	05400	8,002	0	530	0		54.00
54.01	05401	9	0	0	0		54.01
54.02	05402	10	0	0	0		54.02
54.03	05403	8	0	0	0		54.03
54.04	05404	0	0	0	0		54.04
54.05	05405	0	0	0	0		54.05
55.00	05500	434	0	0	0		55.00
56.00	05600	51	0	0	0		56.00
56.01	03450	39	0	0	0		56.01
57.00	05700	1,736	0	0	0		57.00
57.01	05701	85	0	0	0		57.01
58.00	05800	342	0	0	0		58.00
58.01	05801	56	0	0	0		58.01
59.00	05900	0	0	0	0		59.00
60.00	06000	3,862	0	0	0		60.00
60.01	06001	111	0	0	0		60.01
62.30	06250	0	0	0	0		62.30
63.00	06300	0	0	0	0		63.00
64.00	06400	0	0	0	0		64.00
65.00	06500	917	0	0	0		65.00
66.00	06600	48	0	0	0		66.00
67.00	06700	0	0	0	0		67.00
68.00	06800	0	0	0	0		68.00
69.00	06900	0	0	0	0		69.00
70.00	07000	674	0	0	0		70.00
71.00	07100	6,786	0	0	0		71.00
72.00	07200	23,829	0	0	0		72.00
73.00	07300	0	247,724	0	0		73.00
74.00	07400	687	0	0	0		74.00
76.00	03550	6	0	0	0		76.00
76.01	03340	4,060	0	0	0		76.01
76.02	03140	0	0	0	0		76.02
76.03	03560	0	0	0	0		76.03
76.97	07697	19	0	0	0		76.97
76.98	07698	487	0	0	0		76.98
76.99	07699	0	0	0	0		76.99

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

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Part II
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,393	0	0	0	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	281	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	4,226	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	11	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	1,162	0	0	0	90.07
91.00	09100	EMERGENCY	4,012	0	4,901	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	1,810	101	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	304	7,930	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	173,003	255,755	24,520	0	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	0	0	0	194.01
194.02	07952	WELLNESS CENTER	48	105	0	0	194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	23,179	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	196,230	255,860	24,520	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
	20.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
4.01 00401	PARKING					4.01
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	1,979,139				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD		212,231			21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD			23,318		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			1,720,109		30.00
31.00 03100	INTENSIVE CARE UNIT			1,038,514		31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			17,665		34.00
40.00 04000	SUBPROVIDER - I PF			600,896		40.00
41.00 04100	SUBPROVIDER - I RF			423,934		41.00
43.00 04300	NURSERY			74,810		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			2,292,698		50.00
51.00 05100	RECOVERY ROOM			345,354		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			297,482		52.00
53.00 05300	ANESTHESIOLOGY			171,911		53.00
53.01 03950	PAIN CLINIC			37,740		53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC			1,473,638		54.00
54.01 05401	NORTHSIDE IMAGING			190,540		54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY			162,946		54.02
54.03 05403	NORTHSIDE ULTRASOUND			120,001		54.03
54.04 05404	NORTHSIDE RADIO			0		54.04
54.05 05405	NORTHSIDE ADMIN			0		54.05
55.00 05500	RADIOLOGY-THERAPEUTIC			924,907		55.00
56.00 05600	RADIOISOTOPE			11,666		56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC			447,633		56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN			160,815		57.00
57.01 05701	NORTHSIDE CT			146,400		57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			379,833		58.00
58.01 05801	NORTHSIDE MRI			503,482		58.01
59.00 05900	CARDIAC CATHETERIZATION			240,162		59.00
60.00 06000	LABORATORY			867,353		60.00
60.01 06001	NORTHSIDE LAB			223		60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.			0		62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.			9,382		63.00
64.00 06400	INTRAVENOUS THERAPY			216,137		64.00
65.00 06500	RESPIRATORY THERAPY			141,709		65.00
66.00 06600	PHYSICAL THERAPY			114,127		66.00
67.00 06700	OCCUPATIONAL THERAPY			48,694		67.00
68.00 06800	SPEECH PATHOLOGY			41,510		68.00
69.00 06900	ELECTROCARDIOLOGY			40,912		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			181,156		70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS			11,150		71.00
72.00 07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS			90,110		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			340,508		73.00
74.00 07400	RENAL DIALYSIS			34,413		74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			82,222		76.00
76.01 03340	GASTROINTESTINAL SERVICES			277,403		76.01
76.02 03140	CARDIOLOGY			370,328		76.02
76.03 03560	PULMONARY FUNCTION TESTING			16,746		76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
76.97 07697 CARDIAC REHABILITATION				24,115	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY				4,983	0	76.98
76.99 07699 LI THOTRI PSY				496	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC				550,724	0	90.00
90.01 09001 CHIL LI FAMI LY PHYSICI ANS				101,760	0	90.01
90.03 09002 PHYSICI AN OFFICES				2,129,327	0	90.03
90.06 09003 DIABETI C CARE CENTER				16,640	0	90.06
90.07 09004 WOUND CARE CENTER				27,071	0	90.07
91.00 09100 EMERGENCY				458,989	0	91.00
92.00 09200 OBSERVATI ON BEDS					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVI CES				0	0	95.00
101.00 10100 HOME HEALTH AGENCY				74,721	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPI CE				27,338	0	116.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1-117)		0	0	0	18,083,383	0
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH				18,550	0	191.00
192.00 19200 PHYSICI ANS' PRI VATE OFFICES				6,910	0	192.00
193.00 19300 NONPAI D WORKERS				0	0	193.00
194.00 07950 HEARTLAND PHARMACY				0	0	194.00
194.01 07951 FOUNDATI ON				90,774	0	194.01
194.02 07952 WELLNESS CENTER				114,158	0	194.02
194.03 07954 CAPI TAL LABOR				77,972	0	194.03
194.05 07953 OTHER NON-REI MBURSABLE				171,042	0	194.05
200.00	Cross Foot Adjustments	1,979,139	212,231	23,318	2,214,688	0
201.00	Negative Cost Centers	0	0	0	23,180	0
202.00	TOTAL (sum lines 118-201)	1,979,139	212,231	23,318	20,800,657	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
4.01	00401 PARKING		4.01
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 SRVCES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,720,109	30.00
31.00	03100 INTENSIVE CARE UNIT	1,038,514	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	17,665	34.00
40.00	04000 SUBPROVIDER - I PF	600,896	40.00
41.00	04100 SUBPROVIDER - I RF	423,934	41.00
43.00	04300 NURSERY	74,810	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,292,698	50.00
51.00	05100 RECOVERY ROOM	345,354	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	297,482	52.00
53.00	05300 ANESTHESIOLOGY	171,911	53.00
53.01	03950 PAIN CLINIC	37,740	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,473,638	54.00
54.01	05401 NORTHSIDE IMAGING	190,540	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	162,946	54.02
54.03	05403 NORTHSIDE ULTRASOUND	120,001	54.03
54.04	05404 NORTHSIDE RADIO	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	924,907	55.00
56.00	05600 RADIOISOTOPE	11,666	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	447,633	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	160,815	57.00
57.01	05701 NORTHSIDE CT	146,400	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	379,833	58.00
58.01	05801 NORTHSIDE MRI	503,482	58.01
59.00	05900 CARDIAC CATHETERIZATION	240,162	59.00
60.00	06000 LABORATORY	867,353	60.00
60.01	06001 NORTHSIDE LAB	223	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	9,382	63.00
64.00	06400 INTRAVENOUS THERAPY	216,137	64.00
65.00	06500 RESPIRATORY THERAPY	141,709	65.00
66.00	06600 PHYSICAL THERAPY	114,127	66.00
67.00	06700 OCCUPATIONAL THERAPY	48,694	67.00
68.00	06800 SPEECH PATHOLOGY	41,510	68.00
69.00	06900 ELECTROCARDIOLOGY	40,912	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	181,156	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	340,508	73.00
74.00	07400 RENAL DIALYSIS	34,413	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	76.00
76.01	03340 GASTROINTESTINAL SERVICES	277,403	76.01
76.02	03140 RADIOLOGY	370,328	76.02
76.03	03560 PULMONARY FUNCTION TESTING	16,746	76.03
76.97	07697 CARDIAC REHABILITATION	24,115	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	4,983	76.98
76.99	07699 LI THOTRI PSY	496	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	550,724	90.00
90.01	09001 CHILLY FAMILY PHYSICIANS	101,760	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
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Cost Center Description			Total	
			26.00	
90.03	09002	PHYSICIAN OFFICES	2,129,327	90.03
90.06	09003	DIABETIC CARE CENTER	16,640	90.06
90.07	09004	WOUND CARE CENTER	27,071	90.07
91.00	09100	EMERGENCY	458,989	91.00
92.00	09200	OBSERVATION BEDS		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
101.00	10100	HOME HEALTH AGENCY	74,721	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	27,338	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,083,383	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100	RESEARCH	18,550	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,910	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	194.00
194.01	07951	FOUNDATION	90,774	194.01
194.02	07952	WELLNESS CENTER	114,158	194.02
194.03	07954	CAPITAL LABOR	77,972	194.03
194.05	07953	OTHER NON-REIMBURSABLE	171,042	194.05
200.00		Cross Foot Adjustments	2,214,688	200.00
201.00		Negative Cost Centers	23,180	201.00
202.00		TOTAL (sum lines 118-201)	20,800,657	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	4.01				
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT	742,019						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		10,237,089					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,057	11,031	123,872,040				4.00
4.01 00401	PARKING	0	43,832	92,590	736,962			4.01
5.00 00500	ADMINISTRATIVE & GENERAL	36,577	921,053	7,591,856	36,577	-60,247,322		5.00
6.00 00600	MAINTENANCE & REPAIRS	14,924	773,037	1,531,324	14,924	0		6.00
7.00 00700	OPERATION OF PLANT	126,322	412,876	983,845	126,322	0		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,559	662	91,587	2,559	0		8.00
9.00 00900	HOUSEKEEPING	9,205	10,745	1,973,636	9,205	0		9.00
10.00 01000	DIETARY	14,644	53,879	1,314,521	14,644	0		10.00
11.00 01100	CAFETERIA	9,665	3,957	901,000	9,665	0		11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 01300	NURSING ADMINISTRATION	0	0	713,168	0	0		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,568	94,890	540,363	6,568	0		14.00
15.00 01500	PHARMACY	5,464	131,924	3,359,006	5,464	0		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	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	100,472	296,846	4,829,776	100,472	0		20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	6,590	34,243	3,876,934	6,590	0		21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	69,016	229,248	9,130,799	69,016	0		30.00
31.00 03100	INTENSIVE CARE UNIT	38,294	295,474	6,439,050	38,294	0		31.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	61	562	14,494	61	0		34.00
40.00 04000	SUBPROVIDER - I/PF	24,940	57,925	3,626,508	24,940	0		40.00
41.00 04100	SUBPROVIDER - I/RF	19,427	26,628	1,981,123	19,427	0		41.00
43.00 04300	NURSERY	2,299	28,821	569,157	2,299	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	41,498	1,538,589	5,409,135	41,498	0		50.00
51.00 05100	RECOVERY ROOM	16,929	34,151	1,701,021	16,929	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	13,002	53,385	1,719,682	13,002	0		52.00
53.00 05300	ANESTHESIOLOGY	777	168,068	4,999,558	777	0		53.00
53.01 03950	PAIN CLINIC	0	13,962	132,796	0	0		53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	37,109	619,910	3,934,365	37,109	0		54.00
54.01 05401	NORTHSIDE IMAGING	0	170,962	103,766	0	0		54.01
54.02 05402	NORTHSIDE MAMMOGRAPHY	0	146,113	92,874	0	0		54.02
54.03 05403	NORTHSIDE ULTRASOUND	0	107,348	103,846	0	0		54.03
54.04 05404	NORTHSIDE RADIO	0	0	0	0	0		54.04
54.05 05405	NORTHSIDE ADMIN	0	0	0	0	0		54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	10,031	936,175	934,437	10,031	0		55.00
56.00 05600	RADIOISOTOPE	147	1,276	11,543	147	0		56.00
56.01 03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,903	47,600	68,933	5,903	0		56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,666	148,600	552,789	1,666	0		57.00
57.01 05701	NORTHSIDE CT	0	131,203	83,543	0	0		57.01
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,321	362,640	313,339	5,321	0		58.00
58.01 05801	NORTHSIDE MRI	0	577,417	106,496	0	0		58.01
59.00 05900	CARDIAC CATHETERIZATION	3,407	126,191	326,790	3,407	0		59.00
60.00 06000	LABORATORY	23,721	122,785	4,341,887	23,721	0		60.00
60.01 06001	NORTHSIDE LAB	0	0	0	0	0		60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0		62.30
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0		63.00
64.00 06400	INTRAVENOUS THERAPY	8,130	67,365	1,258,022	8,130	0		64.00
65.00 06500	RESPIRATORY THERAPY	2,279	84,042	1,361,478	2,279	0		65.00
66.00 06600	PHYSICAL THERAPY	4,420	5,216	0	4,420	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	2,468	1,120	0	2,468	0		67.00
68.00 06800	SPEECH PATHOLOGY	949	5,004	53,201	949	0		68.00
69.00 06900	ELECTROCARDIOLOGY	1,026	22,474	338,742	1,026	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	52,690	581,143	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	1,217	11,791	214,942	1,217	0		74.00
76.00 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,493	476	441,469	4,493	0		76.00
76.01 03340	GASTROINTESTINAL SERVICES	6,445	192,933	521,558	6,445	0		76.01
76.02 03140	CARDIOLOGY	13,202	126,261	1,187,109	13,202	0		76.02
76.03 03560	PULMONARY FUNCTION TESTING	355	11,433	133,466	355	0		76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	4.01				
76.97 07697 CARDIAC REHABILITATION	177	3,019	226,607	177		0	76.97	
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	269,992	0		0	76.98	
76.99 07699 LI THOTRIPSY	0	0	0	0		0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	11,999	93,785	7,075,241	11,999		0	90.00	
90.01 09001 CHILLI FAMILY PHYSICIANS	0	8,741	922,981	0		0	90.01	
90.03 09002 PHYSICIAN OFFICES	5,621	455,389	25,213,691	5,621		0	90.03	
90.06 09003 DIABETIC CARE CENTER	0	253	296,610	0		0	90.06	
90.07 09004 WOUND CARE CENTER	0	2,270	209,249	0		0	90.07	
91.00 09100 EMERGENCY	13,054	212,124	3,202,918	13,054		0	91.00	
92.00 09200 OBSERVATION BEDS							92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0		0	95.00	
101.00 10100 HOME HEALTH AGENCY	0	20,893	3,489,930	0		0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE							113.00	
116.00 11600 HOSPICE	0	3,924	846,463	0		0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		727,430	10,115,211	122,342,349	722,373	-60,247,322	118.00
NONREIMBURSABLE COST CENTERS								
191.00 19100 RESEARCH	0	0	300,567	0		0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	8,689	0	0		0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0		0	193.00	
194.00 07950 HEARTLAND PHARMACY	0	0	0	0		0	194.00	
194.01 07951 FOUNDATION	5,170	2,683	0	5,170		0	194.01	
194.02 07952 WELLNESS CENTER	0	11,048	276,249	0		0	194.02	
194.03 07954 CAPITAL LABOR	0	99,458	0	0		0	194.03	
194.05 07953 OTHER NON-REIMBURSABLE	9,419	0	952,875	9,419		0	194.05	
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)		8,962,619	7,971,601	24,326,264	52,314	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		12.078692	0.778698	0.196382	0.070986	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)				69,672	34,184	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000562	0.046384	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		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
4.01	00401	PARKING					4.01
5.00	00500	ADMINISTRATIVE & GENERAL	218,656,328				5.00
6.00	00600	MAINTENANCE & REPAIRS	9,754,845	685,461			6.00
7.00	00700	OPERATION OF PLANT	8,300,748	126,322	559,139		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,454,832	2,559	2,559	1,366,520	8.00
9.00	00900	HOUSEKEEPING	3,476,768	9,205	9,205	0	25,253
10.00	01000	DIETARY	2,465,471	14,644	14,644	3,959	0
11.00	01100	CAFETERIA	1,135,582	9,665	9,665	0	497
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,742,206	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	163,999	6,568	6,568	96,094	393
15.00	01500	PHARMACY	4,778,606	5,464	5,464	0	148
16.00	01600	MEDICAL RECORDS & LIBRARY	3,620,744	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	2,400,336	100,472	100,472	255	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	3,897,904	6,590	6,590	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	3,443,352	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,302,683	69,016	69,016	291,314	5,960
31.00	03100	INTENSIVE CARE UNIT	9,152,562	38,294	38,294	161,458	3,754
34.00	03400	SURGICAL INTENSIVE CARE UNIT	190,777	61	61	254	9
40.00	04000	SUBPROVIDER - I/PF	5,061,220	24,940	24,940	51,229	1,979
41.00	04100	SUBPROVIDER - I/RF	2,832,356	19,427	19,427	51,498	901
43.00	04300	NURSERY	825,423	2,299	2,299	15,820	372
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,657,137	41,498	41,498	149,571	4,426
51.00	05100	RECOVERY ROOM	2,538,142	16,929	16,929	68,761	627
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,435,885	13,002	13,002	68,466	913
53.00	05300	ANESTHESIOLOGY	2,473,003	777	777	0	0
53.01	03950	PAIN CLINIC	348,603	0	0	2,480	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,880,763	37,109	37,109	92,442	371
54.01	05401	NORTHSIDE IMAGING	529,367	0	0	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	466,605	0	0	0	0
54.03	05403	NORTHSIDE ULTRASOUND	381,978	0	0	0	0
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,986,967	10,031	10,031	24,344	282
56.00	05600	RADIOISOTOPE	30,254	147	147	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	510,874	5,903	5,903	13,924	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,147,991	1,666	1,666	3,961	44
57.01	05701	NORTHSIDE CT	419,643	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	800,259	5,321	5,321	0	0
58.01	05801	NORTHSIDE MRI	826,857	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	655,297	3,407	3,407	0	40
60.00	06000	LABORATORY	12,326,311	23,721	23,721	410	552
60.01	06001	NORTHSIDE LAB	16,584	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,385,033	0	0	77	0
64.00	06400	INTRAVENOUS THERAPY	1,819,835	8,130	8,130	50,307	857
65.00	06500	RESPIRATORY THERAPY	1,705,076	2,279	2,279	9,113	0
66.00	06600	PHYSICAL THERAPY	1,467,259	4,420	4,420	2,223	0
67.00	06700	OCCUPATIONAL THERAPY	740,172	2,468	2,468	1,303	0
68.00	06800	SPEECH PATHOLOGY	566,159	949	949	1,866	35
69.00	06900	ELECTROCARDIOLOGY	428,699	1,026	1,026	6,711	91
70.00	07000	ELECTROENCEPHALOGRAPHY	927,425	0	0	13,504	0
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	644,452	0	0	0	0
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	9,787,441	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,701,101	0	0	0	0
74.00	07400	RENAL DIALYSIS	360,217	1,217	1,217	2,922	97
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	608,957	4,493	4,493	1,327	0
76.01	03340	GASTROINTESTINAL SERVICES	1,282,353	6,445	6,445	13,100	322
76.02	03140	CARDIOLOGY	1,294,515	13,202	13,202	2,630	645
76.03	03560	PULMONARY FUNCTION TESTING	187,952	355	355	394	9
76.97	07697	CARDIAC REHABILITATION	332,187	177	177	249	11
76.98	07698	HYPERBARI C OXYGEN THERAPY	580,424	0	0	0	0
76.99	07699	LITHOTRIPSY	73,250	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
		5.00	6.00	7.00	8.00	9.00		
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,523,978	11,999	11,999	9,427	69	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	1,370,048	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	21,618,509	5,621	5,621	8,151	0	90.03
90.06	09003	DIABETIC CARE CENTER	240,638	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	249,983	0	0	10,001	0	90.07
91.00	09100	EMERGENCY	4,830,196	13,054	13,054	136,975	1,849	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,768,845	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,983,743	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	214,911,381	670,872	544,550	1,366,520	25,253	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	1,298,489	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,198	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	70,937	5,170	5,170	0	0	194.01
194.02	07952	WELLNESS CENTER	828,265	0	0	0	0	194.02
194.03	07954	CAPITAL LABOR	77,448	0	0	0	0	194.03
194.05	07953	OTHER NON-REIMBURSABLE	1,448,610	9,419	9,419	0	0	194.05
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)	60,247,322	12,442,636	12,880,908	1,961,092	4,813,883	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.275534	18.152216	23.037041	1.435099	190.626183	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,480,771	849,837	2,066,550	54,077	190,065	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006772	1.239804	3.695950	0.039573	7.526433	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
4.01	00401						4.01
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	207,033					11.00
12.00	01200		148,736				12.00
13.00	01300						13.00
14.00	01400				114,904		14.00
15.00	01500					15,467,937	15.00
16.00	01600					60,862	16.00
17.00	01700						17.00
19.00	01900						19.00
20.00	02000					27,185	20.00
21.00	02100						21.00
22.00	02200						22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	108,711	17,853		17,853	824,934	30.00
31.00	03100	24,282	11,311		11,311	179,816	31.00
34.00	03400	8,430	22		22	176,422	34.00
40.00	04000	42,129	7,916		7,916	26,313	40.00
41.00	04100	23,481	4,025		4,025	108,863	41.00
43.00	04300		946		946	87,873	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		10,314		10,314	7,425,461	50.00
51.00	05100		3,005		3,005		51.00
52.00	05200		2,909		2,909	252,759	52.00
53.00	05300		3,623		3,623	265,982	53.00
53.01	03950		280		280	176,736	53.01
54.00	05400		6,385		6,385	715,254	54.00
54.01	05401					762	54.01
54.02	05402					902	54.02
54.03	05403					703	54.03
54.04	05404						54.04
54.05	05405						54.05
55.00	05500		1,464		1,464	38,791	55.00
56.00	05600		18		18	4,538	56.00
56.01	03450		114		114	3,503	56.01
57.00	05700		965		965	155,166	57.00
57.01	05701					7,596	57.01
58.00	05800		503		503	30,525	58.00
58.01	05801					4,981	58.01
59.00	05900		499		499		59.00
60.00	06000		9,756		9,756	345,188	60.00
60.01	06001					9,897	60.01
62.30	06250						62.30
63.00	06300						63.00
64.00	06400		2,418		2,418		64.00
65.00	06500		2,181		2,181	81,954	65.00
66.00	06600					4,282	66.00
67.00	06700						67.00
68.00	06800		88		88		68.00
69.00	06900		551		551		69.00
70.00	07000		1,126		1,126	60,212	70.00
71.00	07100					606,512	71.00
72.00	07200					2,129,837	72.00
73.00	07300						73.00
74.00	07400		259		259	61,403	74.00
76.00	03550		529		529	502	76.00
76.01	03340		849		849	362,871	76.01
76.02	03140		1,301		1,301		76.02
76.03	03560		245		245		76.03
76.97	07697		423		423	1,654	76.97
76.98	07698		285		285	43,554	76.98

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
76.99	07699 LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	7,904	0	7,904	124,499	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	25,137	90.01
90.03	09002 PHYSICIAN OFFICES	0	8,527	0	0	377,768	90.03
90.06	09003 DIABETIC CARE CENTER	0	418	0	418	979	90.06
90.07	09004 WOUND CARE CENTER	0	221	0	221	103,872	90.07
91.00	09100 EMERGENCY	0	5,755	0	5,755	358,640	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	0	6,033	0	6,033	161,801	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	1,476	0	1,476	27,161	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	207,033	147,376	0	113,970	15,463,650	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	426	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEARTLAND PHARMACY	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	0	0	0	0	194.01
194.02	07952 WELLNESS CENTER	0	934	0	934	4,287	194.02
194.03	07954 CAPITAL LABOR	0	0	0	0	0	194.03
194.05	07953 OTHER NON-REIMBURSABLE	0	0	0	0	0	194.05
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)	3,753,649	1,941,308	0	4,791,988	715,274	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.130680	13.052039	0.000000	41.704275	0.046242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	309,385	179,911	0	27,474	196,230	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.494375	1.209600	0.000000	0.239104	0.011188	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		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
4.01	00401						4.01
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	13,461,820					15.00
16.00	01600	0	32,402				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0		86,593	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	10,842	0		76,426	30.00
31.00	03100	0	230	0		2,484	31.00
34.00	03400	0	269	0		764	34.00
40.00	04000	0	3,089	0		954	40.00
41.00	04100	0	670	0		2,234	41.00
43.00	04300	0	1,923	0		213	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	8,202	0	0	223	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	2,161	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	03950	0	0	0	0	0	53.01
54.00	05400	0	701	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	03450	0	0	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
57.01	05701	0	0	0	0	0	57.01
58.00	05800	0	0	0	0	0	58.00
58.01	05801	0	0	0	0	0	58.01
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	13,033,707	0	0	0	0	73.00
74.00	07400	0	0	0	0	16	74.00
76.00	03550	0	0	0	0	0	76.00
76.01	03340	0	0	0	0	140	76.01
76.02	03140	0	0	0	0	0	76.02
76.03	03560	0	0	0	0	0	76.03
76.97	07697	0	0	0	0	24	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	6 90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0	0	0	0	0 90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0 90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0 90.06
90.07	09004	WOUND CARE CENTER	0	0	0	0	379 90.07
91.00	09100	EMERGENCY	0	6,476	0	0	119 91.00
92.00	09200	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00	10100	HOME HEALTH AGENCY	5,334	0	0	0	192 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	417,255	0	0	0	258 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,456,296	32,402	0	0	86,593 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	HEARTLAND PHARMACY	0	0	0	0	0 194.00
194.01	07951	FOUNDATION	0	0	0	0	0 194.01
194.02	07952	WELLNESS CENTER	5,524	0	0	0	0 194.02
194.03	07954	CAPITAL LABOR	0	0	0	0	0 194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0	0	0	0 194.05
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	6,407,196	4,618,382	0	0	7,358,873 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.475953	142.533856	0.000000	0.000000	84.982308 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	255,860	24,520	0	0	1,979,139 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.019006	0.756743	0.000000	0.000000	22.855647 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		INTERNS & RESIDENTS			
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.01	00401	PARKING			4.01
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 SRVCES-SALARY & FRINGES APPRVD	34,468		21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD		34,468	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	7,490	7,490	30.00
31.00	03100	INTENSIVE CARE UNIT	1,810	1,810	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	28	28	34.00
40.00	04000	SUBPROVIDER - I PF	701	701	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	67	67	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,217	1,217	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	03950	PAIN CLINIC	350	350	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	210	210	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	492	492	76.01
76.02	03140	CARDIOLOGY	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		INTERNS & RESIDENTS				
		SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00			
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIpsy	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,950	9,950		90.00
90.01	09001	CHILD FAMILY PHYSICIANS	0	0		90.01
90.03	09002	PHYSICIAN OFFICES	10,518	10,518		90.03
90.06	09003	DIABETIC CARE CENTER	0	0		90.06
90.07	09004	WOUND CARE CENTER	30	30		90.07
91.00	09100	EMERGENCY	1,245	1,245		91.00
92.00	09200	OBSERVATION BEDS				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0		95.00
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,108	34,108		118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	360	360		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	HEARTLAND PHARMACY	0	0		194.00
194.01	07951	FOUNDATION	0	0		194.01
194.02	07952	WELLNESS CENTER	0	0		194.02
194.03	07954	CAPITAL LABOR	0	0		194.03
194.05	07953	OTHER NON-REIMBURSABLE	0	0		194.05
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)	5,313,644	4,392,113		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	154.161657	127.425815		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	212,231	23,318		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.157334	0.676512		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	33,667,393		33,667,393	224,270	33,891,663	30.00
31.00	03100 INTENSIVE CARE UNIT	15,510,816		15,510,816	15,615	15,526,431	31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	513,408		513,408	0	513,408	34.00
40.00	04000 SUBPROVIDER - I/PF	9,653,641		9,653,641	0	9,653,641	40.00
41.00	04100 SUBPROVIDER - I/RF	5,595,111		5,595,111	27,038	5,622,149	41.00
43.00	04300 NURSERY	1,589,221		1,589,221	0	1,589,221	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	28,661,591		28,661,591	76,938	28,738,529	50.00
51.00	05100 RECOVERY ROOM	4,317,523		4,317,523	0	4,317,523	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,269,515		4,269,515	2,162	4,271,677	52.00
53.00	05300 ANESTHESIOLOGY	3,397,086		3,397,086	0	3,397,086	53.00
53.01	03950 PAIN CLINIC	471,719		471,719	0	471,719	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,991,135		10,991,135	1,078	10,992,213	54.00
54.01	05401 NORTHSIDE IMAGING	675,261		675,261	0	675,261	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	595,213		595,213	0	595,213	54.02
54.03	05403 NORTHSIDE ULTRASOUND	487,259		487,259	0	487,259	54.03
54.04	05404 NORTHSIDE RADIO	0		0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	3,118,264		3,118,264	0	3,118,264	55.00
56.00	05600 RADIOISOTOPE	45,840		45,840	0	45,840	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	921,164		921,164	0	921,164	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,607,011		1,607,011	0	1,607,011	57.00
57.01	05701 NORTHSIDE CT	535,620		535,620	0	535,620	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,268,880		1,268,880	0	1,268,880	58.00
58.01	05801 NORTHSIDE MRI	1,054,914		1,054,914	0	1,054,914	58.01
59.00	05900 CARDIAC CATHETERIZATION	1,011,134		1,011,134	0	1,011,134	59.00
60.00	06000 LABORATORY	17,355,659		17,355,659	0	17,355,659	60.00
60.01	06001 NORTHSIDE LAB	21,611		21,611	0	21,611	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,766,768		1,766,768	0	1,766,768	63.00
64.00	06400 INTRAVENOUS THERAPY	3,024,094		3,024,094	0	3,024,094	64.00
65.00	06500 RESPIRATORY THERAPY	2,405,043	0	2,405,043	0	2,405,043	65.00
66.00	06600 PHYSICAL THERAPY	2,056,984	0	2,056,984	0	2,056,984	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,047,640	0	1,047,640	0	1,047,640	67.00
68.00	06800 SPEECH PATHOLOGY	775,412	0	775,412	0	775,412	68.00
69.00	06900 ELECTROCARDIOLOGY	646,229		646,229	0	646,229	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,266,782		1,266,782	20,495	1,287,277	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	850,066		850,066	0	850,066	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	12,582,702		12,582,702	0	12,582,702	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,679,654		23,679,654	0	23,679,654	73.00
74.00	07400 RENAL DIALYSIS	550,660		550,660	0	550,660	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	992,702		992,702	0	992,702	76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,056,498		2,056,498	0	2,056,498	76.01
76.02	03140 RADIOLOGY	2,392,945		2,392,945	0	2,392,945	76.02
76.03	03560 PULMONARY FUNCTION TESTING	270,058		270,058	0	270,058	76.03
76.97	07697 CARDIAC REHABILITATION	458,739		458,739	0	458,739	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	757,971		757,971	0	757,971	76.98
76.99	07699 LI THOTRI PSY	93,433		93,433	0	93,433	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,005,994		8,005,994	7,012	8,013,006	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	1,748,705		1,748,705	0	1,748,705	90.01
90.03	09002 PHYSICIAN OFFICES	27,947,198		27,947,198	335,708	28,282,906	90.03
90.06	09003 DIABETIC CARE CENTER	329,875		329,875	0	329,875	90.06
90.07	09004 WOUND CARE CENTER	382,327		382,327	0	382,327	90.07
91.00	09100 EMERGENCY	8,512,673		8,512,673	161,989	8,674,662	91.00
92.00	09200 OBSERVATION BEDS	3,920,848		3,920,848	0	3,920,848	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	8,990,575		8,990,575	0	8,990,575	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	2,832,928		2,832,928		2,832,928	116.00
200.00	Subtotal (see instructions)	267,681,492	0	267,681,492	872,305	268,553,797	200.00
201.00	Less Observation Beds	3,920,848		3,920,848		3,920,848	201.00
202.00	Total (see instructions)	263,760,644	0	263,760,644	872,305	264,632,949	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am
				Title XVIIII	Hospital	PPS
Cost Center Description	Charges			Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio
	Inpatient	Outpatient				
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,864,369		60,864,369	30.00
31.00	03100	INTENSIVE CARE UNIT	47,125,162		47,125,162	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,243,644		1,243,644	34.00
40.00	04000	SUBPROVIDER - I/PF	27,773,746		27,773,746	40.00
41.00	04100	SUBPROVIDER - I/RF	9,507,781		9,507,781	41.00
43.00	04300	NURSERY	4,317,766		4,317,766	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51,940,222	90,076,725	142,016,947	50.00
51.00	05100	RECOVERY ROOM	10,070,149	19,563,246	29,633,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,389,335	830,725	12,220,060	52.00
53.00	05300	ANESTHESIOLOGY	18,071,475	26,665,707	44,737,182	53.00
53.01	03950	PAIN CLINIC	256	2,457,318	2,457,574	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,977,670	38,445,252	53,422,922	54.00
54.01	05401	NORTHSIDE IMAGING	3,647	1,904,497	1,908,144	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	515	1,319,433	1,319,948	54.02
54.03	05403	NORTHSIDE ULTRASOUND	6,020	1,853,993	1,860,013	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,112,511	21,247,055	22,359,566	55.00
56.00	05600	RADIOISOTOPE	0	28,311	28,311	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	119,723	4,972,552	5,092,275	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,633,609	44,244,971	61,878,580	57.00
57.01	05701	NORTHSIDE CT	44,570	8,896,848	8,941,418	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,308,918	14,890,089	20,199,007	58.00
58.01	05801	NORTHSIDE MRI	31,263	8,096,005	8,127,268	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,619,548	15,283,047	25,902,595	59.00
60.00	06000	LABORATORY	49,552,195	113,220,616	162,772,811	60.00
60.01	06001	NORTHSIDE LAB	59	83,940	83,999	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,095,793	1,145,716	6,241,509	63.00
64.00	06400	INTRAVENOUS THERAPY	3,229,883	10,121,290	13,351,173	64.00
65.00	06500	RESPIRATORY THERAPY	12,415,690	4,064,303	16,479,993	65.00
66.00	06600	PHYSICAL THERAPY	10,599,081	1,570,804	12,169,885	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,523,128	109,407	5,632,535	67.00
68.00	06800	SPEECH PATHOLOGY	1,981,559	905,351	2,886,910	68.00
69.00	06900	ELECTROCARDIOLOGY	2,409,111	3,653,101	6,062,212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	537,718	9,025,546	9,563,264	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,083,482	23,942,557	58,026,039	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	32,283,788	18,879,979	51,163,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,857,923	33,230,129	87,088,052	73.00
74.00	07400	RENAL DIALYSIS	1,443,690	0	1,443,690	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	330,922	2,287,462	2,618,384	76.00
76.01	03340	GASTROINTESTINAL SERVICES	4,373,974	10,165,264	14,539,238	76.01
76.02	03140	CARDIOLOGY	9,277,994	9,636,630	18,914,624	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,490,140	2,028,428	3,518,568	76.03
76.97	07697	CARDIAC REHABILITATION	66,368	1,002,819	1,069,187	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,882,482	2,882,482	76.98
76.99	07699	LITHOTRIPSY	16,631	258,053	274,684	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,861,736	18,464,743	24,326,479	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	3,279,459	3,279,459	90.01
90.03	09002	PHYSICIAN OFFICES	0	58,577,946	58,577,946	90.03
90.06	09003	DIABETIC CARE CENTER	116,723	690,785	807,508	90.06
90.07	09004	WOUND CARE CENTER	64,615	451,218	515,833	90.07
91.00	09100	EMERGENCY	11,191,348	30,845,874	42,037,222	91.00
92.00	09200	OBSERVATION BEDS	368,420	4,604,410	4,972,830	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,360,079	7,360,079	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	3,842,492	3,842,492	116.00
200.00		Subtotal (see instructions)	538,333,870	677,106,657	1,215,440,527	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	538,333,870	677,106,657	1,215,440,527	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
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	0.202360		50.00
51.00	05100 RECOVERY ROOM	0.145698		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349563		52.00
53.00	05300 ANESTHESIOLOGY	0.075934		53.00
53.01	03950 PAIN CLINIC	0.191945		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205758		54.00
54.01	05401 NORTHSIDE IMAGING	0.353884		54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.450937		54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.261965		54.03
54.04	05404 NORTHSIDE RADIO	0.000000		54.04
54.05	05405 NORTHSIDE ADMIN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139460		55.00
56.00	05600 RADIOISOTOPE	1.619159		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970		57.00
57.01	05701 NORTHSIDE CT	0.059903		57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819		58.00
58.01	05801 NORTHSIDE MRI	0.129799		58.01
59.00	05900 CARDIAC CATHETERIZATION	0.039036		59.00
60.00	06000 LABORATORY	0.106625		60.00
60.01	06001 NORTHSIDE LAB	0.257277		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067		63.00
64.00	06400 INTRAVENOUS THERAPY	0.226504		64.00
65.00	06500 RESPIRATORY THERAPY	0.145937		65.00
66.00	06600 PHYSICAL THERAPY	0.169022		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185998		67.00
68.00	06800 SPEECH PATHOLOGY	0.268596		68.00
69.00	06900 ELECTROCARDIOLOGY	0.106600		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134606		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271905		73.00
74.00	07400 RENAL DIALYSIS	0.381425		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.141445		76.01
76.02	03140 RADIOLOGY	0.126513		76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.076752		76.03
76.97	07697 CARDIAC REHABILITATION	0.429054		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.262958		76.98
76.99	07699 LI THOTRI PSY	0.340147		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.329394		90.00
90.01	09001 CHILLY FAMILY PHYSICIANS	0.533230		90.01
90.03	09002 PHYSICIAN OFFICES	0.482825		90.03
90.06	09003 DIABETIC CARE CENTER	0.408510		90.06
90.07	09004 WOUND CARE CENTER	0.741184		90.07
91.00	09100 EMERGENCY	0.206357		91.00
92.00	09200 OBSERVATION BEDS	0.788454		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am	
		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		33,667,393	224,270	33,891,663	30.00	
31.00	03100 INTENSIVE CARE UNIT		15,510,816	15,615	15,526,431	31.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		513,408	0	513,408	34.00	
40.00	04000 SUBPROVIDER - I/PF		9,653,641	0	9,653,641	40.00	
41.00	04100 SUBPROVIDER - I/RF		5,595,111	27,038	5,622,149	41.00	
43.00	04300 NURSERY		1,589,221	0	1,589,221	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		28,661,591	76,938	28,738,529	50.00	
51.00	05100 RECOVERY ROOM		4,317,523	0	4,317,523	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,269,515	2,162	4,271,677	52.00	
53.00	05300 ANESTHESIOLOGY		3,397,086	0	3,397,086	53.00	
53.01	03950 PAIN CLINIC		471,719	0	471,719	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,991,135	1,078	10,992,213	54.00	
54.01	05401 NORTHSIDE IMAGING		675,261	0	675,261	54.01	
54.02	05402 NORTHSIDE MAMMOGRAPHY		595,213	0	595,213	54.02	
54.03	05403 NORTHSIDE ULTRASOUND		487,259	0	487,259	54.03	
54.04	05404 NORTHSIDE RADIO		0	0	0	54.04	
54.05	05405 NORTHSIDE ADMIN		0	0	0	54.05	
55.00	05500 RADIOLOGY-THERAPEUTIC		3,118,264	0	3,118,264	55.00	
56.00	05600 RADIOISOTOPE		45,840	0	45,840	56.00	
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC		921,164	0	921,164	56.01	
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN		1,607,011	0	1,607,011	57.00	
57.01	05701 NORTHSIDE CT		535,620	0	535,620	57.01	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,268,880	0	1,268,880	58.00	
58.01	05801 NORTHSIDE MRI		1,054,914	0	1,054,914	58.01	
59.00	05900 CARDIAC CATHETERIZATION		1,011,134	0	1,011,134	59.00	
60.00	06000 LABORATORY		17,355,659	0	17,355,659	60.00	
60.01	06001 NORTHSIDE LAB		21,611	0	21,611	60.01	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,766,768	0	1,766,768	63.00	
64.00	06400 INTRAVENOUS THERAPY		3,024,094	0	3,024,094	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,405,043	0	2,405,043	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,056,984	0	2,056,984	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,047,640	0	1,047,640	67.00	
68.00	06800 SPEECH PATHOLOGY	0	775,412	0	775,412	68.00	
69.00	06900 ELECTROCARDIOLOGY		646,229	0	646,229	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,266,782	20,495	1,287,277	70.00	
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS		850,066	0	850,066	71.00	
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS		12,582,702	0	12,582,702	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		23,679,654	0	23,679,654	73.00	
74.00	07400 RENAL DIALYSIS		550,660	0	550,660	74.00	
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		992,702	0	992,702	76.00	
76.01	03340 GASTROINTESTINAL SERVICES		2,056,498	0	2,056,498	76.01	
76.02	03140 RADIOLOGY		2,392,945	0	2,392,945	76.02	
76.03	03560 PULMONARY FUNCTION TESTING		270,058	0	270,058	76.03	
76.97	07697 CARDIAC REHABILITATION		458,739	0	458,739	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		757,971	0	757,971	76.98	
76.99	07699 LI THOTRI PSY		93,433	0	93,433	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		8,005,994	7,012	8,013,006	90.00	
90.01	09001 CHI LLI FAMILY PHYSICIANS		1,748,705	0	1,748,705	90.01	
90.03	09002 PHYSICIAN OFFICES		27,947,198	335,708	28,282,906	90.03	
90.06	09003 DIABETIC CARE CENTER		329,875	0	329,875	90.06	
90.07	09004 WOUND CARE CENTER		382,327	0	382,327	90.07	
91.00	09100 EMERGENCY		8,512,673	161,989	8,674,662	91.00	
92.00	09200 OBSERVATION BEDS		3,920,848	0	3,920,848	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00	
101.00	10100 HOME HEALTH AGENCY	8,990,575	8,990,575	0	8,990,575	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		2,832,928		2,832,928	116.00	
200.00	Subtotal (see instructions)		267,681,492	872,305	268,553,797	200.00	
201.00	Less Observation Beds		3,920,848		3,920,848	201.00	
202.00	Total (see instructions)		263,760,644	872,305	264,632,949	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am	
			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,864,369		60,864,369			30.00
31.00	03100	INTENSIVE CARE UNIT	47,125,162		47,125,162			31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,243,644		1,243,644			34.00
40.00	04000	SUBPROVIDER - I/PF	27,773,746		27,773,746			40.00
41.00	04100	SUBPROVIDER - I/RF	9,507,781		9,507,781			41.00
43.00	04300	NURSERY	4,317,766		4,317,766			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	51,940,222	90,076,725	142,016,947	0.201818	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,070,149	19,563,246	29,633,395	0.145698	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,389,335	830,725	12,220,060	0.349386	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	18,071,475	26,665,707	44,737,182	0.075934	0.000000	53.00
53.01	03950	PAIN CLINIC	256	2,457,318	2,457,574	0.191945	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,977,670	38,445,252	53,422,922	0.205738	0.000000	54.00
54.01	05401	NORTHSIDE IMAGING	3,647	1,904,497	1,908,144	0.353884	0.000000	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	515	1,319,433	1,319,948	0.450937	0.000000	54.02
54.03	05403	NORTHSIDE ULTRASOUND	6,020	1,853,993	1,860,013	0.261965	0.000000	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0.000000	0.000000	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0.000000	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	1,112,511	21,247,055	22,359,566	0.139460	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	28,311	28,311	1.619159	0.000000	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	119,723	4,972,552	5,092,275	0.180894	0.000000	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	17,633,609	44,244,971	61,878,580	0.025970	0.000000	57.00
57.01	05701	NORTHSIDE CT	44,570	8,896,848	8,941,418	0.059903	0.000000	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,308,918	14,890,089	20,199,007	0.062819	0.000000	58.00
58.01	05801	NORTHSIDE MRI	31,263	8,096,005	8,127,268	0.129799	0.000000	58.01
59.00	05900	CARDIAC CATHETERIZATION	10,619,548	15,283,047	25,902,595	0.039036	0.000000	59.00
60.00	06000	LABORATORY	49,552,195	113,220,616	162,772,811	0.106625	0.000000	60.00
60.01	06001	NORTHSIDE LAB	59	83,940	83,999	0.257277	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,095,793	1,145,716	6,241,509	0.283067	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	3,229,883	10,121,290	13,351,173	0.226504	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,415,690	4,064,303	16,479,993	0.145937	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,599,081	1,570,804	12,169,885	0.169022	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,523,128	109,407	5,632,535	0.185998	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,981,559	905,351	2,886,910	0.268596	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,409,111	3,653,101	6,062,212	0.106600	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	537,718	9,025,546	9,563,264	0.132463	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,083,482	23,942,557	58,026,039	0.014650	0.000000	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	32,283,788	18,879,979	51,163,767	0.245930	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,857,923	33,230,129	87,088,052	0.271905	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,443,690	0	1,443,690	0.381425	0.000000	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	330,922	2,287,462	2,618,384	0.379128	0.000000	76.00
76.01	03340	GASTROINTESTINAL SERVICES	4,373,974	10,165,264	14,539,238	0.141445	0.000000	76.01
76.02	03140	CARDIOLOGY	9,277,994	9,636,630	18,914,624	0.126513	0.000000	76.02
76.03	03560	PULMONARY FUNCTION TESTING	1,490,140	2,028,428	3,518,568	0.076752	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	66,368	1,002,819	1,069,187	0.429054	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,882,482	2,882,482	0.262958	0.000000	76.98
76.99	07699	LI THOTRI PSY	16,631	258,053	274,684	0.340147	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,861,736	18,464,743	24,326,479	0.329106	0.000000	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	3,279,459	3,279,459	0.533230	0.000000	90.01
90.03	09002	PHYSICIAN OFFICES	0	58,577,946	58,577,946	0.477094	0.000000	90.03
90.06	09003	DIABETIC CARE CENTER	116,723	690,785	807,508	0.048510	0.000000	90.06
90.07	09004	WOUND CARE CENTER	64,615	451,218	515,833	0.741184	0.000000	90.07
91.00	09100	EMERGENCY	11,191,348	30,845,874	42,037,222	0.202503	0.000000	91.00
92.00	09200	OBSERVATION BEDS	368,420	4,604,410	4,972,830	0.788454	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	0	7,360,079	7,360,079			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,842,492	3,842,492			116.00
200.00		Subtotal (see instructions)	538,333,870	677,106,657	1,215,440,527			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	538,333,870	677,106,657	1,215,440,527			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 8:58 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
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	0.202360		50.00
51.00	05100 RECOVERY ROOM	0.145698		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349563		52.00
53.00	05300 ANESTHESIOLOGY	0.075934		53.00
53.01	03950 PAIN CLINIC	0.191945		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205758		54.00
54.01	05401 NORTHSIDE IMAGING	0.353884		54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.450937		54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.261965		54.03
54.04	05404 NORTHSIDE CARDIO	0.000000		54.04
54.05	05405 NORTHSIDE ADMIN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139460		55.00
56.00	05600 RADIOISOTOPE	1.619159		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970		57.00
57.01	05701 NORTHSIDE CT	0.059903		57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819		58.00
58.01	05801 NORTHSIDE MRI	0.129799		58.01
59.00	05900 CARDIAC CATHETERIZATION	0.039036		59.00
60.00	06000 LABORATORY	0.106625		60.00
60.01	06001 NORTHSIDE LAB	0.257277		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067		63.00
64.00	06400 INTRAVENOUS THERAPY	0.226504		64.00
65.00	06500 RESPIRATORY THERAPY	0.145937		65.00
66.00	06600 PHYSICAL THERAPY	0.169022		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185998		67.00
68.00	06800 SPEECH PATHOLOGY	0.268596		68.00
69.00	06900 ELECTROCARDIOLOGY	0.106600		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134606		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271905		73.00
74.00	07400 RENAL DIALYSIS	0.381425		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.141445		76.01
76.02	03140 RADIOLOGY	0.126513		76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.076752		76.03
76.97	07697 CARDIAC REHABILITATION	0.429054		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.262958		76.98
76.99	07699 LI THOTRI PSY	0.340147		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.329394		90.00
90.01	09001 CHILLY FAMILY PHYSICIANS	0.533230		90.01
90.03	09002 PHYSICIAN OFFICES	0.482825		90.03
90.06	09003 DIABETIC CARE CENTER	0.408510		90.06
90.07	09004 WOUND CARE CENTER	0.741184		90.07
91.00	09100 EMERGENCY	0.206357		91.00
92.00	09200 OBSERVATION BEDS	0.788454		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Title XIX					Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,661,591	2,292,698	26,368,893	0	0	50.00
51.00	05100	RECOVERY ROOM	4,317,523	345,354	3,972,169	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,269,515	297,482	3,972,033	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,397,086	171,911	3,225,175	0	0	53.00
53.01	03950	PAIN CLINIC	471,719	37,740	433,979	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,991,135	1,473,638	9,517,497	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	675,261	190,540	484,721	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	595,213	162,946	432,267	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	487,259	120,001	367,258	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	3,118,264	924,907	2,193,357	0	0	55.00
56.00	05600	RADIOISOTOPE	45,840	11,666	34,174	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	921,164	447,633	473,531	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,607,011	160,815	1,446,196	0	0	57.00
57.01	05701	NORTHSIDE CT	535,620	146,400	389,220	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,268,880	379,833	889,047	0	0	58.00
58.01	05801	NORTHSIDE MRI	1,054,914	503,482	551,432	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	1,011,134	240,162	770,972	0	0	59.00
60.00	06000	LABORATORY	17,355,659	867,353	16,488,306	0	0	60.00
60.01	06001	NORTHSIDE LAB	21,611	223	21,388	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,766,768	9,382	1,757,386	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,024,094	216,137	2,807,957	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,405,043	141,709	2,263,334	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,056,984	114,127	1,942,857	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,047,640	48,694	998,946	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	775,412	41,510	733,902	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	646,229	40,912	605,317	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,266,782	181,156	1,085,626	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	850,066	11,150	838,916	0	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	12,582,702	90,110	12,492,592	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,679,654	340,508	23,339,146	0	0	73.00
74.00	07400	RENAL DIALYSIS	550,660	34,413	516,247	0	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	992,702	82,222	910,480	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	2,056,498	277,403	1,779,095	0	0	76.01
76.02	03140	CARDIOLOGY	2,392,945	370,328	2,022,617	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	270,058	16,746	253,312	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	458,739	24,115	434,624	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	757,971	4,983	752,988	0	0	76.98
76.99	07699	LI THOTRI PSY	93,433	496	92,937	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,005,994	550,724	7,455,270	0	0	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	1,748,705	101,760	1,646,945	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	27,947,198	2,129,327	25,817,871	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	329,875	16,640	313,235	0	0	90.06
90.07	09004	WOUND CARE CENTER	382,327	27,071	355,256	0	0	90.07
91.00	09100	EMERGENCY	8,512,673	458,989	8,053,684	0	0	91.00
92.00	09200	OBSERVATION BEDS	3,920,848	198,995	3,721,853	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	8,990,575	74,721	8,915,854	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,832,928	27,338	2,805,590	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	201,151,902	14,406,450	186,745,452	0	0	200.00
201.00		Less Observation Beds	3,920,848	198,995	3,721,853	0	0	201.00
202.00		Total (line 200 minus line 201)	197,231,054	14,207,455	183,023,599	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	28,661,591	142,016,947	0.201818		50.00
51.00	05100 RECOVERY ROOM	4,317,523	29,633,395	0.145698		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,269,515	12,220,060	0.349386		52.00
53.00	05300 ANESTHESIOLOGY	3,397,086	44,737,182	0.075934		53.00
53.01	03950 PAIN CLINIC	471,719	2,457,574	0.191945		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,991,135	53,422,922	0.205738		54.00
54.01	05401 NORTHSIDE IMAGING	675,261	1,908,144	0.353884		54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	595,213	1,319,948	0.450937		54.02
54.03	05403 NORTHSIDE ULTRASOUND	487,259	1,860,013	0.261965		54.03
54.04	05404 NORTHSIDE RADIO	0	0	0.000000		54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	3,118,264	22,359,566	0.139460		55.00
56.00	05600 RADIOISOTOPE	45,840	28,311	1.619159		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	921,164	5,092,275	0.180894		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,607,011	61,878,580	0.025970		57.00
57.01	05701 NORTHSIDE CT	535,620	8,941,418	0.059903		57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,268,880	20,199,007	0.062819		58.00
58.01	05801 NORTHSIDE MRI	1,054,914	8,127,268	0.129799		58.01
59.00	05900 CARDIAC CATHETERIZATION	1,011,134	25,902,595	0.039036		59.00
60.00	06000 LABORATORY	17,355,659	162,772,811	0.106625		60.00
60.01	06001 NORTHSIDE LAB	21,611	83,999	0.257277		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,766,768	6,241,509	0.283067		63.00
64.00	06400 INTRAVENOUS THERAPY	3,024,094	13,351,173	0.226504		64.00
65.00	06500 RESPIRATORY THERAPY	2,405,043	16,479,993	0.145937		65.00
66.00	06600 PHYSICAL THERAPY	2,056,984	12,169,885	0.169022		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,047,640	5,632,535	0.185998		67.00
68.00	06800 SPEECH PATHOLOGY	775,412	2,886,910	0.268596		68.00
69.00	06900 ELECTROCARDIOLOGY	646,229	6,062,212	0.106600		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,266,782	9,563,264	0.132463		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	850,066	58,026,039	0.014650		71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	12,582,702	51,163,767	0.245930		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,679,654	87,088,052	0.271905		73.00
74.00	07400 RENAL DIALYSIS	550,660	1,443,690	0.381425		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	992,702	2,618,384	0.379128		76.00
76.01	03340 GASTROINTESTINAL SERVICES	2,056,498	14,539,238	0.141445		76.01
76.02	03140 RADIOLOGY	2,392,945	18,914,624	0.126513		76.02
76.03	03560 PULMONARY FUNCTION TESTING	270,058	3,518,568	0.076752		76.03
76.97	07697 CARDIAC REHABILITATION	458,739	1,069,187	0.429054		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	757,971	2,882,482	0.262958		76.98
76.99	07699 LI THOTRI PSY	93,433	274,684	0.340147		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	8,005,994	24,326,479	0.329106		90.00
90.01	09001 CHILDFAMILY PHYSICIANS	1,748,705	3,279,459	0.533230		90.01
90.03	09002 PHYSICIAN OFFICES	27,947,198	58,577,946	0.477094		90.03
90.06	09003 DIABETIC CARE CENTER	329,875	807,508	0.408510		90.06
90.07	09004 WOUND CARE CENTER	382,327	515,833	0.741184		90.07
91.00	09100 EMERGENCY	8,512,673	42,037,222	0.202503		91.00
92.00	09200 OBSERVATION BEDS	3,920,848	4,972,830	0.788454		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
101.00	10100 HOME HEALTH AGENCY	8,990,575	7,360,079	1.221532		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
116.00	11600 HOSPICE	2,832,928	3,842,492	0.737263		116.00
200.00	Subtotal (sum of lines 50 thru 199)	201,151,902	1,064,608,059			200.00
201.00	Less Observation Beds	3,920,848	0			201.00
202.00	Total (line 200 minus line 201)	197,231,054	1,064,608,059			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	1,720,109	0	1,720,109	46,971	36.62	30.00
31.00 INTENSIVE CARE UNIT	1,038,514		1,038,514	2,794	371.69	31.00
34.00 SURGICAL INTENSIVE CARE UNIT	17,665		17,665	2,810	6.29	34.00
40.00 SUBPROVIDER - IPF	600,896	0	600,896	14,043	42.79	40.00
41.00 SUBPROVIDER - IRF	423,934	0	423,934	7,827	54.16	41.00
43.00 NURSERY	74,810		74,810	4,096	18.26	43.00
200.00 Total (Lines 30-199)	3,875,928		3,875,928	78,541		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	17,084	625,616				30.00
31.00 INTENSIVE CARE UNIT	2,735	1,016,572				31.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 SUBPROVIDER - IPF	3,597	153,916				40.00
41.00 SUBPROVIDER - IRF	6,078	329,184				41.00
43.00 NURSERY	0	0				43.00
200.00 Total (Lines 30-199)	29,494	2,125,288				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am	
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	2,292,698	142,016,947	0.016144	23,811,117	384,407	50.00
51.00	05100 RECOVERY ROOM	345,354	29,633,395	0.011654	3,119,015	36,349	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	39,981	973	52.00
53.00	05300 ANESTHESIOLOGY	171,911	44,737,182	0.003843	5,857,903	22,512	53.00
53.01	03950 PAIN CLINIC	37,740	2,457,574	0.015357	256	4	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	7,594,577	209,489	54.00
54.01	05401 NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	496,446	20,535	55.00
56.00	05600 RADIOISOTOPE	11,666	28,311	0.412066	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	50,864	4,471	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	8,899,302	23,129	57.00
57.01	05701 NORTHSIDE CT	146,400	8,941,418	0.016373	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	2,227,473	41,888	58.00
58.01	05801 NORTHSIDE MRI	503,482	8,127,268	0.061950	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	4,329,210	40,140	59.00
60.00	06000 LABORATORY	867,353	162,772,811	0.005329	20,977,361	111,788	60.00
60.01	06001 NORTHSIDE LAB	223	83,999	0.002655	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	2,662,394	4,002	63.00
64.00	06400 INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	1,340,036	21,694	64.00
65.00	06500 RESPIRATORY THERAPY	141,709	16,479,993	0.008599	6,098,758	52,443	65.00
66.00	06600 PHYSICAL THERAPY	114,127	12,169,885	0.009378	2,555,819	23,968	66.00
67.00	06700 OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	765,943	6,622	67.00
68.00	06800 SPEECH PATHOLOGY	41,510	2,886,910	0.014379	558,760	8,034	68.00
69.00	06900 ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	1,205,845	8,138	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	196,838	3,729	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	18,349,618	3,523	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	13,610,405	23,968	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	19,404,619	75,872	73.00
74.00	07400 RENAL DIALYSIS	34,413	1,443,690	0.023837	773,790	18,445	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	2,322,878	44,321	76.01
76.02	03140 RADIOLOGY	370,328	18,914,624	0.019579	4,670,248	91,439	76.02
76.03	03560 PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	664,909	3,164	76.03
76.97	07697 CARDIAC REHABILITATION	24,115	1,069,187	0.022555	21,363	482	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	4,983	2,882,482	0.001729	0	0	76.98
76.99	07699 LI THOTRI PSY	496	274,684	0.001806	16,631	30	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	550,724	24,326,479	0.022639	423,042	9,577	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	16,640	807,508	0.020607	0	0	90.06
90.07	09004 WOUND CARE CENTER	27,071	515,833	0.052480	0	0	90.07
91.00	09100 EMERGENCY	458,989	42,037,222	0.010919	4,620,020	50,446	91.00
92.00	09200 OBSERVATION BEDS	198,995	4,972,830	0.040016	368,420	14,743	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	14,304,391	1,053,405,488		158,033,841	1,360,325	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/26/2015 8:58 am	
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	6,494,858	0	0	0	6,494,858	30.00
31.00	03100	INTENSIVE CARE UNIT	211,096	0	0	0	211,096	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64,926	0	0	0	64,926	34.00
40.00	04000	SUBPROVIDER - I PF	81,073	0	0	0	81,073	40.00
41.00	04100	SUBPROVIDER - I RF	189,850	0	0	0	189,850	41.00
43.00	04300	NURSERY	18,101	0	0	0	18,101	43.00
200.00		Total (lines 30-199)	7,059,904	0	0	0	7,059,904	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,971	138.27	17,084	2,362,205		30.00
31.00	03100	INTENSIVE CARE UNIT	2,794	75.55	2,735	206,629		31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,810	23.11	0	0		34.00
40.00	04000	SUBPROVIDER - I PF	14,043	5.77	3,597	20,755		40.00
41.00	04100	SUBPROVIDER - I RF	7,827	24.26	6,078	147,452		41.00
43.00	04300	NURSERY	4,096	4.42	0	0		43.00
200.00		Total (lines 30-199)	78,541		29,494	2,737,041		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Title XVIII				Hospital		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,951	0	0	18,951	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	183,647	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,360	0	0	1,360	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	11,898	0	0	11,898	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,040	0	0	2,040	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								
90.00	09000	CLINIC	0	510	0	0	510	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	32,208	0	0	32,208	90.07
91.00	09100	EMERGENCY	0	10,113	0	0	10,113	91.00
92.00	09200	OBSERVATION BEDS	0	751,376	0	0	751,376	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	1,012,103	0	0	1,012,103	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,951	142,016,947	0.000133	0.000133	23,811,117	50.00
51.00	05100 RECOVERY ROOM	0	29,633,395	0.000000	0.000000	3,119,015	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	39,981	52.00
53.00	05300 ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	5,857,903	53.00
53.01	03950 PAIN CLINIC	0	2,457,574	0.000000	0.000000	256	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	7,594,577	54.00
54.01	05401 NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0	54.03
54.04	05404 NORTHSIDE RADIO	0	0	0.000000	0.000000	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	496,446	55.00
56.00	05600 RADIO SOTOPE	0	28,311	0.000000	0.000000	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	50,864	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	8,899,302	57.00
57.01	05701 NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	2,227,473	58.00
58.01	05801 NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	4,329,210	59.00
60.00	06000 LABORATORY	0	162,772,811	0.000000	0.000000	20,977,361	60.00
60.01	06001 NORTHSIDE LAB	0	83,999	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	2,662,394	63.00
64.00	06400 INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	1,340,036	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	6,098,758	65.00
66.00	06600 PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	2,555,819	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	765,943	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	558,760	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	1,205,845	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	196,838	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	18,349,618	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	13,610,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	19,404,619	73.00
74.00	07400 RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	773,790	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	2,322,878	76.01
76.02	03140 RADIOLOGY	0	18,914,624	0.000000	0.000000	4,670,248	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	664,909	76.03
76.97	07697 CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	21,363	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	274,684	0.000000	0.000000	16,631	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	510	24,326,479	0.000021	0.000021	423,042	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0	90.06
90.07	09004 WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0	90.07
91.00	09100 EMERGENCY	10,113	42,037,222	0.000241	0.000241	4,620,020	91.00
92.00	09200 OBSERVATION BEDS	751,376	4,972,830	0.151096	0.151096	368,420	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	1,012,103	1,053,405,488			158,033,841	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
	Title XVIII	Hospital	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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	3,167	20,548,466	2,733	50.00
51.00 05100 RECOVERY ROOM	0	3,645,314	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	601	1,521	23	52.00
53.00 05300 ANESTHESIOLOGY	0	5,362,895	0	53.00
53.01 03950 PAIN CLINIC	0	822,981	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,532,915	0	54.00
54.01 05401 NORTHSIDE IMAGING	0	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	0	54.03
54.04 05404 NORTHSIDE CARDIO	0	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	7,699,409	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,662,705	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	15,934,954	0	57.00
57.01 05701 NORTHSIDE CT	0	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,684,676	0	58.00
58.01 05801 NORTHSIDE MRI	0	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	0	6,651,066	0	59.00
60.00 06000 LABORATORY	0	7,580,231	0	60.00
60.01 06001 NORTHSIDE LAB	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	590,590	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	2,140,688	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,555,963	0	65.00
66.00 06600 PHYSICAL THERAPY	0	567	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	1,148,533	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,945,685	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	6,444,682	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	6,728,090	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,495,263	0	73.00
74.00 07400 RENAL DIALYSIS	729	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	82,756	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	1,900	2,153,315	1,761	76.01
76.02 03140 RADIOLOGY	0	4,255,122	0	76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	644,754	0	76.03
76.97 07697 CARDIAC REHABILITATION	41	378,194	722	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	26,446	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	9	4,460,052	94	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	0	90.01
90.03 09002 PHYSICIAN OFFICES	0	0	0	90.03
90.06 09003 DIABETIC CARE CENTER	0	0	0	90.06
90.07 09004 WOUND CARE CENTER	0	0	0	90.07
91.00 09100 EMERGENCY	1,113	5,360,001	1,292	91.00
92.00 09200 OBSERVATION BEDS	55,667	1,016,119	153,532	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	63,227	136,553,953	160,157	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.201818	20,548,466	0	0	4,147,050	50.00
51.00	05100 RECOVERY ROOM	0.145698	3,645,314	0	0	531,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349386	1,521	0	0	531	52.00
53.00	05300 ANESTHESIOLOGY	0.075934	5,362,895	0	0	407,226	53.00
53.01	03950 PAIN CLINIC	0.191945	822,981	0	0	157,967	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205738	11,532,915	0	0	2,372,759	54.00
54.01	05401 NORTHSIDE IMAGING	0.353884	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.450937	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.261965	0	0	0	0	54.03
54.04	05404 NORTHSIDE RADIO	0.000000	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139460	7,699,409	0	0	1,073,760	55.00
56.00	05600 RADIOISOTOPE	1.619159	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	1,662,705	0	0	300,773	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	15,934,954	0	0	413,831	57.00
57.01	05701 NORTHSIDE CT	0.059903	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819	5,684,676	0	0	357,106	58.00
58.01	05801 NORTHSIDE MRI	0.129799	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.039036	6,651,066	0	0	259,631	59.00
60.00	06000 LABORATORY	0.106625	7,580,231	1,527	0	808,242	60.00
60.01	06001 NORTHSIDE LAB	0.257277	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067	590,590	0	0	167,177	63.00
64.00	06400 INTRAVENOUS THERAPY	0.226504	2,140,688	0	0	484,874	64.00
65.00	06500 RESPIRATORY THERAPY	0.145937	1,555,963	0	0	227,073	65.00
66.00	06600 PHYSICAL THERAPY	0.169022	567	0	0	96	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185998	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.268596	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106600	1,148,533	0	0	122,434	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132463	1,945,685	0	0	257,731	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	6,444,682	1,560	0	94,415	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	6,728,090	236,304	0	1,654,639	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271905	10,495,263	0	58,867	2,853,714	73.00
74.00	07400 RENAL DIALYSIS	0.381425	0	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	82,756	0	0	31,375	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.141445	2,153,315	0	0	304,576	76.01
76.02	03140 RADIOLOGY	0.126513	4,255,122	0	0	538,328	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.076752	644,754	0	0	49,486	76.03
76.97	07697 CARDIAC REHABILITATION	0.429054	378,194	0	0	162,266	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.262958	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0.340147	26,446	0	0	8,996	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.329106	4,460,052	0	0	1,467,830	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0.533230	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0.477094	0	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0.408510	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.741184	0	0	0	0	90.07
91.00	09100 EMERGENCY	0.202503	5,360,001	0	0	1,085,416	91.00
92.00	09200 OBSERVATION BEDS	0.788454	1,016,119	0	0	801,163	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		136,553,953	239,391	58,867	21,141,580	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)		136,553,953	239,391	58,867	21,141,580	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 03950 PAIN CLINIC	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NORTHSIDE IMAGING	0	0		54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0		54.03
54.04 05404 NORTHSIDE RADIO	0	0		54.04
54.05 05405 NORTHSIDE ADMIN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01 05701 NORTHSIDE CT	0	0		57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01 05801 NORTHSIDE MRI	0	0		58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	163	0		60.00
60.01 06001 NORTHSIDE LAB	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	23	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	58,114	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,006		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.02 03140 RADIOLOGY	0	0		76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0		76.03
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				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03 09002 PHYSICIAN OFFICES	0	0		90.03
90.06 09003 DIABETIC CARE CENTER	0	0		90.06
90.07 09004 WOUND CARE CENTER	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	58,300	16,006		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	58,300	16,006		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am	
		Component CCN: 14S209		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	2,292,698	142,016,947	0.016144	9,169	148
51.00	05100	RECOVERY ROOM	345,354	29,633,395	0.011654	127,730	1,489
52.00	05200	DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	0	0
53.00	05300	ANESTHESIOLOGY	171,911	44,737,182	0.003843	224,950	864
53.01	03950	PAIN CLINIC	37,740	2,457,574	0.015357	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	78,413	2,163
54.01	05401	NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	0
54.03	05403	NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	0
54.04	05404	NORTHSIDE CARDIO	0	0	0.000000	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	0	0
56.00	05600	RADIOISOTOPE	11,666	28,311	0.412066	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	159,881	416
57.01	05701	NORTHSIDE CT	146,400	8,941,418	0.016373	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	53,416	1,004
58.01	05801	NORTHSIDE MRI	503,482	8,127,268	0.061950	0	0
59.00	05900	CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	0	0
60.00	06000	LABORATORY	867,353	162,772,811	0.005329	577,060	3,075
60.01	06001	NORTHSIDE LAB	223	83,999	0.002655	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	0	0
64.00	06400	INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	18,743	303
65.00	06500	RESPIRATORY THERAPY	141,709	16,479,993	0.008599	192,927	1,659
66.00	06600	PHYSICAL THERAPY	114,127	12,169,885	0.009378	43,648	409
67.00	06700	OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	17,134	148
68.00	06800	SPEECH PATHOLOGY	41,510	2,886,910	0.014379	1,316	19
69.00	06900	ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	45,128	305
70.00	07000	ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	6,200	117
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	87,170	17
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	449,123	1,756
74.00	07400	RENAL DIALYSIS	34,413	1,443,690	0.023837	11,450	273
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	145,460	4,568
76.01	03340	GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	6,453	123
76.02	03140	CARDIOLOGY	370,328	18,914,624	0.019579	19,390	380
76.03	03560	PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	2,455	12
76.97	07697	CARDIAC REHABILITATION	24,115	1,069,187	0.022555	123	3
76.98	07698	HYPERBARI C OXYGEN THERAPY	4,983	2,882,482	0.001729	0	0
76.99	07699	LITHOTRIPSY	496	274,684	0.001806	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	550,724	24,326,479	0.022639	3,032	69
90.01	09001	CHILD FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	0
90.03	09002	PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	0
90.06	09003	DIABETIC CARE CENTER	16,640	807,508	0.020607	0	0
90.07	09004	WOUND CARE CENTER	27,071	515,833	0.052480	0	0
91.00	09100	EMERGENCY	458,989	42,037,222	0.010919	397,041	4,335
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50-199)	14,105,396	1,053,405,488		2,677,412	23,655

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am				
		Title XVIII		Subprovider - IPF	PPS			
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,951	0	0	18,951	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	183,647	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,360	0	0	1,360	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	11,898	0	0	11,898	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,040	0	0	2,040	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								
90.00	09000	CLINIC	0	510	0	0	510	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	32,208	0	0	32,208	90.07
91.00	09100	EMERGENCY	0	10,113	0	0	10,113	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	260,727	0	0	260,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209 Component CCN: 14S209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am	
		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	18,951	142,016,947	0.000133	0.000133	9,169	50.00
51.00	05100 RECOVERY ROOM	0	29,633,395	0.000000	0.000000	127,730	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	0	52.00
53.00	05300 ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	224,950	53.00
53.01	03950 PAIN CLINIC	0	2,457,574	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	78,413	54.00
54.01	05401 NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0.000000	0.000000	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	28,311	0.000000	0.000000	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	159,881	57.00
57.01	05701 NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	53,416	58.00
58.01	05801 NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	162,772,811	0.000000	0.000000	577,060	60.00
60.01	06001 NORTHSIDE LAB	0	83,999	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	18,743	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	192,927	65.00
66.00	06600 PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	43,648	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	17,134	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	1,316	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	45,128	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	6,200	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	87,170	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	449,123	73.00
74.00	07400 RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	11,450	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	145,460	76.00
76.01	03340 GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	6,453	76.01
76.02	03140 RADIOLOGY	0	18,914,624	0.000000	0.000000	19,390	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	2,455	76.03
76.97	07697 CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	123	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	274,684	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	510	24,326,479	0.000021	0.000021	3,032	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0	90.06
90.07	09004 WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0	90.07
91.00	09100 EMERGENCY	10,113	42,037,222	0.000241	0.000241	397,041	91.00
92.00	09200 OBSERVATION BEDS	0	4,972,830	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	260,727	1,053,405,488			2,677,412	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	73.00
74.00	07400 RENAL DIALYSIS	11	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,053	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	5	0	0	76.01
76.02	03140 RADIOLOGY	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	76.03
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					
90.00	09000 CLINIC	0	1,382	0	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	96	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	113	2,435	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
		Component CCN: 14S209	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 Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.201818	0	0	0	0
51.00 05100 RECOVERY ROOM	0.145698	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349386	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.075934	0	0	0	0
53.01 03950 PAIN CLINIC	0.191945	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.205738	0	0	0	0
54.01 05401 NORTHSIDE IMAGING	0.353884	0	0	0	0
54.02 05402 NORTHSIDE MAMMOGRAPHY	0.450937	0	0	0	0
54.03 05403 NORTHSIDE ULTRASOUND	0.261965	0	0	0	0
54.04 05404 NORTHSIDE RADIO	0.000000	0	0	0	0
54.05 05405 NORTHSIDE ADMIN	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.139460	0	0	0	0
56.00 05600 RADIOISOTOPE	1.619159	0	0	0	0
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	0	0	0	0
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	0	0	0	0
57.01 05701 NORTHSIDE CT	0.059903	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819	0	0	0	0
58.01 05801 NORTHSIDE MRI	0.129799	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.039036	0	0	0	0
60.00 06000 LABORATORY	0.106625	0	0	0	0
60.01 06001 NORTHSIDE LAB	0.257277	0	0	0	0
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.226504	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.145937	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.169022	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.185998	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.268596	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.106600	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.132463	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	0	0	0	0
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.271905	0	0	114	0
74.00 07400 RENAL DIALYSIS	0.381425	0	0	0	0
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	1,053	0	0	399
76.01 03340 GASTROINTESTINAL SERVICES	0.141445	0	0	0	0
76.02 03140 RADIOLOGY	0.126513	0	0	0	0
76.03 03560 PULMONARY FUNCTION TESTING	0.076752	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.429054	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.262958	0	0	0	0
76.99 07699 LI THOTRIPSY	0.340147	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.329106	1,382	0	0	455
90.01 09001 CHILLI FAMILY PHYSICIANS	0.533230	0	0	0	0
90.03 09002 PHYSICIAN OFFICES	0.477094	0	0	0	0
90.06 09003 DIABETIC CARE CENTER	0.408510	0	0	0	0
90.07 09004 WOUND CARE CENTER	0.741184	0	0	0	0
91.00 09100 EMERGENCY	0.202503	0	0	0	0
92.00 09200 OBSERVATION BEDS	0.788454	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		2,435	0	114	854
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		2,435	0	114	854

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 03950 PAIN CLINIC	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NORTHSIDE IMAGING	0	0		54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0		54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0		54.03
54.04 05404 NORTHSIDE RADIO	0	0		54.04
54.05 05405 NORTHSIDE ADMIN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
57.01 05701 NORTHSIDE CT	0	0		57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
58.01 05801 NORTHSIDE MRI	0	0		58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 NORTHSIDE LAB	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	31		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0		76.01
76.02 03140 RADIOLOGY	0	0		76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0		76.03
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				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0		90.01
90.03 09002 PHYSICIAN OFFICES	0	0		90.03
90.06 09003 DIABETIC CARE CENTER	0	0		90.06
90.07 09004 WOUND CARE CENTER	0	0		90.07
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	31		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	31		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am	
		Component CCN: 14T209		Title XVIII		Subprovider - IRF	
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	2,292,698	142,016,947	0.016144	141,675	2,287
51.00	05100	RECOVERY ROOM	345,354	29,633,395	0.011654	16,841	196
52.00	05200	DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	0	0
53.00	05300	ANESTHESIOLOGY	171,911	44,737,182	0.003843	33,970	131
53.01	03950	PAIN CLINIC	37,740	2,457,574	0.015357	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	390,822	10,780
54.01	05401	NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	0
54.02	05402	NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	0
54.03	05403	NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	0
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	0
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	54,130	2,239
56.00	05600	RADIOISOTOPE	11,666	28,311	0.412066	0	0
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	7,241	637
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	272,332	708
57.01	05701	NORTHSIDE CT	146,400	8,941,418	0.016373	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	155,558	2,925
58.01	05801	NORTHSIDE MRI	503,482	8,127,268	0.061950	0	0
59.00	05900	CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	0	0
60.00	06000	LABORATORY	867,353	162,772,811	0.005329	1,586,006	8,452
60.01	06001	NORTHSIDE LAB	223	83,999	0.002655	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	81,174	122
64.00	06400	INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	16,370	265
65.00	06500	RESPIRATORY THERAPY	141,709	16,479,993	0.008599	712,434	6,126
66.00	06600	PHYSICAL THERAPY	114,127	12,169,885	0.009378	3,679,923	34,510
67.00	06700	OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	3,320,238	28,703
68.00	06800	SPEECH PATHOLOGY	41,510	2,886,910	0.014379	492,079	7,076
69.00	06900	ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	45,683	308
70.00	07000	ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	9,920	188
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	834,051	160
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	43,972	77
73.00	07300	DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	1,313,203	5,135
74.00	07400	RENAL DIALYSIS	34,413	1,443,690	0.023837	87,450	2,085
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	0	0
76.01	03340	GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	45,780	873
76.02	03140	CARDIOLOGY	370,328	18,914,624	0.019579	62,227	1,218
76.03	03560	PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	29,986	143
76.97	07697	CARDIAC REHABILITATION	24,115	1,069,187	0.022555	5,604	126
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,983	2,882,482	0.001729	0	0
76.99	07699	LITHOTRIPSY	496	274,684	0.001806	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	550,724	24,326,479	0.022639	22,111	501
90.01	09001	CHILD FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	0
90.03	09002	PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	0
90.06	09003	DIABETIC CARE CENTER	16,640	807,508	0.020607	0	0
90.07	09004	WOUND CARE CENTER	27,071	515,833	0.052480	0	0
91.00	09100	EMERGENCY	458,989	42,037,222	0.010919	18,799	205
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50-199)	14,105,396	1,053,405,488		13,479,579	116,176

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140209
Component CCN: 14T209

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part IV
Date/Time Prepared:
5/26/2015 8:58 am

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	18,951	0	0	18,951	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	183,647	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404 NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	1,360	0	0	1,360	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	11,898	0	0	11,898	76.01
76.02	03140 RADIOLOGY	0	0	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	2,040	0	0	2,040	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							
90.00	09000 CLINIC	0	510	0	0	510	90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	32,208	0	0	32,208	90.07
91.00	09100 EMERGENCY	0	10,113	0	0	10,113	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	260,727	0	0	260,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209 Component CCN: 14T209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am		
				Title XVIII		Subprovider - IRF		
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	18,951	142,016,947	0.000133	0.000133	141,675	50.00
51.00	05100	RECOVERY ROOM	0	29,633,395	0.000000	0.000000	16,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	0	52.00
53.00	05300	ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	33,970	53.00
53.01	03950	PAIN CLINIC	0	2,457,574	0.000000	0.000000	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	390,822	54.00
54.01	05401	NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	54,130	55.00
56.00	05600	RADIOISOTOPE	0	28,311	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	7,241	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	272,332	57.00
57.01	05701	NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	155,558	58.00
58.01	05801	NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	162,772,811	0.000000	0.000000	1,586,006	60.00
60.01	06001	NORTHSIDE LAB	0	83,999	0.000000	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	81,174	63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	16,370	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	712,434	65.00
66.00	06600	PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	3,679,923	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	3,320,238	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	492,079	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	45,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	9,920	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	834,051	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	43,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	1,313,203	73.00
74.00	07400	RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	87,450	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	45,780	76.01
76.02	03140	CARDIOLOGY	0	18,914,624	0.000000	0.000000	62,227	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	29,986	76.03
76.97	07697	CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	5,604	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	274,684	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	510	24,326,479	0.000021	0.000021	22,111	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0	90.06
90.07	09004	WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0	90.07
91.00	09100	EMERGENCY	10,113	42,037,222	0.000241	0.000241	18,799	91.00
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	260,727	1,053,405,488			13,479,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	19	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	73.00
74.00	07400 RENAL DIALYSIS	82	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	37	0	0	76.01
76.02	03140 RADIOLOGY	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	11	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					
90.00	09000 CLINIC	0	560	0	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	5	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	154	560	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
		Component CCN: 14T209	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.201818	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.145698	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.349386	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.075934	0	0	0	0	53.00
53.01 03950 PAIN CLINIC	0.191945	0	0	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.205738	0	0	0	0	54.00
54.01 05401 NORTHSIDE IMAGING	0.353884	0	0	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0.450937	0	0	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	0.261965	0	0	0	0	54.03
54.04 05404 NORTHSIDE RADIO	0.000000	0	0	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0.000000	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0.139460	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1.619159	0	0	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	0	0	0	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	0	0	0	0	57.00
57.01 05701 NORTHSIDE CT	0.059903	0	0	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819	0	0	0	0	58.00
58.01 05801 NORTHSIDE MRI	0.129799	0	0	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	0.039036	0	0	0	0	59.00
60.00 06000 LABORATORY	0.106625	0	0	0	0	60.00
60.01 06001 NORTHSIDE LAB	0.257277	0	0	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.226504	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.145937	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.169022	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.185998	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.268596	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.106600	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.132463	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	0	0	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.271905	0	0	2,316	0	73.00
74.00 07400 RENAL DIALYSIS	0.381425	0	0	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	0	0	0	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	0.141445	0	0	0	0	76.01
76.02 03140 RADIOLOGY	0.126513	0	0	0	0	76.02
76.03 03560 PULMONARY FUNCTION TESTING	0.076752	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0.429054	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.262958	0	0	0	0	76.98
76.99 07699 LIOTHOTRIpsy	0.340147	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.329106	560	0	0	184	90.00
90.01 09001 CHI LLI FAMILY PHYSICIANS	0.533230	0	0	0	0	90.01
90.03 09002 PHYSICIAN OFFICES	0.477094	0	0	0	0	90.03
90.06 09003 DIABETIC CARE CENTER	0.408510	0	0	0	0	90.06
90.07 09004 WOUND CARE CENTER	0.741184	0	0	0	0	90.07
91.00 09100 EMERGENCY	0.202503	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0.788454	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	560	0	2,316	184	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 +/- line 201)	560	0	2,316	184	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 8:58 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
53.01 03950 PAIN CLINIC	0	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 NORTHSIDE IMAGING	0	0	54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	0	54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	0	54.03
54.04 05404 NORTHSIDE RADIO	0	0	54.04
54.05 05405 NORTHSIDE ADMIN	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
57.01 05701 NORTHSIDE CT	0	0	57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
58.01 05801 NORTHSIDE MRI	0	0	58.01
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 NORTHSIDE LAB	0	0	60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	630	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.00
76.01 03340 GASTROINTESTINAL SERVICES	0	0	76.01
76.02 03140 RADIOLOGY	0	0	76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	0	76.03
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			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 CHILLI FAMILY PHYSICIANS	0	0	90.01
90.03 09002 PHYSICIAN OFFICES	0	0	90.03
90.06 09003 DIABETIC CARE CENTER	0	0	90.06
90.07 09004 WOUND CARE CENTER	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	630	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	630	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 8:58 am
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,720,109	0	1,720,109	46,971	36.62	30.00
31.00	INTENSIVE CARE UNIT	1,038,514		1,038,514	2,794	371.69	31.00
34.00	SURGICAL INTENSIVE CARE UNIT	17,665		17,665	2,810	6.29	34.00
40.00	SUBPROVIDER - IPF	600,896	0	600,896	14,043	42.79	40.00
41.00	SUBPROVIDER - IRF	423,934	0	423,934	7,827	54.16	41.00
43.00	NURSERY	74,810		74,810	4,096	18.26	43.00
200.00	Total (Lines 30-199)	3,875,928		3,875,928	78,541		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,344	378,797				
31.00	INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	63	396				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	436	23,614				
43.00	NURSERY	1,651	30,147				
200.00	Total (Lines 30-199)	12,494	432,954				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XIX	
					Hospital	PPS
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,292,698	142,016,947	0.016144	0	0 50.00
51.00	05100 RECOVERY ROOM	345,354	29,633,395	0.011654	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	0	0 52.00
53.00	05300 ANESTHESIOLOGY	171,911	44,737,182	0.003843	0	0 53.00
53.01	03950 PAIN CLINIC	37,740	2,457,574	0.015357	0	0 53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	0	0 54.00
54.01	05401 NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	0 54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	0 54.02
54.03	05403 NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	0 54.03
54.04	05404 NORTHSIDE RADIO	0	0	0.000000	0	0 54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0	0 54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	0	0 55.00
56.00	05600 RADIOISOTOPE	11,666	28,311	0.412066	0	0 56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	0	0 56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	0	0 57.00
57.01	05701 NORTHSIDE CT	146,400	8,941,418	0.016373	0	0 57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	0	0 58.00
58.01	05801 NORTHSIDE MRI	503,482	8,127,268	0.061950	0	0 58.01
59.00	05900 CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	0	0 59.00
60.00	06000 LABORATORY	867,353	162,772,811	0.005329	0	0 60.00
60.01	06001 NORTHSIDE LAB	223	83,999	0.002655	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	141,709	16,479,993	0.008599	0	0 65.00
66.00	06600 PHYSICAL THERAPY	114,127	12,169,885	0.009378	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	41,510	2,886,910	0.014379	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	0	0 71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	0	0 73.00
74.00	07400 RENAL DIALYSIS	34,413	1,443,690	0.023837	0	0 74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	0	0 76.00
76.01	03340 GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	0	0 76.01
76.02	03140 RADIOLOGY	370,328	18,914,624	0.019579	0	0 76.02
76.03	03560 PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	0	0 76.03
76.97	07697 CARDIAC REHABILITATION	24,115	1,069,187	0.022555	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	4,983	2,882,482	0.001729	0	0 76.98
76.99	07699 LI THOTRI PSY	496	274,684	0.001806	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	550,724	24,326,479	0.022639	0	0 90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	0 90.01
90.03	09002 PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	0 90.03
90.06	09003 DIABETIC CARE CENTER	16,640	807,508	0.020607	0	0 90.06
90.07	09004 WOUND CARE CENTER	27,071	515,833	0.052480	0	0 90.07
91.00	09100 EMERGENCY	458,989	42,037,222	0.010919	0	0 91.00
92.00	09200 OBSERVATION BEDS	198,995	4,972,830	0.040016	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	14,304,391	1,053,405,488		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description	Title XIX			Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,494,858	0	0	6,494,858	30.00
31.00	03100	INTENSIVE CARE UNIT	211,096	0	0	211,096	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	64,926	0	0	64,926	34.00
40.00	04000	SUBPROVIDER - I PF	81,073	0	0	81,073	40.00
41.00	04100	SUBPROVIDER - I RF	189,850	0	0	189,850	41.00
43.00	04300	NURSERY	18,101	0	0	18,101	43.00
200.00		Total (lines 30-199)	7,059,904	0	0	7,059,904	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	6.00	7.00	8.00	9.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,971	138.27	10,344	1,430,265	30.00
31.00	03100	INTENSIVE CARE UNIT	2,794	75.55	0	0	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,810	23.11	63	1,456	34.00
40.00	04000	SUBPROVIDER - I PF	14,043	5.77	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	7,827	24.26	436	10,577	41.00
43.00	04300	NURSERY	4,096	4.42	1,651	7,297	43.00
200.00		Total (lines 30-199)	78,541		12,494	1,449,595	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Title XIX				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	18,951	0	0	0	18,951	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	0	183,647	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,360	0	0	0	1,360	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	11,898	0	0	0	11,898	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,040	0	0	0	2,040	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									
90.00	09000	CLINIC	0	510	0	0	0	510	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	32,208	0	0	0	32,208	90.07
91.00	09100	EMERGENCY	0	10,113	0	0	0	10,113	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	260,727	0	0	0	260,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, 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	18,951	142,016,947	0.000133	0.000133	0	50.00
51.00	05100 RECOVERY ROOM	0	29,633,395	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	0	52.00
53.00	05300 ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	0	53.00
53.01	03950 PAIN CLINIC	0	2,457,574	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0	54.03
54.04	05404 NORTHSIDE RADIO	0	0	0.000000	0.000000	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	0	55.00
56.00	05600 RADIO SOTOPE	0	28,311	0.000000	0.000000	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	0	57.00
57.01	05701 NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	0	58.00
58.01	05801 NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	162,772,811	0.000000	0.000000	0	60.00
60.01	06001 NORTHSIDE LAB	0	83,999	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	0	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	0	76.01
76.02	03140 RADIOLOGY	0	18,914,624	0.000000	0.000000	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	274,684	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	510	24,326,479	0.000021	0.000021	0	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0	90.06
90.07	09004 WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0	90.07
91.00	09100 EMERGENCY	10,113	42,037,222	0.000241	0.000241	0	91.00
92.00	09200 OBSERVATION BEDS	0	4,972,830	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	260,727	1,053,405,488			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
53.01	03950 PAIN CLINIC	0	0	0		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0		54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0		54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0		54.03
54.04	05404 NORTHSIDE RADIO	0	0	0		54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
57.01	05701 NORTHSIDE CT	0	0	0		57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
58.01	05801 NORTHSIDE MRI	0	0	0		58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 NORTHSIDE LAB	0	0	0		60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	0	0		76.01
76.02	03140 RADIOLOGY	0	0	0		76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0		76.03
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						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 CHILLI FAMILY PHYSICIANS	0	0	0		90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0		90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0		90.06
90.07	09004 WOUND CARE CENTER	0	0	0		90.07
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am	
		Component CCN: 14S209		Title XIX		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	2,292,698	142,016,947	0.016144	0	0 50.00
51.00	05100	RECOVERY ROOM	345,354	29,633,395	0.011654	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	0	0 52.00
53.00	05300	ANESTHESIOLOGY	171,911	44,737,182	0.003843	0	0 53.00
53.01	03950	PAIN CLINIC	37,740	2,457,574	0.015357	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	0	0 54.00
54.01	05401	NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	0 54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	0 54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	0	0 55.00
56.00	05600	RADIOISOTOPE	11,666	28,311	0.412066	0	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	0	0 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	0	0 57.00
57.01	05701	NORTHSIDE CT	146,400	8,941,418	0.016373	0	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	0	0 58.00
58.01	05801	NORTHSIDE MRI	503,482	8,127,268	0.061950	0	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	0	0 59.00
60.00	06000	LABORATORY	867,353	162,772,811	0.005329	0	0 60.00
60.01	06001	NORTHSIDE LAB	223	83,999	0.002655	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	141,709	16,479,993	0.008599	0	0 65.00
66.00	06600	PHYSICAL THERAPY	114,127	12,169,885	0.009378	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	41,510	2,886,910	0.014379	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	0	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	0	0 73.00
74.00	07400	RENAL DIALYSIS	34,413	1,443,690	0.023837	0	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	0	0 76.00
76.01	03340	GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	0	0 76.01
76.02	03140	CARDIOLOGY	370,328	18,914,624	0.019579	0	0 76.02
76.03	03560	PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	0	0 76.03
76.97	07697	CARDIAC REHABILITATION	24,115	1,069,187	0.022555	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,983	2,882,482	0.001729	0	0 76.98
76.99	07699	LITHOTRIPSY	496	274,684	0.001806	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	550,724	24,326,479	0.022639	0	0 90.00
90.01	09001	CHILD FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	0 90.01
90.03	09002	PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	0 90.03
90.06	09003	DIABETIC CARE CENTER	16,640	807,508	0.020607	0	0 90.06
90.07	09004	WOUND CARE CENTER	27,071	515,833	0.052480	0	0 90.07
91.00	09100	EMERGENCY	458,989	42,037,222	0.010919	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	14,105,396	1,053,405,488		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am				
		Title XIX		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	18,951	0	0	18,951	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	183,647	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,360	0	0	1,360	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	11,898	0	0	11,898	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,040	0	0	2,040	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	510	0	0	510	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	32,208	0	0	32,208	90.07
91.00	09100	EMERGENCY	0	10,113	0	0	10,113	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	260,727	0	0	260,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209 Component CCN: 14S209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am	
				Title XIX		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	18,951	142,016,947	0.000133	0.000133	0 50.00
51.00	05100	RECOVERY ROOM	0	29,633,395	0.000000	0.000000	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	0 52.00
53.00	05300	ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	0 53.00
53.01	03950	PAIN CLINIC	0	2,457,574	0.000000	0.000000	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	0 54.00
54.01	05401	NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0 54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0 54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0 54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0.000000	0 54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0.000000	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	0 55.00
56.00	05600	RADIOISOTOPE	0	28,311	0.000000	0.000000	0 56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	0 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	0 57.00
57.01	05701	NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0 57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	0 58.00
58.01	05801	NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0 58.01
59.00	05900	CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	0 59.00
60.00	06000	LABORATORY	0	162,772,811	0.000000	0.000000	0 60.00
60.01	06001	NORTHSIDE LAB	0	83,999	0.000000	0.000000	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	0 65.00
66.00	06600	PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	0 71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	0 73.00
74.00	07400	RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	0 74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	0 76.00
76.01	03340	GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	0 76.01
76.02	03140	CARDIOLOGY	0	18,914,624	0.000000	0.000000	0 76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	0 76.03
76.97	07697	CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0 76.98
76.99	07699	LITHOTRIPSY	0	274,684	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	510	24,326,479	0.000021	0.000021	0 90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0 90.01
90.03	09002	PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0 90.03
90.06	09003	DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0 90.06
90.07	09004	WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0 90.07
91.00	09100	EMERGENCY	10,113	42,037,222	0.000241	0.000241	0 91.00
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	260,727	1,053,405,488			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
Title XIX		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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	0	0	76.01
76.02	03140 RADIOLOGY	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	76.03
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					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 8:58 am			
		Component CCN: 14T209	Title XIX	Subprovider - IRF			
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	2,292,698	142,016,947	0.016144	0	50.00
51.00	05100	RECOVERY ROOM	345,354	29,633,395	0.011654	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	297,482	12,220,060	0.024344	0	52.00
53.00	05300	ANESTHESIOLOGY	171,911	44,737,182	0.003843	0	53.00
53.01	03950	PAIN CLINIC	37,740	2,457,574	0.015357	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,473,638	53,422,922	0.027584	0	54.00
54.01	05401	NORTHSIDE IMAGING	190,540	1,908,144	0.099856	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	162,946	1,319,948	0.123449	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	120,001	1,860,013	0.064516	0	54.03
54.04	05404	NORTHSIDE RADIO	0	0	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	924,907	22,359,566	0.041365	0	55.00
56.00	05600	RADIOISOTOPE	11,666	28,311	0.412066	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	447,633	5,092,275	0.087904	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	160,815	61,878,580	0.002599	0	57.00
57.01	05701	NORTHSIDE CT	146,400	8,941,418	0.016373	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	379,833	20,199,007	0.018805	0	58.00
58.01	05801	NORTHSIDE MRI	503,482	8,127,268	0.061950	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	240,162	25,902,595	0.009272	0	59.00
60.00	06000	LABORATORY	867,353	162,772,811	0.005329	0	60.00
60.01	06001	NORTHSIDE LAB	223	83,999	0.002655	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	9,382	6,241,509	0.001503	0	63.00
64.00	06400	INTRAVENOUS THERAPY	216,137	13,351,173	0.016189	0	64.00
65.00	06500	RESPIRATORY THERAPY	141,709	16,479,993	0.008599	0	65.00
66.00	06600	PHYSICAL THERAPY	114,127	12,169,885	0.009378	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,694	5,632,535	0.008645	0	67.00
68.00	06800	SPEECH PATHOLOGY	41,510	2,886,910	0.014379	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,912	6,062,212	0.006749	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	181,156	9,563,264	0.018943	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	11,150	58,026,039	0.000192	0	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	90,110	51,163,767	0.001761	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	340,508	87,088,052	0.003910	0	73.00
74.00	07400	RENAL DIALYSIS	34,413	1,443,690	0.023837	0	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	82,222	2,618,384	0.031402	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	277,403	14,539,238	0.019080	0	76.01
76.02	03140	CARDIOLOGY	370,328	18,914,624	0.019579	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	16,746	3,518,568	0.004759	0	76.03
76.97	07697	CARDIAC REHABILITATION	24,115	1,069,187	0.022555	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,983	2,882,482	0.001729	0	76.98
76.99	07699	LITHOTRIPSY	496	274,684	0.001806	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	550,724	24,326,479	0.022639	0	90.00
90.01	09001	CHILD FAMILY PHYSICIANS	101,760	3,279,459	0.031030	0	90.01
90.03	09002	PHYSICIAN OFFICES	2,129,327	58,577,946	0.036350	0	90.03
90.06	09003	DIABETIC CARE CENTER	16,640	807,508	0.020607	0	90.06
90.07	09004	WOUND CARE CENTER	27,071	515,833	0.052480	0	90.07
91.00	09100	EMERGENCY	458,989	42,037,222	0.010919	0	91.00
92.00	09200	OBSERVATION BEDS	0	4,972,830	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	14,105,396	1,053,405,488		0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209 Component CCN: 14T209		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am		
				Title XIX		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	18,951	0	0	18,951	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	183,647	0	0	183,647	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	03950	PAIN CLINIC	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NORTHSIDE IMAGING	0	0	0	0	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0	0	0	0	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0	0	0	0	0	54.03
54.04	05404	NORTHSIDE CARDIO	0	0	0	0	0	54.04
54.05	05405	NORTHSIDE ADMIN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
57.01	05701	NORTHSIDE CT	0	0	0	0	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
58.01	05801	NORTHSIDE MRI	0	0	0	0	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	NORTHSIDE LAB	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,360	0	0	1,360	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0	11,898	0	0	11,898	76.01
76.02	03140	CARDIOLOGY	0	0	0	0	0	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	2,040	0	0	2,040	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	510	0	0	510	90.00
90.01	09001	CHILLI FAMILY PHYSICIANS	0	0	0	0	0	90.01
90.03	09002	PHYSICIAN OFFICES	0	0	0	0	0	90.03
90.06	09003	DIABETIC CARE CENTER	0	0	0	0	0	90.06
90.07	09004	WOUND CARE CENTER	0	32,208	0	0	32,208	90.07
91.00	09100	EMERGENCY	0	10,113	0	0	10,113	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	260,727	0	0	260,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am	
		Component CCN: 14T209	Title XIX	Subprovider - IRF	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	18,951	142,016,947	0.000133	0.000133	0 50.00
51.00 05100 RECOVERY ROOM	0	29,633,395	0.000000	0.000000	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	183,647	12,220,060	0.015028	0.015028	0 52.00
53.00 05300 ANESTHESIOLOGY	0	44,737,182	0.000000	0.000000	0 53.00
53.01 03950 PAIN CLINIC	0	2,457,574	0.000000	0.000000	0 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	53,422,922	0.000000	0.000000	0 54.00
54.01 05401 NORTHSIDE IMAGING	0	1,908,144	0.000000	0.000000	0 54.01
54.02 05402 NORTHSIDE MAMMOGRAPHY	0	1,319,948	0.000000	0.000000	0 54.02
54.03 05403 NORTHSIDE ULTRASOUND	0	1,860,013	0.000000	0.000000	0 54.03
54.04 05404 NORTHSIDE CARDIO	0	0	0.000000	0.000000	0 54.04
54.05 05405 NORTHSIDE ADMIN	0	0	0.000000	0.000000	0 54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	22,359,566	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	28,311	0.000000	0.000000	0 56.00
56.01 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,092,275	0.000000	0.000000	0 56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	61,878,580	0.000000	0.000000	0 57.00
57.01 05701 NORTHSIDE CT	0	8,941,418	0.000000	0.000000	0 57.01
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	20,199,007	0.000000	0.000000	0 58.00
58.01 05801 NORTHSIDE MRI	0	8,127,268	0.000000	0.000000	0 58.01
59.00 05900 CARDIAC CATHETERIZATION	0	25,902,595	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	162,772,811	0.000000	0.000000	0 60.00
60.01 06001 NORTHSIDE LAB	0	83,999	0.000000	0.000000	0 60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0 62.30
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,241,509	0.000000	0.000000	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	13,351,173	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	16,479,993	0.000000	0.000000	0 65.00
66.00 06600 PHYSICAL THERAPY	0	12,169,885	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,632,535	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,886,910	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,062,212	0.000000	0.000000	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	9,563,264	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	58,026,039	0.000000	0.000000	0 71.00
72.00 07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	51,163,767	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	87,088,052	0.000000	0.000000	0 73.00
74.00 07400 RENAL DIALYSIS	1,360	1,443,690	0.000942	0.000942	0 74.00
76.00 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,618,384	0.000000	0.000000	0 76.00
76.01 03340 GASTROINTESTINAL SERVICES	11,898	14,539,238	0.000818	0.000818	0 76.01
76.02 03140 RADIOLOGY	0	18,914,624	0.000000	0.000000	0 76.02
76.03 03560 PULMONARY FUNCTION TESTING	0	3,518,568	0.000000	0.000000	0 76.03
76.97 07697 CARDIAC REHABILITATION	2,040	1,069,187	0.001908	0.001908	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,882,482	0.000000	0.000000	0 76.98
76.99 07699 LIOTHOTRIpsy	0	274,684	0.000000	0.000000	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	510	24,326,479	0.000021	0.000021	0 90.00
90.01 09001 CHI LLI FAMILY PHYSICIANS	0	3,279,459	0.000000	0.000000	0 90.01
90.03 09002 PHYSICIAN OFFICES	0	58,577,946	0.000000	0.000000	0 90.03
90.06 09003 DIABETIC CARE CENTER	0	807,508	0.000000	0.000000	0 90.06
90.07 09004 WOUND CARE CENTER	32,208	515,833	0.062439	0.062439	0 90.07
91.00 09100 EMERGENCY	10,113	42,037,222	0.000241	0.000241	0 91.00
92.00 09200 OBSERVATION BEDS	0	4,972,830	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	260,727	1,053,405,488		0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 8:58 am
Title XIX		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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	03950 PAIN CLINIC	0	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NORTHSIDE IMAGING	0	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
57.01	05701 NORTHSIDE CT	0	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
58.01	05801 NORTHSIDE MRI	0	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 NORTHSIDE LAB	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	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	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0	0	0	76.01
76.02	03140 RADIOLOGY	0	0	0	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0	0	0	76.03
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					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0	0	0	90.06
90.07	09004 WOUND CARE CENTER	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 8:58 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,971	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,971	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)		41,537	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)		17,084	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)		33,891,663	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)		33,891,663	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)		33,891,663	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)		721.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,326,789	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)		12,326,789	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
NURSERY (title V & XIX only)		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	15,526,431	2,794	5,557.06	2,735	15,198,559	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	513,408	2,810	182.71	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,532,137	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,057,485	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)					4,211,022	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,423,552	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,634,574	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,422,911	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)					5,434	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					721.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,920,848	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet D-1
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,720,109	33,891,663	0.050753	3,920,848	198,995	90.00
91.00	Nursing School cost	6,494,858	33,891,663	0.191636	3,920,848	751,376	91.00
92.00	Allied health cost	0	33,891,663	0.000000	3,920,848	0	92.00
93.00	All other Medical Education	0	33,891,663	0.000000	3,920,848	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S209		Date/Time Prepared: 5/26/2015 8:58 am
		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)		14,043	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,043	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)		14,043	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)		3,597	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)		9,653,641	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)		9,653,641	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)		9,653,641	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)		687.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,472,686	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)		2,472,686	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S209				Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					441,129		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,913,815		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)					174,671		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					23,768		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					198,439		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,715,376		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: 140209 Component CCN: 14S209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	600,896	9,653,641	0.062246	0	0	90.00
91.00	Nursing School cost	81,073	9,653,641	0.008398	0	0	91.00
92.00	Allied health cost	0	9,653,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,653,641	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T209		Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,827	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,827	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)		7,827	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)		6,078	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)		5,622,149	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)		5,622,149	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)		5,622,149	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)		718.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,365,827	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)		4,365,827	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T209				Date/Time Prepared: 5/26/2015 8:58 am	
		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							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					2,261,175		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,627,002		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)					476,636		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					116,330		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					592,966		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					6,034,036		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: 140209 Component CCN: 14T209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	423,934	5,622,149	0.075404	0	0	90.00
91.00	Nursing School cost	189,850	5,622,149	0.033768	0	0	91.00
92.00	Allied health cost	0	5,622,149	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,622,149	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,971	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,971	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)		41,537	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,344	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)		4,096	15.00
16.00	Nursery days (title V or XIX only)		1,651	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)		33,891,663	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)		33,891,663	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)		33,891,663	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)		721.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,463,610	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)		7,463,610	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,589,221	4,096	387.99	1,651	640,571	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,526,431	2,794	5,557.06	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	513,408	2,810	182.71	63	11,511	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,115,692	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,848,358	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,848,358	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,267,334	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)					5,434	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					721.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,920,848	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet D-1
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Title XIX		Hospital	
				1.00	2.00	3.00	4.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00 Capital-related cost	1,720,109	33,891,663	0.050753	3,920,848	198,995	90.00	
91.00 Nursing School cost	6,494,858	33,891,663	0.191636	3,920,848	751,376	91.00	
92.00 Allied health cost	0	33,891,663	0.000000	3,920,848	0	92.00	
93.00 All other Medical Education	0	33,891,663	0.000000	3,920,848	0	93.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am
		Title XIX	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)			14,043 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,043 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)			14,043 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)			0 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)			4,096 15.00
16.00	Nursery days (title V or XIX only)			1,651 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)			9,653,641 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)			9,653,641 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)			9,653,641 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)			687.43 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S209				Date/Time Prepared: 5/26/2015 8:58 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0		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)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		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: 140209 Component CCN: 14S209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am	
		Title XIX		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	600,896	9,653,641	0.062246	0	0	90.00
91.00	Nursing School cost	81,073	9,653,641	0.008398	0	0	91.00
92.00	Allied health cost	0	9,653,641	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,653,641	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T209		Date/Time Prepared: 5/26/2015 8:58 am
		Title XIX	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)		7,827	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,827	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)		7,827	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)		436	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)		4,096	15.00
16.00	Nursery days (title V or XIX only)		1,651	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)		5,622,149	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)		5,622,149	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)		5,622,149	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)		718.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		313,179	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)		313,179	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T209		Date/Time Prepared: 5/26/2015 8:58 am			
		Title XIX		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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					313,179	49.00	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)					34,191	50.00	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					34,191	52.00	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					278,988	53.00	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	54.00
55.00 Target amount per discharge					0.00	55.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	57.00
58.00 Bonus payment (see instructions)					0	58.00	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	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	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	61.00
62.00 Relief payment (see instructions)					0	62.00	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	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	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	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	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	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	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	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	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	71.00
72.00 Program routine service cost (line 9 x line 71)						72.00	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	80.00
81.00 Inpatient routine service cost per diem limitation						81.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	83.00
84.00 Program inpatient ancillary services (see instructions)						84.00	84.00
85.00 Utilization review - physician compensation (see instructions)						85.00	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140209 Component CCN: 14T209		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 8:58 am	
		Title XIX		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	423,934	5,622,149	0.075404	0	0	90.00
91.00	Nursing School cost	189,850	5,622,149	0.033768	0	0	91.00
92.00	Allied health cost	0	5,622,149	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,622,149	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 8:58 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,056,349	30.00
31.00	03100	INTENSIVE CARE UNIT		25,517,124	31.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I/PF		11,810	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202360	23,811,117	50.00
51.00	05100	RECOVERY ROOM	0.145698	3,119,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.349563	39,981	52.00
53.00	05300	ANESTHESIOLOGY	0.075934	5,857,903	53.00
53.01	03950	PAIN CLINIC	0.191945	256	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205758	7,594,577	54.00
54.01	05401	NORTHSIDE IMAGING	0.353884	0	54.01
54.02	05402	NORTHSIDE MAMMOGRAPHY	0.450937	0	54.02
54.03	05403	NORTHSIDE ULTRASOUND	0.261965	0	54.03
54.04	05404	NORTHSIDE RADIO	0.000000	0	54.04
54.05	05405	NORTHSIDE ADMIN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.139460	496,446	55.00
56.00	05600	RADIOISOTOPE	1.619159	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	50,864	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	8,899,302	57.00
57.01	05701	NORTHSIDE CT	0.059903	0	57.01
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.062819	2,227,473	58.00
58.01	05801	NORTHSIDE MRI	0.129799	0	58.01
59.00	05900	CARDIAC CATHETERIZATION	0.039036	4,329,210	59.00
60.00	06000	LABORATORY	0.106625	20,977,361	60.00
60.01	06001	NORTHSIDE LAB	0.257277	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.283067	2,662,394	63.00
64.00	06400	INTRAVENOUS THERAPY	0.226504	1,340,036	64.00
65.00	06500	RESPIRATORY THERAPY	0.145937	6,098,758	65.00
66.00	06600	PHYSICAL THERAPY	0.169022	2,555,819	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.185998	765,943	67.00
68.00	06800	SPEECH PATHOLOGY	0.268596	558,760	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106600	1,205,845	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.134606	196,838	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	18,349,618	71.00
72.00	07200	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	13,610,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.271905	19,404,619	73.00
74.00	07400	RENAL DIALYSIS	0.381425	773,790	74.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	0	76.00
76.01	03340	GASTROINTESTINAL SERVICES	0.141445	2,322,878	76.01
76.02	03140	CARDIOLOGY	0.126513	4,670,248	76.02
76.03	03560	PULMONARY FUNCTION TESTING	0.076752	664,909	76.03
76.97	07697	CARDIAC REHABILITATION	0.429054	21,363	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.262958	0	76.98
76.99	07699	LITHOTRIPSY	0.340147	16,631	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.329394	423,042	90.00
90.01	09001	CHILD/FAMILY PHYSICIANS	0.533230	0	90.01
90.03	09002	PHYSICIAN OFFICES	0.482825	0	90.03
90.06	09003	DIABETIC CARE CENTER	0.408510	0	90.06
90.07	09004	WOUND CARE CENTER	0.741184	0	90.07
91.00	09100	EMERGENCY	0.206357	4,620,020	91.00
92.00	09200	OBSERVATION BEDS	0.788454	368,420	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		158,033,841	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)		158,033,841	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S209		Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		7,081,791		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.202360	9,169	1,855	50.00
51.00	05100 RECOVERY ROOM	0.145698	127,730	18,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349563	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.075934	224,950	17,081	53.00
53.01	03950 PAIN CLINIC	0.191945	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205758	78,413	16,134	54.00
54.01	05401 NORTHSIDE IMAGING	0.353884	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.450937	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.261965	0	0	54.03
54.04	05404 NORTHSIDE RADIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139460	0	0	55.00
56.00	05600 RADIOISOTOPE	1.619159	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	159,881	4,152	57.00
57.01	05701 NORTHSIDE CT	0.059903	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819	53,416	3,356	58.00
58.01	05801 NORTHSIDE MRI	0.129799	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.039036	0	0	59.00
60.00	06000 LABORATORY	0.106625	577,060	61,529	60.00
60.01	06001 NORTHSIDE LAB	0.257277	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.226504	18,743	4,245	64.00
65.00	06500 RESPIRATORY THERAPY	0.145937	192,927	28,155	65.00
66.00	06600 PHYSICAL THERAPY	0.169022	43,648	7,377	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185998	17,134	3,187	67.00
68.00	06800 SPEECH PATHOLOGY	0.268596	1,316	353	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106600	45,128	4,811	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134606	6,200	835	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	87,170	1,277	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271905	449,123	122,119	73.00
74.00	07400 RENAL DIALYSIS	0.381425	11,450	4,367	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	145,460	55,148	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.141445	6,453	913	76.01
76.02	03140 RADIOLOGY	0.126513	19,390	2,453	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.076752	2,455	188	76.03
76.97	07697 CARDIAC REHABILITATION	0.429054	123	53	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.262958	0	0	76.98
76.99	07699 LI THOTRI PSY	0.340147	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.329394	3,032	999	90.00
90.01	09001 CHILDFAMILY PHYSICIANS	0.533230	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0.482825	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0.408510	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.741184	0	0	90.07
91.00	09100 EMERGENCY	0.206357	397,041	81,932	91.00
92.00	09200 OBSERVATION BEDS	0.788454	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,677,412	441,129	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)		2,677,412		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T209		Date/Time Prepared: 5/26/2015 8:58 am	
		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
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		7,121,103		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.202360	141,675	28,669	50.00
51.00	05100 RECOVERY ROOM	0.145698	16,841	2,454	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.349563	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.075934	33,970	2,579	53.00
53.01	03950 PAIN CLINIC	0.191945	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205758	390,822	80,415	54.00
54.01	05401 NORTHSIDE IMAGING	0.353884	0	0	54.01
54.02	05402 NORTHSIDE MAMMOGRAPHY	0.450937	0	0	54.02
54.03	05403 NORTHSIDE ULTRASOUND	0.261965	0	0	54.03
54.04	05404 NORTHSIDE CARDIO	0.000000	0	0	54.04
54.05	05405 NORTHSIDE ADMIN	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.139460	54,130	7,549	55.00
56.00	05600 RADIOISOTOPE	1.619159	0	0	56.00
56.01	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.180894	7,241	1,310	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.025970	272,332	7,072	57.00
57.01	05701 NORTHSIDE CT	0.059903	0	0	57.01
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.062819	155,558	9,772	58.00
58.01	05801 NORTHSIDE MRI	0.129799	0	0	58.01
59.00	05900 CARDIAC CATHETERIZATION	0.039036	0	0	59.00
60.00	06000 LABORATORY	0.106625	1,586,006	169,108	60.00
60.01	06001 NORTHSIDE LAB	0.257277	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.283067	81,174	22,978	63.00
64.00	06400 INTRAVENOUS THERAPY	0.226504	16,370	3,708	64.00
65.00	06500 RESPIRATORY THERAPY	0.145937	712,434	103,970	65.00
66.00	06600 PHYSICAL THERAPY	0.169022	3,679,923	621,988	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.185998	3,320,238	617,558	67.00
68.00	06800 SPEECH PATHOLOGY	0.268596	492,079	132,170	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106600	45,683	4,870	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.134606	9,920	1,335	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.014650	834,051	12,219	71.00
72.00	07200 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.245930	43,972	10,814	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.271905	1,313,203	357,066	73.00
74.00	07400 RENAL DIALYSIS	0.381425	87,450	33,356	74.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.379128	0	0	76.00
76.01	03340 GASTROINTESTINAL SERVICES	0.141445	45,780	6,475	76.01
76.02	03140 RADIOLOGY	0.126513	62,227	7,873	76.02
76.03	03560 PULMONARY FUNCTION TESTING	0.076752	29,986	2,301	76.03
76.97	07697 CARDIAC REHABILITATION	0.429054	5,604	2,404	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.262958	0	0	76.98
76.99	07699 LI THOTRI PSY	0.340147	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.329394	22,111	7,283	90.00
90.01	09001 CHI LLI FAMILY PHYSICIANS	0.533230	0	0	90.01
90.03	09002 PHYSICIAN OFFICES	0.482825	0	0	90.03
90.06	09003 DIABETIC CARE CENTER	0.408510	0	0	90.06
90.07	09004 WOUND CARE CENTER	0.741184	0	0	90.07
91.00	09100 EMERGENCY	0.206357	18,799	3,879	91.00
92.00	09200 OBSERVATION BEDS	0.788454	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		13,479,579	2,261,175	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)		13,479,579		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		25,013,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,058,641	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		765,302	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		8,068,067	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		202.73	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)		19.48	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), 64 FR 26340 (May 12, 1998), and 67 FR 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)		19.48	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		31.95	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)		19.48	12.00
13.00	Total allowable FTE count for the prior year.		19.48	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.		19.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		19.48	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		19.48	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.096088	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.095833	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.095833	21.00
22.00	IME payment adjustment (see instructions)		2,046,126	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
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).		8.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		12.47	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)		8.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.039461	26.00
27.00	IME payments adjustment factor. (see instructions)		0.010427	27.00
28.00	IME add-on adjustment amount (see instructions)		418,538	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		2,464,664	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.20	31.00
32.00	Sum of lines 30 and 31		27.46	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.87	33.00
34.00	Disproportionate share adjustment (see instructions)		951,728	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	0	35.00
35.01	Factor 3 (see instructions)		0.000461683	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,176,560	3,540,570	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,123,837	892,418	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,016,255		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,269,669		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		40,269,669		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,886,132		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		1,390,819		52.00
53.00	Nursing and Allied Health Managed Care payment		783,735		53.00
54.00	Special add-on payments for new technologies		530		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		2,568,834		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		63,227		58.00
59.00	Total (sum of amounts on lines 49 through 58)		47,962,946		59.00
60.00	Primary payer payments		58,028		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		47,904,918		61.00
62.00	Deductibles billed to program beneficiaries		3,573,440		62.00
63.00	Coinurance billed to program beneficiaries		80,728		63.00
64.00	Allowable bad debts (see instructions)		237,089		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		154,108		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,576		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,404,858		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (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
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		98,483		70.93
70.94	HRR adjustment amount (see instructions)		-78,585		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
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
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		44,424,756		71.00
71.01	Sequestration adjustment (see instructions)		888,495		71.01
72.00	Interim payments		42,951,880		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)		584,381		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		816,891		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 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
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2015 8:58 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,013,079	0	25,013,079	0	25,013,079	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,058,641	0	0	7,058,641	7,058,641	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	765,302	0	642,360	122,942	765,302	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	8,068,067	0	5,711,157	2,356,910	8,068,067	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.095833	0.095833	0.095833	0.095833		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,046,126	0	1,566,168	479,958	2,046,126	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.010427	0.010427	0.010427	0.010427		7.00
8.00	IME adjustment (see instructions)	28.00	418,538	0	320,362	98,176	418,538	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,464,664	0	1,886,530	578,134	2,464,664	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1187	0.1187	0.1187	0.1187		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	951,728	0	742,263	209,465	951,728	11.00
11.01	Uncompensated care payments	36.00	4,016,255	0	3,123,837	892,418	4,016,255	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	40,269,669	0	31,408,069	8,861,600	40,269,669	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,269,669	0	31,408,069	8,861,600	40,269,669	15.00
16.00	Payment for inpatient program capital	50.00	2,886,132	0	2,254,535	631,597	2,886,132	16.00
17.00	Special add-on payments for new technologies	54.00	530	0	0	530	530	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2015 8:58 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
19.00	SUBTOTAL		0	33,662,604	9,493,727	43,156,331	19.00	
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	2,529,250	0	1,971,671	557,578	2,529,249	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	64,501	0	54,938	9,563	64,501	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0584	0.0584	0.0584	0.0584		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	147,708	0	115,145	32,563	147,708	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0572	0.0572	0.0572	0.0572		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	144,673	0	112,780	31,893	144,673	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,886,132	0	2,254,535	631,597	2,886,132	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97			0		0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	25,013,079	25,013,079		25,013,079
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,058,641		7,058,641	7,058,641
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	765,302	642,360	122,942	765,302
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	8,068,067	0	8,068,067	8,068,067
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.095833	0.095833	0.095833	0.095833
6.00	IME payment adjustment (see instructions)	22.00	2,046,126	1,275,042	771,084	2,046,126
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA						
7.00	IME payment adjustment factor (see instructions)	27.00	0.010427	0.010427	0.010427	0.010427
8.00	IME adjustment (see instructions)	28.00	418,538	260,812	157,726	418,538
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,464,664	1,535,854	928,810	2,464,664
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1187	0.1187	0.1187	0.1187
11.00	Disproportionate share adjustment (see instructions)	34.00	951,728	742,263	209,465	951,728
11.01	Uncompensated care payments	36.00	4,016,255	3,123,837	892,418	4,016,255
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	40,269,669	31,057,393	9,212,276	40,269,669
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	40,269,669	31,057,393	9,212,276	40,269,669
16.00	Payment for inpatient program capital	50.00	2,886,132	2,254,535	631,597	2,886,132
17.00	Special add-on payments for new technologies	54.00	530	0	530	530
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			33,311,928	9,844,403	43,156,331

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2015 8:58 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,529,250	1,971,672	557,578	2,529,250	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	64,501	54,938	9,563	64,501	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0584	0.0584	0.0584		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	147,708	115,145	32,563	147,708	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0572	0.0572	0.0572		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	144,673	112,780	31,893	144,673	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,886,132	2,254,535	631,597	2,886,132	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	98,483	66,156	32,327	98,483	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-78,585	-47,524	-31,061	-78,585	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:58 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		74,306	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		20,981,423	2.00
3.00	PPS payments		19,331,121	3.00
4.00	Outlier payment (see instructions)		75,615	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 Wkst. D, Pt. IV, col. 13, line 200		160,157	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		74,306	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		298,258	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		298,258	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)		298,258	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		223,952	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)		74,306	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)		19,566,893	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		47,573	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,050,234	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		15,543,392	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		479,343	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		16,022,735	30.00
31.00	Primary payer payments		10,009	31.00
32.00	Subtotal (line 30 minus line 31)		16,012,726	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		326,263	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		212,071	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		257,300	36.00
37.00	Subtotal (see instructions)		16,224,797	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-197	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		16,224,994	40.00
40.01	Sequestration adjustment (see instructions)		324,500	40.01
41.00	Interim payments		16,072,589	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-172,095	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:58 am
		Component CCN: 14S209	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		854	2.00
3.00	PPS payments		690	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 Wkst. D, Pt. IV, col. 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)		31	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		114	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		114	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)		114	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		83	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)		31	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)		690	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)		312	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		409	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		409	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		409	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 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)		409	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		409	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
41.00	Interim payments		398	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209 Component CCN: 14T209	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 8:58 am
		Title XVII I	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		630	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		184	2.00
3.00	PPS payments		346	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 Wkst. D, Pt. IV, col. 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)		630	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,316	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		2,316	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)		2,316	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,686	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)		630	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)		346	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		976	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		976	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		976	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 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)		976	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		976	40.00
40.01	Sequestration adjustment (see instructions)		20	40.01
41.00	Interim payments		883	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		73	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 8:58 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		42,715,707		16,089,158	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/18/2014	212,181	12/16/2014	25,601	3.01
3.02		12/16/2014	23,992		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	08/18/2014	42,170	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)		236,173		-16,569	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)		42,951,880		16,072,589	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		584,381		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		172,095	6.02
7.00	Total Medicare program liability (see instructions)		43,536,261		15,900,494	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: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVIII	Subprovider - IPF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		2,476,885		398
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		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		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	08/18/2014	7,333		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)		-7,333		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)		2,469,552		398
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)				
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)				
6.01	SETTLEMENT TO PROVIDER		0		3
6.02	SETTLEMENT TO PROGRAM		128,947		0
7.00	Total Medicare program liability (see instructions)		2,340,605		401
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140209
Component CCN: 14T209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2015 8:58 am
PPS

Title XVIII

Subprovider -
IRF

		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		7,527,062		883	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	12/16/2014	17,390		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	08/18/2014	47,251		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)		-29,861		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)		7,497,201		883	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		15,636		73	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,512,837		956	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part II
Date/Time Prepared:
5/26/2015 8:58 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,236 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			19,819 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,806 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			47,141 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,215,440,527 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			12,528,377 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,590,288 8.00
9.00	Sequestration adjustment amount (see instructions)			31,806 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,558,482 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,681,817 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)			-123,335 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140209 Component CCN: 14S209	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/26/2015 8:58 am
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,589,325 1.00
2.00	Net IPF PPS Outlier Payments			38,498 2.00
3.00	Net IPF PPS ECT Payments			33,879 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.75 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 42 CFR §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 instructions)			6.43 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 instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.75 8.00
9.00	Average Daily Census (see instructions)			38.473973 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.009992 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			25,873 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,687,575 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)			2,687,575 16.00
17.00	Primary payer payments			6,319 17.00
18.00	Subtotal (line 16 less line 17).			2,681,256 18.00
19.00	Deductibles			279,456 19.00
20.00	Subtotal (line 18 minus line 19)			2,401,800 20.00
21.00	Coinsurance			56,848 21.00
22.00	Subtotal (line 20 minus line 21)			2,344,952 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			34,696 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			22,552 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			34,696 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,367,504 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			20,868 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,388,372 31.00
31.01	Sequestration adjustment (see instructions)			47,767 31.01
32.00	Interim payments			2,469,552 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)			-128,947 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			38,498 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: 140209 Component CCN: 14T209	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			7,286,868 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0351 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			203,304 3.00
4.00	Outlier Payments			126,633 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §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 instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			21.443836 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			7,616,805 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)			7,616,805 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			7,616,805 19.00
20.00	Deductibles			60,736 20.00
21.00	Subtotal (line 19 minus line 20)			7,556,069 21.00
22.00	Coinsurance			39,824 22.00
23.00	Subtotal (line 21 minus line 22)			7,516,245 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,552 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,309 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,552 26.00
27.00	Subtotal (sum of lines 23 and 25)			7,518,554 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			147,606 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			7,666,160 32.00
32.01	Sequestration adjustment (see instructions)			153,323 32.01
33.00	Interim payments			7,497,201 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			15,636 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			163,336 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			126,633 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: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 8:58 am	
		Title XVII	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.			27.33	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			27.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			38.38	6.00
7.00	Enter the lesser of line 5 or line 6			27.33	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.	29.11	8.77	37.88	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.	20.73	6.25	26.98	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	20.73	6.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	21.54	5.63		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	22.75	4.86		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	21.67	5.58		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	21.67	5.58		17.00
18.00	Per resident amount	123,491.15	116,935.22		18.00
19.00	Approved amount for resident costs	2,676,053	652,499	3,328,552	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.66	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			11.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.59	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			95,745.59	23.00
24.00	Multiply line 22 time line 23			535,218	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,863,770	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	29,494	5,563		26.00
27.00	Total Inpatient Days (see instructions)	70,804	70,804		27.00
28.00	Ratio of inpatient days to total inpatient days	0.416558	0.078569		28.00
29.00	Program direct GME amount	1,609,484	303,573		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		42,895		30.00
31.00	Net Program direct GME amount			1,870,162	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		1,360	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		1,443,690	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000942	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)		61,598,302	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		64,347	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		61,533,955	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,217,585	42.00
43.00	Primary payer payments (see instructions)		10,009	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,207,576	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,741,531	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.743689	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.256311	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,870,162	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		1,390,819	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		479,343	50.00

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

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet G
Date/Time Prepared:
5/26/2015 8:58 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,193,504	0	0	0	1.00
2.00	Temporary investments	1,742,825	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,879,847	0	0	0	4.00
5.00	Other receivable	11,432,550	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,728,938	0	0	0	7.00
8.00	Prepaid expenses	2,253,912	0	0	0	8.00
9.00	Other current assets	4,301,113	0	0	0	9.00
10.00	Due from other funds	29,660,485	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	126,193,174	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,458,352	0	0	0	12.00
13.00	Land improvements	8,642,017	0	0	0	13.00
14.00	Accumulated depreciation	-3,703,761	0	0	0	14.00
15.00	Buildings	187,470,594	0	0	0	15.00
16.00	Accumulated depreciation	-83,962,248	0	0	0	16.00
17.00	Leasehold improvements	1,021,943	0	0	0	17.00
18.00	Accumulated depreciation	-743,216	0	0	0	18.00
19.00	Fixed equipment	71,559,841	0	0	0	19.00
20.00	Accumulated depreciation	-59,256,281	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	109,290,793	0	0	0	23.00
24.00	Accumulated depreciation	-84,693,167	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)	147,084,867	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	168,686,737	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	68,619,974	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	237,306,711	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	510,584,752	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	22,854,250	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,552,180	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,500,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	44,832,386	0	0	0	43.00
44.00	Other current liabilities	14,250,697	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	99,989,513	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	88,175,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	110,287,566	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	198,462,566	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	298,452,079	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	212,132,673				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)	212,132,673	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	510,584,752	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-1

Date/Time Prepared:
5/26/2015 8:58 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		241,492,056		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,680,350			2.00
3.00	Total (sum of line 1 and line 2)		271,172,406		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHANGE IN TEMP & PERM REST	1,421,402		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)		1,421,402		0	10.00
11.00	Subtotal (line 3 plus line 10)		272,593,808		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CHANGE IN UNRESTRICTED	60,461,135		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		60,461,135		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		212,132,673		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	CHANGE IN TEMP & PERM REST		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	CHANGE IN UNRESTRICTED		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	83,954,938		83,954,938	1.00
2.00	SUBPROVIDER - IPF	27,954,896		27,954,896	2.00
3.00	SUBPROVIDER - IRF	9,546,477		9,546,477	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)	121,456,311		121,456,311	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,521,937		11,521,937	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	12,507,873		12,507,873	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,029,810		24,029,810	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	145,486,121		145,486,121	17.00
18.00	Ancillary services	396,954,859		396,954,859	18.00
19.00	Outpatient services	0	645,393,702	645,393,702	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		7,645,224	7,645,224	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	3,842,492	3,842,492	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	542,440,980	656,881,418	1,199,322,398	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		308,208,441		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		308,208,441		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140209

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-3

Date/Time Prepared:
5/26/2015 8:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,199,322,398	1.00
2.00	Less contractual allowances and discounts on patients' accounts	840,364,107	2.00
3.00	Net patient revenues (line 1 minus line 2)	358,958,291	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	308,208,441	4.00
5.00	Net income from service to patients (line 3 minus line 4)	50,749,850	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,322,472	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	83,677	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,089,452	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.)	12,096,740	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC INCOME	11,866,142	24.00
25.00	Total other income (sum of lines 6-24)	35,458,483	25.00
26.00	Total (line 5 plus line 25)	86,208,333	26.00
27.00	OTHER EXP	798,096	27.00
27.01	PEORIA HOME OFFICE EXPENSE	55,729,887	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	56,527,983	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,680,350	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet H

HHA CCN: 147259

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	981,589	71,050	13,431	171,571	155,254	1,392,895	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,515,563	187,919	170	-227	249,000	2,952,425	6.00
7.00	0	0	0	1,265,175	0	1,265,175	7.00
8.00	0	0	0	273,628	7	273,635	8.00
9.00	0	0	0	40,971	0	40,971	9.00
10.00	77,593	5,498	0	0	6,365	89,456	10.00
11.00	121,121	8,651	0	0	36,759	166,531	11.00
12.00	0	0	0	0	161,801	161,801	12.00
13.00	0	0	0	0	5,334	5,334	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	3,695,866	273,118	13,601	1,751,118	614,520	6,348,223	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-271,593	1,121,302	-9,413	1,111,889			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,952,425	0	2,952,425			6.00
7.00	0	1,265,175	0	1,265,175			7.00
8.00	0	273,635	0	273,635			8.00
9.00	0	40,971	0	40,971			9.00
10.00	0	89,456	0	89,456			10.00
11.00	0	166,531	0	166,531			11.00
12.00	0	161,801	0	161,801			12.00
13.00	0	5,334	0	5,334			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-271,593	6,076,630	-9,413	6,067,217			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/26/2015 8:58 am
		HHA CCN: 147259	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,111,889	0	0	0	1,111,889	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,952,425	0	0	0	2,952,425	6.00
7.00	Physical Therapy	1,265,175	0	0	0	1,265,175	7.00
8.00	Occupational Therapy	273,635	0	0	0	273,635	8.00
9.00	Speech Pathology	40,971	0	0	0	40,971	9.00
10.00	Medical Social Services	89,456	0	0	0	89,456	10.00
11.00	Home Health Aide	166,531	0	0	0	166,531	11.00
12.00	Supplies (see instructions)	161,801	0	0	0	161,801	12.00
13.00	Drugs	5,334	0	0	0	5,334	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,067,217	0	0	0	6,067,217	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,111,889					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	662,472	3,614,897				6.00
7.00	Physical Therapy	283,884	1,549,059				7.00
8.00	Occupational Therapy	61,399	335,034				8.00
9.00	Speech Pathology	9,193	50,164				9.00
10.00	Medical Social Services	20,072	109,528				10.00
11.00	Home Health Aide	37,367	203,898				11.00
12.00	Supplies (see instructions)	36,305	198,106				12.00
13.00	Drugs	1,197	6,531				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		6,067,217				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140209
HHA CCN: 147259

Period:
From 01/01/2014
To 12/31/2014

Worksheet H-1
Part II
Date/Time Prepared:
5/26/2015 8:58 am
PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
1.00	2.00	3.00	4.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-1,111,889	4,955,328	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	2,952,425	6.00
7.00	Physical Therapy	0	0	0	0	0	1,265,175	7.00
8.00	Occupational Therapy	0	0	0	0	0	273,635	8.00
9.00	Speech Pathology	0	0	0	0	0	40,971	9.00
10.00	Medical Social Services	0	0	0	0	0	89,456	10.00
11.00	Home Health Aide	0	0	0	0	0	166,531	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	161,801	12.00
13.00	Drugs	0	0	0	0	0	5,334	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,111,889	4,955,328	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,111,889	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.224383	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140209

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2 Part I

HHA CCN: 147259

Date/Time Prepared: 5/26/2015 8:58 am

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	PARKING	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	0	16,269	685,359	0	701,628	1.00	
2.00 Skilled Nursing Care	3,614,897	0	0	0	0	3,614,897	2.00	
3.00 Physical Therapy	1,549,059	0	0	0	0	1,549,059	3.00	
4.00 Occupational Therapy	335,034	0	0	0	0	335,034	4.00	
5.00 Speech Pathology	50,164	0	0	0	0	50,164	5.00	
6.00 Medical Social Services	109,528	0	0	0	0	109,528	6.00	
7.00 Home Health Aide	203,898	0	0	0	0	203,898	7.00	
8.00 Supplies (see instructions)	198,106	0	0	0	0	198,106	8.00	
9.00 Drugs	6,531	0	0	0	0	6,531	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	6,067,217	0	16,269	685,359	0	6,768,845	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.00	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	193,322	0	0	0	0	0	1.00	
2.00 Skilled Nursing Care	996,027	0	0	0	0	0	2.00	
3.00 Physical Therapy	426,818	0	0	0	0	0	3.00	
4.00 Occupational Therapy	92,313	0	0	0	0	0	4.00	
5.00 Speech Pathology	13,822	0	0	0	0	0	5.00	
6.00 Medical Social Services	30,179	0	0	0	0	0	6.00	
7.00 Home Health Aide	56,181	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	54,585	0	0	0	0	0	8.00	
9.00 Drugs	1,800	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	1,865,047	0	0	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 5/26/2015 8:58 am		
				HHA CCN: 147259	Home Health Agency I		PPS	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	78,743	0	251,602	7,482	2,539	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	78,743	0	251,602	7,482	2,539	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal	
		17.00	19.00	20.00	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	24.00	
1.00	Administrative and General	0	0	16,317	0	0	1,251,633	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,610,924	2.00
3.00	Physical Therapy	0	0	0	0	0	1,975,877	3.00
4.00	Occupational Therapy	0	0	0	0	0	427,347	4.00
5.00	Speech Pathology	0	0	0	0	0	63,986	5.00
6.00	Medical Social Services	0	0	0	0	0	139,707	6.00
7.00	Home Health Aide	0	0	0	0	0	260,079	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	252,691	8.00
9.00	Drugs	0	0	0	0	0	8,331	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	16,317	0	0	8,990,575	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140209	Period: From 01/01/2014	Worksheet H-2
		HHA CCN: 147259	To 12/31/2014	Part I
				Date/Time Prepared: 5/26/2015 8:58 am
			Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	1,251,633				1.00
2.00 Skilled Nursing Care	0	4,610,924	745,732	5,356,656		2.00
3.00 Physical Therapy	0	1,975,877	319,563	2,295,440		3.00
4.00 Occupational Therapy	0	427,347	69,116	496,463		4.00
5.00 Speech Pathology	0	63,986	10,349	74,335		5.00
6.00 Medical Social Services	0	139,707	22,595	162,302		6.00
7.00 Home Health Aide	0	260,079	42,063	302,142		7.00
8.00 Supplies (see instructions)	0	252,691	40,868	293,559		8.00
9.00 Drugs	0	8,331	1,347	9,678		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	8,990,575	1,251,633	8,990,575		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.161732			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140209
HHA CCN: 147259

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2
Part II
Date/Time Prepared: 5/26/2015 8:58 am
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	20,893	3,489,930	0	0	701,628	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	3,614,897	2.00
3.00 Physical Therapy	0	0	0	0	0	1,549,059	3.00
4.00 Occupational Therapy	0	0	0	0	0	335,034	4.00
5.00 Speech Pathology	0	0	0	0	0	50,164	5.00
6.00 Medical Social Services	0	0	0	0	0	109,528	6.00
7.00 Home Health Aide	0	0	0	0	0	203,898	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	198,106	8.00
9.00 Drugs	0	0	0	0	0	6,531	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	20,893	3,489,930	0	0	6,768,845	20.00
21.00 Total cost to be allocated	0	16,269	685,359	0	0	1,865,047	21.00
22.00 Unit cost multiplier	0.000000	0.778682	0.196382	0.000000	0.000000	0.275534	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	6,033	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	6,033	20.00
21.00 Total cost to be allocated	0	0	0	0	0	78,743	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	13.052047	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140209
HHA CCN: 147259

Period: From 01/01/2014 To 12/31/2014

Worksheet H-2 Part II
Date/Time Prepared: 5/26/2015 8:58 am
PPS

Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	6,033	161,801	5,334	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	6,033	161,801	5,334	0	0	20.00
21.00 Total cost to be allocated	0	251,602	7,482	2,539	0	0	21.00
22.00 Unit cost multiplier	0.000000	41.704293	0.046242	0.476003	0.000000	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
1.00 Administrative and General	0	192	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	192	0	0		20.00
21.00 Total cost to be allocated	0	16,317	0	0		21.00
22.00 Unit cost multiplier	0.000000	84.984375	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 8:58 am		
				HHA CCN: 147259	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,356,656		5,356,656	32,483	164.91	1.00
2.00	Physical Therapy	3.00	2,295,440	0	2,295,440	14,829	154.79	2.00
3.00	Occupational Therapy	4.00	496,463	0	496,463	4,387	113.17	3.00
4.00	Speech Pathology	5.00	74,335	0	74,335	541	137.40	4.00
5.00	Medical Social Services	6.00	162,302		162,302	769	211.06	5.00
6.00	Home Health Aide	7.00	302,142		302,142	5,385	56.11	6.00
7.00	Total (sum of lines 1-6)		8,687,338	0	8,687,338	58,394		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		19340	0	0			8.00
8.01	Skilled Nursing Care		37900	0	19,507			8.01
8.02	Skilled Nursing Care		99914	0	636			8.02
9.00	Physical Therapy		19340	0	0			9.00
9.01	Physical Therapy		37900	0	8,432			9.01
9.02	Physical Therapy		99914	0	190			9.02
10.00	Occupational Therapy		19340	0	0			10.00
10.01	Occupational Therapy		37900	0	2,359			10.01
10.02	Occupational Therapy		99914	0	33			10.02
11.00	Speech Pathology		19340	0	0			11.00
11.01	Speech Pathology		37900	0	359			11.01
11.02	Speech Pathology		99914	0	0			11.02
12.00	Medical Social Services		19340	0	0			12.00
12.01	Medical Social Services		37900	0	353			12.01
12.02	Medical Social Services		99914	0	7			12.02
13.00	Home Health Aide		19340	0	0			13.00
13.01	Home Health Aide		37900	0	3,705			13.01
13.02	Home Health Aide		99914	0	20			13.02
14.00	Total (sum of lines 8-13)			0	35,601			14.00
Cost Center Description								
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	293,559	0	293,559	0	0.000000	15.00
16.00	Cost of Drugs	9.00	9,678	0	9,678	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A			Part A				
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	20,143		0	3,321,782		1.00
2.00	Physical Therapy	0	8,622		0	1,334,599		2.00
3.00	Occupational Therapy	0	2,392		0	270,703		3.00
4.00	Speech Pathology	0	359		0	49,327		4.00
5.00	Medical Social Services	0	360		0	75,982		5.00
6.00	Home Health Aide	0	3,725		0	209,010		6.00
7.00	Total (sum of lines 1-6)	0	35,601		0	5,261,403		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 8:58 am
		HHA CCN: 147259	Title XVII I	Home Health Agency I PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,321,782					1.00
2.00	Physical Therapy	1,334,599					2.00
3.00	Occupational Therapy	270,703					3.00
4.00	Speech Pathology	49,327					4.00
5.00	Medical Social Services	75,982					5.00
6.00	Home Health Aide	209,010					6.00
7.00	Total (sum of lines 1-6)	5,261,403					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140209

Period:

Worksheet H-3

HHA CCN: 147259

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/26/2015 8:58 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.169022	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.185998	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.268596	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.014650	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.271905	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140209 HHA CCN: 147259	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2015 8:58 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	4,450,145
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	106,758
13.00	Total PPS Reimbursement - LUPA Episodes		0	58,517
14.00	Total PPS Reimbursement - PEP Episodes		0	30,473
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	44,937
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	726
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	4,691,556
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	4,691,556
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	4,691,556
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	4,691,556
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	4,691,556
31.01	Sequestration adjustment (see instructions)		0	93,829
32.00	Interim payments (see instructions)		0	4,597,690
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	37
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 140209
HHA CCN: 147259

Period: From 01/01/2014 To 12/31/2014

Worksheet H-5
Date/Time Prepared: 5/26/2015 8:58 am
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		4,597,690	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		4,597,690	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		37	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		4,597,727	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141537

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	48,477	3,553	4,498	0	39,233	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	574,324	42,098	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	29,985	9.00
10.00	Nursing Care	0	0	82,856	305,009	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	97,899	7,176	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	52,603	3,856	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	417,255	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	295,838	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	27,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	73,161	5,363	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	846,464	62,046	87,354	305,009	809,472	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K

Hospice CCN: 141537

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	95,761	0	95,761	0	95,761	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	616,422	-295,838	320,584	-50	320,534	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	29,985	0	29,985	0	29,985	9.00
10.00	Nursing Care	387,865	0	387,865	0	387,865	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	105,075	0	105,075	0	105,075	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	56,459	0	56,459	0	56,459	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	417,255	0	417,255	0	417,255	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	295,838	0	295,838	0	295,838	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	27,161	0	27,161	0	27,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	78,524	0	78,524	0	78,524	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,110,345	-295,838	1,814,507	-50	1,814,457	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 141537

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	574,324	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	97,899	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	97,899	0	574,324	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 141537

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	48,477	48,477	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	574,324	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	97,899	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		52,603	0	52,603	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	73,161	73,161	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	52,603	121,638	846,464	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet K-2	
		Hospice CCN: 141537				Date/Time Prepared: 5/26/2015 8:58 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	42,098	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	7,176	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	7,176	0	42,098	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-2

Hospice CCN: 141537

To 12/31/2014

Date/Time Prepared: 5/26/2015 8:58 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	3,553	3,553	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	42,098	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	7,176	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		3,856	0	3,856	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	5,363	5,363	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	3,856	8,916	62,046	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140209		Period: From 01/01/2014 To 12/31/2014		Worksheet K-3	
		Hospice CCN: 141537				Date/Time Prepared: 5/26/2015 8:58 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 141537		Date/Time Prepared: 5/26/2015 8:58 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	305,009	305,009	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	305,009	305,009	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140209
 Hospice CCN: 141537

Period:
 From 01/01/2014
 To 12/31/2014

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/26/2015 8:58 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	95,761	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	320,534	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	29,985	0	0	0	0	9.00
10.00	Nursing Care	387,865	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	105,075	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	56,459	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	417,255	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	295,838	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	27,161	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	78,524	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,814,457	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141537

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	95,761	95,761		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	320,534	17,859	338,393	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	29,985	1,671	31,656	9.00
10.00	Nursing Care	0	387,865	21,611	409,476	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	105,075	5,854	110,929	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	56,459	3,146	59,605	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	417,255	23,249	440,504	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	295,838	16,483	312,321	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	27,161	1,513	28,674	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	78,524	4,375	82,899	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,814,457		1,814,457	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 141537

To 12/31/2014

Part II
Date/Time Prepared:
5/26/2015 8:58 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140209
 Hospice CCN: 141537

Period:
 From 01/01/2014
 To 12/31/2014

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/26/2015 8:58 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-95,761	1,718,696	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	320,534	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	29,985	9.00
10.00	Nursing Care	0	387,865	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	105,075	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	56,459	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	417,255	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	295,838	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	27,161	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	78,524	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		95,761	39.00
40.00	Unit Cost Multiplier		0.055717	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141537

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PARKING	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
0	0	0	0	0	0	0	0
1.00	Administrative and General		0	3,056	166,230	0	1.00
2.00	Inpatient - General Care	338,393	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	31,656	0	0	0	0	4.00
5.00	Nursing Care	409,476	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	110,929	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	59,605	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	440,504	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	312,321	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	28,674	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	82,899	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,814,457	0	3,056	166,230	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period:

Worksheet K-5

Hospice CCN: 141537

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	169,286	46,644	0	0	0	1.00
2.00	Inpatient - General Care	338,393	93,239	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	31,656	8,722	0	0	0	4.00
5.00	Nursing Care	409,476	112,825	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	110,929	30,565	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	59,605	16,423	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	440,504	121,374	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	312,321	86,055	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	28,674	7,901	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	82,899	22,841	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,983,743	546,589	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period:

Worksheet K-5

Hospice CCN: 141537

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice I					
		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	19,265	0	61,556	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	19,265	0	61,556	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141537

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	1,256	198,594	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,256	198,594	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period:

Worksheet K-5

Hospice CCN: 141537

From 01/01/2014
To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS			
		20.00	21.00			
1.00 Administrative and General	21,925	0	0	518,526	0	1.00
2.00 Inpatient - General Care	0	0	0	431,632	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	40,378	0	4.00
5.00 Nursing Care	0	0	0	522,301	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	141,494	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	76,028	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	561,878	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	398,376	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	36,575	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	105,740	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	21,925	0	0	2,832,928	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140209

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 141537

To 12/31/2014

Part I
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	431,632	96,704	528,336		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	40,378	9,046	49,424		4.00
5.00	Nursing Care	522,301	117,018	639,319		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	141,494	31,701	173,195		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	76,028	17,034	93,062		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	561,878	125,886	687,764		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	398,376	89,253	487,629		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	36,575	8,194	44,769		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	105,740	23,690	129,430		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,832,928		2,832,928		34.00
35.00	Unit Cost Multiplier (see instructions)		0.224043			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PARKING (SQUARE FEET)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	0	3,924	846,463	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	3,924	846,463	0	0	0	34.00
35.00 Total cost to be allocated	0	3,056	166,230	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.778797	0.196382	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description	Hospice I						
	ADMINISTRATIVE & GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
	5.00	6.00	7.00	8.00	9.00		
1.00 Administrative and General	169,286	0	0	0	0	1.00	
2.00 Inpatient - General Care	338,393	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	31,656	0	0	0	0	4.00	
5.00 Nursing Care	409,476	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	110,929	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	59,605	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	440,504	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	312,321	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	28,674	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	82,899	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	1,983,743	0	0	0	0	34.00	
35.00 Total cost to be allocated	546,589	0	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.275534	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice I					
		DIETARY (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	1,476	0	1,476	27,161	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,476	0	1,476	27,161	34.00
35.00	Total cost to be allocated	0	19,265	0	61,556	1,256	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	13.052168	0.000000	41.704607	0.046243	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209
Hospice CCN: 141537

Period:
From 01/01/2014
To 12/31/2014

Worksheet K-5
Part II
Date/Time Prepared:
5/26/2015 8:58 am

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	417,255	0	0	0	258	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	417,255	0	0	0	258	34.00
35.00	Total cost to be allocated	198,594	0	0	0	21,925	35.00
36.00	Unit Cost Multiplier (see instructions)	0.475954	0.000000	0.000000	0.000000	84.980620	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140209

Period:

Worksheet K-5

Hospice CCN: 141537

From 01/01/2014
To 12/31/2014

Part II
Date/Time Prepared:
5/26/2015 8:58 am

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/26/2015 8:58 am		
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.169022	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.185998	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.268596	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.271905	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.106625	0	0	6.00
6.01	NORTHSIDE LAB	60.01	0.257277	0	0	6.01
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0.014650	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.139460	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0.379128	0	0	10.00
10.01	GASTRO INTESTINAL SERVICES	76.01	0.141445	0	0	10.01
10.02	CARDIOLOGY	76.02	0.126513	0	0	10.02
10.03	PULMONARY FUNCTION TESTING	76.03	0.076752	0	0	10.03
10.97	CARDIAC REHABILITATION	76.97	0.429054	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.262958	0	0	10.98
10.99	LI THOTRIPSY	76.99	0.340147	0	0	10.99
11.00	Totals (sum of lines 1-10)					0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140209

Period:

Worksheet K-6

Hospice CCN: 141537

From 01/01/2014

To 12/31/2014

Date/Time Prepared:
5/26/2015 8:58 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,832,928	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				15,716	2.00
3.00	Average cost per diem (line 1 divided by line 2)				180.26	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	15,716				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,832,966				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140209	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 8:58 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,529,250	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		64,501	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)		136.52	3.00
4.00	Number of interns & residents (see instructions)		27.48	4.00
5.00	Indirect medical education percentage (see instructions)		5.84	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		147,708	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.20	8.00
9.00	Sum of lines 7 and 8		27.46	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.72	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		144,673	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,886,132	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