

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: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 8:58 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/20/2015	Time: 8:58 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE SAINT JOSEPH HOSPITAL ELGIN (140217) 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)

 CHIEF FINANCIAL OFFICER
 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	444,940	-106,586	16,689	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	7,443	406		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	452,383	-106,180	16,689	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: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 am			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 77 NORTH AIRLITE ST.			PO Box:						1.00		
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE		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		PRESENCE SAINT JOSEPH HOSPITAL ELGIN		140217	16974	1	09/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		PRESENCE SAINT JOSEPH REHAB UNIT		14T217	16974	5	09/01/1997	N	P	N	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											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - 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)						1		21.00			
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	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.			2,816	1,767	0	0	273	409		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.			0	32	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 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)(iii)? 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		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		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N		48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140217

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

Worksheet S-2
Part I
Date/Time Prepared:
5/20/2015 8:57 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 am		
		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	0.00	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	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (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)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
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		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 am	
		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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					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.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	4,306,538	2,482,393			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: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 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	148003			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: PRESENCE PRV HEALTH	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:				142.00	
143.00	City: CHI CAGO	State: IL		Zip Code: 60606		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.	Y	10/01/2014			146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	Y					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: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/20/2015 8:57 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)	10/01/2013	09/30/2014	170.00
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: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/20/2015 8:57 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	06/30/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2015	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140217

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

Worksheet S-2
Part II
Date/Time Prepared:
5/20/2015 8:57 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		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.	JENNIFER		HANES	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815) 806-2333		JENNIFER.HANES@PRESENCEHEALTH.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)	04/01/2015	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.	MGR OF REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:57 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	132	48,180	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)		132	48,180	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						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		144	52,560	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,600		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		184				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:57 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,961	3,141	25,424			1.00
2.00 HMO and other (see instructions)	1,929	1,258				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	403	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)	11,961	3,141	25,424			7.00
8.00 INTENSIVE CARE UNIT	1,557	395	3,017			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)	13,518	3,536	28,441	0.00	664.23	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	11,528	0	13,606	0.00	65.07	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	729.30	27.00
28.00 Observation Bed Days		315	2,666			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			170			30.00
31.00 Employee discount days - IRF			21			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 140217

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2015 8:57 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	2,699	678	5,891	1.00
2.00 HMO and other (see instructions)			400	243		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	2,699	678	5,891	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	1,031	1	1,242	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/20/2015 8:57 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	44,071,944	240,470	44,312,414	1,516,947.00	29.21	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,169,953	55,239	4,225,192	151,082.00	27.97	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,988,509	0	3,988,509	99,166.00	40.22	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		511,384	0	511,384	3,589.00	142.49	13.00
14.00	Home office salaries & wage-related costs		7,576,450	0	7,576,450	164,561.00	46.04	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,222,699	0	10,222,699			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,103,603	0	1,103,603			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	-62,376	259,881	197,505	7,781.00	25.38	26.00
27.00	Administrative & General	5.00	2,593,776	0	2,593,776	108,383.00	23.93	27.00
28.00	Administrative & General under contract (see inst.)		273,886	0	273,886	3,978.00	68.85	28.00
29.00	Maintenance & Repairs	6.00	1,785	0	1,785	70.00	25.50	29.00
30.00	Operation of Plant	7.00	1,226,299	0	1,226,299	52,500.00	23.36	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,066,514	0	1,066,514	88,422.00	12.06	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	961,026	-573,368	387,658	29,127.00	13.31	34.00
35.00	Dietary under contract (see instructions)		786,278	0	786,278	20,843.00	37.72	35.00
36.00	Cafeteria	11.00	0	573,368	573,368	43,080.00	13.31	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,602,079	0	2,602,079	60,392.00	43.09	38.00
39.00	Central Services and Supply	14.00	248,417	0	248,417	13,060.00	19.02	39.00
40.00	Pharmacy	15.00	2,048,853	0	2,048,853	47,458.00	43.17	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140217

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2015 8:57 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,195,203	-19,411	1,175,792	46,279.00	25.41	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140217

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2015 8:57 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)	45,132,108	240,470	45,372,578	1,541,768.00	29.43	1.00
2.00	Excluded area salaries (see instructions)	4,169,953	55,239	4,225,192	151,082.00	27.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,962,155	185,231	41,147,386	1,390,686.00	29.59	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,076,343	0	12,076,343	267,316.00	45.18	4.00
5.00	Subtotal wage-related costs (see inst.)	10,222,699	0	10,222,699	0.00	24.84	5.00
6.00	Total (sum of lines 3 thru 5)	63,261,197	185,231	63,446,428	1,658,002.00	38.27	6.00
7.00	Total overhead cost (see instructions)	12,941,740	240,470	13,182,210	521,373.00	25.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2015 8:57 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			744,536 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			790,256 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,364,945 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,405,734 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			104,690 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			38,683 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)			232,069 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			550,470 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			3,190,296 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			58,757 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			-259,881 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			105,747 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			11,326,302 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: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/20/2015 8:57 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		3,988,509	11,326,302
2.00	Hospital		3,988,509	10,222,699
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	976,249
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	127,354

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/20/2015 8:57 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)		0.191024	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		14,157,998	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		88,667,155	6.00	
7.00	Medicaid cost (line 1 times line 6)		16,937,555	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)		2,779,557	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		42,485	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,779,557	19.00	
			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	23,904,498	946,653	24,851,151	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,566,333	180,833	4,747,166	21.00
22.00	Partial payment by patients approved for charity care	153,002	180,819	333,821	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,413,331	14	4,413,345	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		1,305,183	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		554,115	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		751,068	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		143,472	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,556,817	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		7,336,374	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/20/2015 8:57 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT		5,213,507	5,213,507	3,330,845	8,544,352	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	1,334,319	1,334,319	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	-62,376	9,780,272	9,717,896	-867	9,717,029	4.00
5.01 01160	COMMUNICATIONS	151,494	194,490	345,984	-13	345,971	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	0	173,454	173,454	-4,847	168,607	5.02
5.03 00570	ADMINISTRATIVE	856,787	38,879	895,666	-11,776	883,890	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	121,708	-73,067	48,641	-2,277	46,364	5.04
5.05 00590	OTHER ADMIN AND GENERAL	1,463,787	26,395,879	27,859,666	112,573	27,972,239	5.05
6.00 00600	MAINTENANCE & REPAIRS	1,785	1,484,996	1,486,781	-15	1,486,766	6.00
7.00 00700	OPERATION OF PLANT	1,226,299	3,162,700	4,388,999	-291	4,388,708	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	327,181	327,181	0	327,181	8.00
9.00 00900	HOUSEKEEPING	1,066,514	140,312	1,206,826	7,279	1,214,105	9.00
10.00 01000	DIETARY	961,026	1,621,729	2,582,755	-1,550,242	1,032,513	10.00
11.00 01100	CAFETERIA	0	0	0	1,540,926	1,540,926	11.00
13.00 01300	NURSING ADMINISTRATION	2,602,079	144,160	2,746,239	-119,060	2,627,179	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	248,417	1,798,939	2,047,356	-1,628,266	419,090	14.00
15.00 01500	PHARMACY	2,048,853	7,230,777	9,279,630	-24,357	9,255,273	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,195,203	1,474,430	2,669,633	-5	2,669,628	16.00
23.00 02300	PARAMEDICAL PRGM-AMBULANCE	196,793	54,617	251,410	55,100	306,510	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	8,381,626	907,252	9,288,878	-565,221	8,723,657	30.00
31.00 03100	INTENSIVE CARE UNIT	2,161,134	704,084	2,865,218	-79,166	2,786,052	31.00
41.00 04100	SUBPROVIDER - I RF	3,737,610	1,291,501	5,029,111	-92,676	4,936,435	41.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	2,073,212	6,580,957	8,654,169	-5,446,507	3,207,662	50.00
51.00 05100	RECOVERY ROOM	1,994,085	116,650	2,110,735	-45,475	2,065,260	51.00
53.00 05300	ANESTHESIOLOGY	85,854	980,330	1,066,184	-55,861	1,010,323	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,881,820	748,657	2,630,477	-352,008	2,278,469	54.00
54.01 03650	VASCULAR LAB	389,279	11,021	400,300	-9,110	391,190	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,128,610	967,249	2,095,859	-113,064	1,982,795	55.00
57.00 05700	CT SCAN	468,050	215,387	683,437	-191,044	492,393	57.00
58.00 05800	MRI	184,330	45,219	229,549	-34,808	194,741	58.00
59.00 05900	CARDIAC CATHETERIZATION	812,168	3,028,597	3,840,765	-2,895,035	945,730	59.00
60.00 06000	LABORATORY	83,955	5,196,031	5,279,986	-142,773	5,137,213	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	509,662	509,662	0	509,662	62.00
65.00 06500	RESPIRATORY THERAPY	892,609	233,677	1,126,286	-178,264	948,022	65.00
66.00 06600	PHYSICAL THERAPY	2,069,662	598,457	2,668,119	-8,056	2,660,063	66.00
67.00 06700	OCCUPATIONAL THERAPY	905,028	123,595	1,028,623	-3,472	1,025,151	67.00
68.00 06800	SPEECH PATHOLOGY	403,626	5,055	408,681	-485	408,196	68.00
69.00 06900	ELECTROCARDIOLOGY	743,040	107,831	850,871	-12,282	838,589	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,651,663	4,651,663	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,281,411	7,281,411	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	599,337	599,337	-48	599,289	74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	352,045	26,638	378,683	-1	378,682	76.02
76.03 03951	OCCUPATIONAL HEALTH	336,371	397,695	734,066	-11,709	722,357	76.03
76.97 07697	CARDIAC REHABILITATION	83,120	4,622	87,742	0	87,742	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	562,387	562,387	-208,921	353,466	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	314,016	314,016	90.01
91.00 09100	EMERGENCY	2,354,809	2,753,586	5,108,395	-291,838	4,816,557	91.00
91.01 09101	CIVIL OUT	66,746	161,275	228,021	-2,607	225,414	91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03 09103	NUTRITION COUNSELING	169,236	8,654	177,890	-366	177,524	91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE		4,548,661	4,548,661	-4,548,661	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	43,836,394	90,597,322	134,433,716	-3,342	134,430,374	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,209	4,169	9,378	0	9,378	190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	13,522	148,401	161,923	5,139	167,062	194.00
194.01 07951	MOB	0	0	0	0	0	194.01
194.02 07952	COMMUNITY WELLNESS	87,564	3,029	90,593	-1,486	89,107	194.02
194.03 07953	FUND DEVELOPMENT	129,255	23,081	152,336	0	152,336	194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	-311	-311	194.04
200.00	TOTAL (SUM OF LINES 118-199)	44,071,944	90,776,002	134,847,946	0	134,847,946	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140217

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

Worksheet A
Date/Time Prepared:
5/20/2015 8:57 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	1,537,626	10,081,978	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,436,743	2,771,062	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,615,553	12,332,582	4.00
5.01	01160	COMMUNICATIONS	-22,714	323,257	5.01
5.02	00560	PURCHASING RECEIVING AND STORES	-5,022	163,585	5.02
5.03	00570	ADMINISTRATIVE	0	883,890	5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	46,364	5.04
5.05	00590	OTHER ADMIN AND GENERAL	-533,030	27,439,209	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	1,486,766	6.00
7.00	00700	OPERATION OF PLANT	0	4,388,708	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	327,181	8.00
9.00	00900	HOUSEKEEPING	0	1,214,105	9.00
10.00	01000	DIETARY	0	1,032,513	10.00
11.00	01100	CAFETERIA	-566,807	974,119	11.00
13.00	01300	NURSING ADMINISTRATION	-1,212	2,625,967	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	419,090	14.00
15.00	01500	PHARMACY	0	9,255,273	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-12,970	2,656,658	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	-82,141	224,369	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-76,865	8,646,792	30.00
31.00	03100	INTENSIVE CARE UNIT	-444,305	2,341,747	31.00
41.00	04100	SUBPROVIDER - IRF	-3,906	4,932,529	41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-13	3,207,649	50.00
51.00	05100	RECOVERY ROOM	0	2,065,260	51.00
53.00	05300	ANESTHESIOLOGY	-900,000	110,323	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-70,027	2,208,442	54.00
54.01	03650	VASCULAR LAB	-1,014	390,176	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-197,168	1,785,627	55.00
57.00	05700	CT SCAN	-924	491,469	57.00
58.00	05800	MRI	0	194,741	58.00
59.00	05900	CARDIAC CATHETERIZATION	-6,793	938,937	59.00
60.00	06000	LABORATORY	75,421	5,212,634	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	509,662	62.00
65.00	06500	RESPIRATORY THERAPY	0	948,022	65.00
66.00	06600	PHYSICAL THERAPY	0	2,660,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,025,151	67.00
68.00	06800	SPEECH PATHOLOGY	0	408,196	68.00
69.00	06900	ELECTROCARDIOLOGY	-12,587	826,002	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,651,663	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,281,411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	599,289	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	378,682	76.02
76.03	03951	OCCUPATIONAL HEALTH	-268,246	454,111	76.03
76.97	07697	CARDIAC REHABILITATION	0	87,742	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-974	352,492	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OUTPATIENT PROCEDURES	0	314,016	90.01
91.00	09100	EMERGENCY	-1,500,440	3,316,117	91.00
91.01	09101	CVILLE OUT	-65,690	159,724	91.01
91.02	09102	LAKE HILL OUT	0	0	91.02
91.03	09103	NUTRITION COUNSELING	-2,460	175,064	91.03
91.04	09104	HUNTLEY OP	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	890,035	135,320,409	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,378	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	167,062	194.00
194.01	07951	MOB	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	89,107	194.02
194.03	07953	FUND DEVELOPMENT	0	152,336	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	-311	194.04
200.00		TOTAL (SUM OF LINES 118-199)	890,035	135,737,981	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	573,368	967,558	1.00
	O		573,368	967,558	
B - EQUIP DEPR					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,334,319	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	1,334,319	
C - EXECUTIVE HEALTH RESOURCES					
1.00	OTHER ADMIN AND GENERAL	5.05	0	115,700	1.00
	TOTALS		0	115,700	
D - DIRECTLY ASSIGNED DEPR					
1.00	EMERGENCY	91.00	0	1,203	1.00
2.00	C'VILLE OUT	91.01	0	291	2.00
3.00	MISC NONREIMBURSABLE COST CENTER	194.00	0	5,139	3.00
	O		0	6,633	
H - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,548,661	1.00
	O		0	4,548,661	
I - EMS TRAINING COSTS					
1.00	PARAMED ED PRGM-AMBULANCE	23.00	55,239	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	O		55,239	0	
J - DEFERRED COMPENSATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	259,881	0	1.00
	O		259,881	0	
K - HO ALLOCATION					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,411	1.00
	O		0	19,411	
L - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,281,411	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
	O		0	7,281,411	
M - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,651,663	1.00
2.00	HOUSEKEEPING	9.00	0	22,054	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

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	0		0	4,673,717		
N - RECLASS OP PROCEDURE COSTS						
1.00	OUTPATIENT PROCEDURES	90.01	283,346	30,670		1.00
	0		283,346	30,670		
500.00	Grand Total : Increases		1,171,834	18,978,080		500.00

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6
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 - CAFETERIA						
1.00	DIETARY	10.00	573,368	967,558	0	1.00
	O		573,368	967,558		
B - EQUIP DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,211,183	9	1.00
2.00	LABORATORY	60.00	0	123,136	9	2.00
3.00		0.00	0	0	9	3.00
	O		0	1,334,319		
C - EXECUTIVE HEALTH RESOURCES						
1.00	NURSING ADMINISTRATION	13.00	0	115,700	0	1.00
	TOTALS		0	115,700		
D - DIRECTLY ASSIGNED DEPR						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,633	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
	O		0	6,633		
H - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,548,661	11	1.00
	O		0	4,548,661		
I - EMS TRAINING COSTS						
1.00	ADULTS & PEDIATRICS	30.00	3,258	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	2,076	0	0	2.00
3.00	ANESTHESIOLOGY	53.00	2,868	0	0	3.00
4.00	CARDIAC CATHETERIZATION	59.00	2,342	0	0	4.00
5.00	RESPIRATORY THERAPY	65.00	3,407	0	0	5.00
6.00	EMERGENCY	91.00	41,288	0	0	6.00
	O		55,239	0		
J - DEFERRED COMPENSATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	259,881	0	1.00
	O		0	259,881		
K - HO ALLOCATIONS						
1.00	MEDICAL RECORDS & LIBRARY	16.00	19,411	0	0	1.00
	O		19,411	0		
L - IMPLANTS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	362,870	0	1.00
2.00	PHARMACY	15.00	0	1,292	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	146	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	348	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	112	0	5.00
6.00	OPERATING ROOM	50.00	0	4,180,478	0	6.00
7.00	ANESTHESIOLOGY	53.00	0	1,709	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	533	0	8.00
9.00	VASCULAR LAB	54.01	0	285	0	9.00
10.00	CT SCAN	57.00	0	49,456	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,652,398	0	11.00
12.00	OCCUPATIONAL HEALTH	76.03	0	938	0	12.00
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	21,598	0	13.00
14.00	EMERGENCY	91.00	0	9,248	0	14.00
	O		0	7,281,411		
M - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	867	0	1.00
2.00	COMMUNICATIONS	5.01	0	13	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.02	0	4,847	0	3.00
4.00	ADMINISTRATIVE	5.03	0	11,776	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	2,277	0	5.00
6.00	OTHER ADMIN AND GENERAL	5.05	0	3,127	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	15	0	7.00
8.00	OPERATION OF PLANT	7.00	0	291	0	8.00
9.00	HOUSEKEEPING	9.00	0	14,775	0	9.00
10.00	DIETARY	10.00	0	9,316	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	3,360	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,265,396	0	12.00
13.00	PHARMACY	15.00	0	23,065	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	5	0	14.00
15.00	PARAMEDICAL PRGM-AMBULANCE	23.00	0	139	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	247,801	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	76,742	0	17.00
18.00	SUBPROVIDER - IRF	41.00	0	92,564	0	18.00
19.00	OPERATING ROOM	50.00	0	1,266,029	0	19.00
20.00	RECOVERY ROOM	51.00	0	45,475	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	51,284	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	351,475	0	22.00

RECLASSIFICATIONS

Provider CCN: 140217

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

Worksheet A-6

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				
23.00	VASCULAR LAB	54.01	0	8,825	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	113,064	0		24.00	
25.00	CT SCAN	57.00	0	141,588	0		25.00	
26.00	MRI	58.00	0	34,808	0		26.00	
27.00	CARDIAC CATHETERIZATION	59.00	0	240,295	0		27.00	
28.00	LABORATORY	60.00	0	19,637	0		28.00	
29.00	RESPIRATORY THERAPY	65.00	0	174,857	0		29.00	
30.00	PHYSICAL THERAPY	66.00	0	8,056	0		30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	3,472	0		31.00	
32.00	SPEECH PATHOLOGY	68.00	0	485	0		32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	12,282	0		33.00	
34.00	RENAL DIALYSIS	74.00	0	48	0		34.00	
35.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02	0	1	0		35.00	
36.00	OCCUPATIONAL HEALTH	76.03	0	10,771	0		36.00	
37.00	HYPERBARIC OXYGEN THERAPY	76.98	0	187,323	0		37.00	
38.00	EMERGENCY	91.00	0	242,505	0		38.00	
39.00	CIVIL OUT	91.01	0	2,898	0		39.00	
40.00	NUTRITION COUNSELING	91.03	0	366	0		40.00	
41.00	COMMUNITY WELLNESS	194.02	0	1,486	0		41.00	
42.00	PHYSICIAN PRACTICE MANAGEMENT	194.04	0	311	0		42.00	
			0	4,673,717				
N - RECLASS OP PROCEDURE COSTS								
1.00	ADULTS & PEDIATRICS	30.00	283,346	30,670	0		1.00	
			283,346	30,670				
500.00	Grand Total: Decreases		931,364	19,218,550			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,549,055	0	0	0	1.00
2.00	Land Improvements	6,147,430	0	0	0	2.00
3.00	Buildings and Fixtures	150,856,388	175,079	0	175,079	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	1,445,618	0	0	0	5.00
6.00	Movable Equipment	65,560,184	2,062,606	0	2,062,606	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	226,558,675	2,237,685	0	2,237,685	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	226,558,675	2,237,685	0	2,237,685	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,549,055	0			1.00
2.00	Land Improvements	6,147,430	1,424,449			2.00
3.00	Buildings and Fixtures	150,197,570	17,570,090			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	1,445,618	0			5.00
6.00	Movable Equipment	65,355,735	42,273,839			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	225,695,408	61,268,378			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	225,695,408	61,268,378			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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	5,213,507	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,213,507	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	5,213,507				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,213,507				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140217

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	150,197,570	0	150,197,570	0.692158	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,801,353	0	66,801,353	0.307842	0	2.00
3.00	Total (sum of lines 1-2)	216,998,923	0	216,998,923	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,732,923	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,771,062	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,503,985	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,349,055	0	0	0	10,081,978	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,771,062	2.00
3.00	Total (sum of lines 1-2)	4,349,055	0	0	0	12,853,040	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140217

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)	B	-5,022		PURCHASING RECEIVING AND STORES	5.02		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	-22,714		COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,396,535					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	1,896,373					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-517,882		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	B	-4,463		MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines	B	-1,452		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	*** Cost Center Deleted ***	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 INTEREST INCOME	B	-199,606		CAP REL COSTS-BLDG & FIXT	1.00		11	33.00
34.01 MISC REVENUE	B	-1,188		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	34.01

Provider CCN: 140217

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

Worksheet A-8

Date/Time Prepared:
 5/20/2015 8:57 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		
34.02		0			0	34.02
34.03	B	-575	NURSING ADMINISTRATION	13.00	0	34.03
34.05		0		0.00	0	34.05
34.06		0		0.00	0	34.06
34.07		0		0.00	0	34.07
34.08		0		0.00	0	34.08
34.10	B	-2,460	NUTRITION COUNSELING	91.03	0	34.10
35.00	A	-42,768	CAFETERIA	11.00	0	35.00
35.10	B	-4,705	CAFETERIA	11.00	0	35.10
36.00	B	-82,141	PARAMED ED PRGM-AMBULANCE	23.00	0	36.00
37.00		0		0.00	0	37.00
38.00	B	-278,130	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00	B	-49,536	ADULTS & PEDIATRICS	30.00	0	39.00
40.00		0		0.00	0	40.00
41.00	B	-65,690	C'VILLE OUT	91.01	0	41.00
42.00	B	-205	RADIOLOGY-DIAGNOSTIC	54.00	0	42.00
43.00	B	-7,307	OTHER ADMIN AND GENERAL	5.05	0	43.00
44.00	A	-37,836	OTHER ADMIN AND GENERAL	5.05	0	44.00
45.00	A	-935	OTHER ADMIN AND GENERAL	5.05	0	45.00
46.00	A	19,332	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46.00
47.00	A	2,893,792	CAP REL COSTS-BLDG & FIXT	1.00	9	47.00
48.00	A	1,436,743	CAP REL COSTS-MVBLE EQUIP	2.00	9	48.00
49.00	A	1,364,945	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.00
50.00		890,035				50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)						

(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: 140217
 Period: From 01/01/2014 To 12/31/2014
 Worksheet A-8-1
 Date/Time Prepared: 5/20/2015 8:57 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	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL	1,906,355	1,793,105	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	1,510,594	0	2.00
3.00	5.05	OTHER ADMIN AND GENERAL	ADMINISTRATIVE	16,767,779	15,326,553	3.00
3.01	10.00	DIETARY	DIETARY	774,966	774,966	3.01
3.02	16.00	MEDICAL RECORDS & LIBRARY	HIM	19,522	19,522	3.02
3.03	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	3,258,280	4,528,090	3.03
3.04	60.00	LABORATORY	ALVERNO	4,519,195	4,418,082	3.04
3.05	0.00			0	0	3.05
3.06	0.00			0	0	3.06
4.00	0.00			0	0	4.00
4.02	0.00			0	0	4.02
4.03	0.00			0	0	4.03
4.04	0.00			0	0	4.04
4.05	0.00			0	0	4.05
4.06	0.00			0	0	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			28,756,691	26,860,318	5.00

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

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

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

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

6.00	B		100.00	PRESENCE PRV HE	100.00	6.00
7.00	C		0.00	ALVERNO LABS	66.67	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140217

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2015 8:57 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	113,250	9		1.00
2.00	1,510,594	0		2.00
3.00	1,441,226	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	-1,269,810	9		3.03
3.04	101,113	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
4.00	0	0		4.00
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
5.00	1,896,373			5.00

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

Related Organization(s) and/or Home Office	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00	LABORATORY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140217

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 8:57 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	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	1,982,531	1,903,088	79,443	177,200	638	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	2,000	0	2,000	177,200	16	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	19,667	0	19,667	177,200	131	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	54,000	0	54,000	154,100	360	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	80,706	3,906	76,800	177,700	960	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	10,813	0	10,813	208,000	108	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	126,580	50,544	76,036	225,300	524	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	273,245	144,395	128,850	177,200	893	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	15,738	0	15,738	177,200	105	9.00
10.00	60.00	AGGREGATE-LABORATORY	50,166	0	50,166	215,700	236	10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	39,508	0	39,508	177,200	316	11.00
12.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	2,763	0	2,763	177,200	21	12.00
13.00	91.00	AGGREGATE-EMERGENCY	1,520,971	1,488,571	32,400	177,200	241	13.00
14.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	444,305	444,305	0	0	0	14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	900,000	900,000	0	0	0	15.00
16.00	57.00	AGGREGATE-CT SCAN	924	924	0	0	0	16.00
17.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	268,246	268,246	0	0	0	17.00
18.00	54.01	AGGREGATE-VASCULAR LAB	1,014	1,014	0	0	0	18.00
200.00			5,793,177	5,204,993	588,184		4,549	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	54,353	2,718	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	1,363	68	0	0	0	2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	11,160	558	0	0	0	3.00
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	26,671	1,334	0	0	0	4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IIRF	82,015	4,101	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	10,800	540	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	56,758	2,838	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	76,077	3,804	0	0	0	8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	8,945	447	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	24,474	1,224	0	0	0	10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	26,921	1,346	0	0	0	11.00
12.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	1,789	89	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	20,531	1,027	0	0	0	13.00
14.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	15.00
16.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	16.00
17.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	0	0	17.00
18.00	54.01	AGGREGATE-VASCULAR LAB	0	0	0	0	0	18.00
200.00			401,857	20,094	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMIN AND GENERAL	0	54,353	25,090	1,928,178		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	1,363	637	637		2.00
3.00	16.00	AGGREGATE-MEDICAL RECORDS & LIBRARY	0	11,160	8,507	8,507		3.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140217

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2015 8:57 am

	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		
4.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	26,671	27,329	27,329		4.00
5.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	82,015	0	3,906		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	10,800	13	13		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	56,758	19,278	69,822		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	76,077	52,773	197,168		8.00
9.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	8,945	6,793	6,793		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	24,474	25,692	25,692		10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	26,921	12,587	12,587		11.00
12.00	76.98	AGGREGATE-HYPERBARIC OXYGEN THERAPY	0	1,789	974	974		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	20,531	11,869	1,500,440		13.00
14.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	444,305		14.00
15.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	900,000		15.00
16.00	57.00	AGGREGATE-CT SCAN	0	0	0	924		16.00
17.00	76.03	AGGREGATE-OCCUPATIONAL HEALTH	0	0	0	268,246		17.00
18.00	54.01	AGGREGATE-VASCULAR LAB	0	0	0	1,014		18.00
200.00			0	401,857	191,542	5,396,535		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,081,978	10,081,978			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,771,062		2,771,062		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,332,582	59,525	16,361	12,408,468	4.00
5.01 01160	COMMUNICATIONS	323,257	45,558	12,522	42,593	423,930 5.01
5.02 00560	PURCHASING RECEIVING AND STORES	163,585	366,870	100,835	0	6,624 5.02
5.03 00570	ADMITTING	883,890	118,925	32,687	240,887	11,776 5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	46,364	0	0	34,218	15,456 5.04
5.05 00590	OTHER ADMIN AND GENERAL	27,439,209	1,012,973	278,419	411,547	66,235 5.05
6.00 00600	MAINTENANCE & REPAIRS	1,486,766	846,136	232,563	502	736 6.00
7.00 00700	OPERATION OF PLANT	4,388,708	251,067	69,007	344,776	14,720 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	327,181	62,361	17,140	0	736 8.00
9.00 00900	HOUSEKEEPING	1,214,105	55,476	15,248	299,853	1,472 9.00
10.00 01000	DIETARY	1,032,513	497,764	136,812	270,194	9,568 10.00
11.00 01100	CAFETERIA	974,119	0	0	0	1,472 11.00
13.00 01300	NURSING ADMINISTRATION	2,625,967	41,740	11,472	731,580	15,456 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	419,090	161,593	44,414	69,843	3,680 14.00
15.00 01500	PHARMACY	9,255,273	140,776	38,693	576,039	5,152 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,656,658	95,075	26,132	336,034	14,720 16.00
23.00 02300	PARAMED ED PRGM-AMBULANCE	224,369	44,595	12,257	55,329	3,680 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,646,792	2,599,824	714,570	2,356,526	62,559 30.00
31.00 03100	INTENSIVE CARE UNIT	2,341,747	273,899	75,282	607,607	5,152 31.00
41.00 04100	SUBPROVIDER - IIRF	4,932,529	523,771	143,960	1,050,837	9,568 41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,207,649	320,652	88,132	582,888	22,816 50.00
51.00 05100	RECOVERY ROOM	2,065,260	147,465	40,531	560,641	4,416 51.00
53.00 05300	ANESTHESIOLOGY	110,323	11,149	3,064	24,138	2,208 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,208,442	375,611	103,238	529,077	25,760 54.00
54.01 03650	VASCULAR LAB	390,176	14,627	4,020	109,447	736 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,785,627	463,783	127,472	317,311	22,816 55.00
57.00 05700	CT SCAN	491,469	0	0	131,593	0 57.00
58.00 05800	MRI	194,741	28,184	7,746	51,825	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	938,937	110,594	30,397	228,343	0 59.00
60.00 06000	LABORATORY	5,212,634	259,308	71,272	23,604	14,720 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	509,662	2,372	652	0	736 62.00
65.00 06500	RESPIRATORY THERAPY	948,022	11,149	3,064	250,959	5,152 65.00
66.00 06600	PHYSICAL THERAPY	2,660,063	113,769	31,270	581,890	6,624 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,025,151	192,470	52,901	254,450	736 67.00
68.00 06800	SPEECH PATHOLOGY	408,196	1,605	441	113,480	736 68.00
69.00 06900	ELECTROCARDIOLOGY	826,002	152,049	41,791	208,907	5,152 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,651,663	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,281,411	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	599,289	31,930	8,776	0	0 74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0 76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	378,682	100,338	27,578	98,978	12,512 76.02
76.03 03951	OCCUPATIONAL HEALTH	454,111	49,767	13,679	94,571	0 76.03
76.97 07697	CARDIAC REHABILITATION	87,742	0	0	23,369	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	352,492	32,286	8,874	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	314,016	0	0	0	0 90.01
91.00 09100	EMERGENCY	3,316,117	356,756	98,055	662,059	23,552 91.00
91.01 09101	CIVILLE OUT	159,724	0	0	18,766	736 91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	0 91.02
91.03 09103	NUTRITION COUNSELING	175,064	45,558	12,522	47,581	0 91.03
91.04 09104	HUNTLEY OP	0	0	0	0	0 91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,320,409	10,019,350	2,753,849	12,342,242	398,170 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,378	34,088	9,369	1,465	1,472 190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	167,062	0	0	3,802	0 194.00
194.01 07951	MOB	0	0	0	0	21,344 194.01
194.02 07952	COMMUNITY WELLNESS	89,107	0	0	24,619	0 194.02
194.03 07953	FUND DEVELOPMENT	152,336	28,540	7,844	36,340	2,944 194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	-311	0	0	0	0 194.04
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

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	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers			0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	135,737,981	10,081,978	2,771,062	12,408,468	423,930	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMIN AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES	637,914					5.02
5.03	00570	ADMINING	947	1,289,112				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE	84	0	96,122			5.04
5.05	00590	OTHER ADMIN AND GENERAL	0	0	0	29,208,383	29,208,383	5.05
6.00	00600	MAINTENANCE & REPAIRS	284	0	0	2,566,987	703,816	6.00
7.00	00700	OPERATION OF PLANT	11,336	0	0	5,079,614	1,392,729	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,137	0	0	412,555	113,114	8.00
9.00	00900	HOUSEKEEPING	5,185	0	0	1,591,339	436,313	9.00
10.00	01000	DIETARY	43,384	0	0	1,990,235	545,683	10.00
11.00	01100	CAFETERIA	0	0	0	975,591	267,488	11.00
13.00	01300	NURSING ADMINISTRATION	1,451	0	0	3,427,666	939,797	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	698,620	191,548	14.00
15.00	01500	PHARMACY	0	0	0	10,015,933	2,746,169	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,446	0	0	3,130,065	858,201	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	605	0	0	340,835	93,450	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,817	153,224	11,412	14,551,724	3,989,805	30.00
31.00	03100	INTENSIVE CARE UNIT	1,084	39,830	2,967	3,347,568	917,836	31.00
41.00	04100	SUBPROVIDER - IIRF	3,837	63,031	4,695	6,732,228	1,845,842	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,195	162,167	12,188	4,400,687	1,206,580	50.00
51.00	05100	RECOVERY ROOM	665	56,171	4,184	2,879,333	789,456	51.00
53.00	05300	ANESTHESIOLOGY	71	25,555	1,903	178,411	48,917	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,117	49,587	3,693	3,296,525	903,841	54.00
54.01	03650	VASCULAR LAB	0	18,976	1,413	539,395	147,891	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,227	40,097	2,986	2,761,319	757,098	55.00
57.00	05700	CT SCAN	113	90,996	6,777	720,948	197,670	57.00
58.00	05800	MRI	354	22,184	1,652	306,686	84,087	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	46,578	3,469	1,358,318	372,424	59.00
60.00	06000	LABORATORY	592	110,551	8,234	5,700,915	1,563,077	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,422	180	516,024	141,483	62.00
65.00	06500	RESPIRATORY THERAPY	521	24,954	1,859	1,245,680	341,541	65.00
66.00	06600	PHYSICAL THERAPY	346	24,628	1,834	3,420,424	937,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	108	12,853	957	1,539,626	422,135	67.00
68.00	06800	SPEECH PATHOLOGY	55	5,763	429	530,705	145,509	68.00
69.00	06900	ELECTROCARDIOLOGY	375	27,885	2,077	1,264,238	346,629	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	224,922	47,531	3,540	4,927,656	1,351,065	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	317,248	56,414	4,202	7,659,275	2,100,020	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,614	5,930	85,544	23,454	73.00
74.00	07400	RENAL DIALYSIS	6	5,382	401	645,784	177,061	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	14,595	1,087	633,770	173,767	76.02
76.03	03951	OCCUPATIONAL HEALTH	252	1,017	76	613,473	168,202	76.03
76.97	07697	CARDIAC REHABILITATION	114	930	69	112,224	30,770	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54	7,962	593	402,261	110,292	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	5,361	399	319,776	87,676	90.01
91.00	09100	EMERGENCY	3,671	91,782	6,836	4,558,828	1,249,939	91.00
91.01	09101	CVILLE OUT	0	606	45	179,877	49,319	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	134	466	35	281,360	77,143	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	637,737	1,289,112	96,122	135,148,405	29,046,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64	0	0	55,836	15,309	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	170,864	46,847	194.00
194.01	07951	MOB	0	0	0	21,344	5,852	194.01
194.02	07952	COMMUNITY WELLNESS	43	0	0	113,769	31,193	194.02
194.03	07953	FUND DEVELOPMENT	70	0	0	228,074	62,533	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	-311	0	194.04
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)	637,914	1,289,112	96,122	135,737,981	29,208,383	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/20/2015 8:57 am				
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMIN AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS	3,270,803				6.00	
7.00	00700	OPERATION OF PLANT	107,598	6,579,941			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	26,726	55,593	607,988		8.00	
9.00	00900	HOUSEKEEPING	23,775	49,455	0	2,100,882	9.00	
10.00	01000	DIETARY	213,324	443,746	0	143,980	3,336,968	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,888	37,211	0	12,074	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,253	144,056	0	46,741	0	14.00
15.00	01500	PHARMACY	60,332	125,499	0	40,720	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,746	84,758	0	27,501	0	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	19,112	39,755	0	12,899	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,114,192	2,317,686	367,624	752,014	1,967,894	30.00
31.00	03100	INTENSIVE CARE UNIT	117,384	244,176	43,625	79,227	106,337	31.00
41.00	04100	SUBPROVIDER - IRF	224,470	466,931	196,739	151,503	1,057,094	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	137,420	285,855	0	92,750	0	50.00
51.00	05100	RECOVERY ROOM	63,198	131,462	0	42,655	7,422	51.00
53.00	05300	ANESTHESIOLOGY	4,778	9,939	0	3,225	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	160,973	334,849	0	108,647	0	54.00
54.01	03650	VASCULAR LAB	6,269	13,040	0	4,231	11,875	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	198,761	413,453	0	134,151	25,307	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	12,079	25,125	0	8,152	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,397	98,593	0	31,990	0	59.00
60.00	06000	LABORATORY	111,130	231,168	0	75,006	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,017	2,115	0	686	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,778	9,939	0	3,225	0	65.00
66.00	06600	PHYSICAL THERAPY	48,758	101,423	0	32,908	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	82,486	171,583	0	55,673	0	67.00
68.00	06800	SPEECH PATHOLOGY	688	1,431	0	464	0	68.00
69.00	06900	ELECTROCARDIOLOGY	65,163	135,549	0	43,981	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,684	28,465	0	9,236	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,001	89,449	0	29,023	115,122	76.02
76.03	03951	OCCUPATIONAL HEALTH	21,329	44,367	0	14,395	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,837	28,783	0	9,339	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	152,893	318,041	0	103,193	45,917	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	19,524	40,614	0	13,178	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,243,963	6,524,109	607,988	2,082,767	3,336,968	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,609	30,389	0	9,860	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	12,231	25,443	0	8,255	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,270,803	6,579,941	607,988	2,100,882	3,336,968	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

Period:
From 01/01/2014
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00560						5.02
5.03	00570						5.03
5.04	00580						5.04
5.05	00590						5.05
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	1,243,079					11.00
13.00	01300	62,973	4,497,609				13.00
14.00	01400	13,618	69,171	1,233,007			14.00
15.00	01500	0	0	0	12,988,653		15.00
16.00	01600	48,257	68,080	0	0	4,257,608	16.00
23.00	02300	16,236	48,065	0	6,702	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	290,372	1,474,907	0	153,139	505,990	30.00
31.00	03100	60,657	308,098	0	65,618	131,532	31.00
41.00	04100	141,127	716,834	0	16,796	208,147	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	62,770	318,834	0	147,729	536,095	50.00
51.00	05100	60,190	305,726	0	79,565	185,493	51.00
53.00	05300	3,262	16,567	0	15,454	84,389	53.00
54.00	05400	64,657	82,105	0	3,022	163,751	54.00
54.01	03650	10,027	12,733	0	0	62,665	54.01
55.00	05500	33,430	42,451	0	61,638	132,411	55.00
57.00	05700	14,044	17,833	0	11,896	300,495	57.00
58.00	05800	4,476	5,683	0	1,767	73,257	58.00
59.00	05900	20,130	25,709	0	10,387	153,815	59.00
60.00	06000	2,025	2,569	0	749	365,071	60.00
62.00	06200	0	0	0	0	7,999	62.00
65.00	06500	31,001	39,517	0	0	82,404	65.00
66.00	06600	64,690	82,148	0	0	81,330	66.00
67.00	06700	25,910	32,901	0	0	42,446	67.00
68.00	06800	10,984	13,945	0	0	19,032	68.00
69.00	06900	23,957	30,423	0	6,810	92,085	69.00
71.00	07100	0	0	511,524	0	156,963	71.00
72.00	07200	0	0	721,483	0	186,297	72.00
73.00	07300	49,486	251,358	0	12,215,465	262,910	73.00
74.00	07400	0	0	0	0	17,774	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	11,953	60,713	0	0	48,199	76.02
76.03	03951	13,273	0	0	120	3,357	76.03
76.97	07697	2,932	3,723	0	0	3,073	76.97
76.98	07698	0	0	0	347	26,294	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	10,160	51,608	0	0	17,704	90.01
91.00	09100	77,127	391,756	0	191,447	303,090	91.00
91.01	09101	0	0	0	0	2,000	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	4,755	24,152	0	0	1,540	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,234,479	4,497,609	1,233,007	12,988,651	4,257,608	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	496	0	0	0	0	190.00
194.00	07950	602	0	0	2	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	3,008	0	0	0	0	194.02
194.03	07953	4,494	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,243,079	4,497,609	1,233,007	12,988,653	4,257,608	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140217

Period:
From 01/01/2014
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Cost Center Description			PARAMED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMINISTRATIVE					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
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
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
23.00	02300	PARAMED PRGM-AMBULANCE	577,054				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,066	27,521,413	0	27,521,413	30.00
31.00	03100	INTENSIVE CARE UNIT	18,033	5,440,091	0	5,440,091	31.00
41.00	04100	SUBPROVIDER - I RF	0	11,757,711	0	11,757,711	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,188,720	0	7,188,720	50.00
51.00	05100	RECOVERY ROOM	0	4,544,500	0	4,544,500	51.00
53.00	05300	ANESTHESIOLOGY	36,066	401,008	0	401,008	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,118,370	0	5,118,370	54.00
54.01	03650	VASCULAR LAB	0	808,126	0	808,126	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,560,019	0	4,560,019	55.00
57.00	05700	CT SCAN	0	1,262,886	0	1,262,886	57.00
58.00	05800	MRI	0	521,312	0	521,312	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,033	2,136,796	0	2,136,796	59.00
60.00	06000	LABORATORY	0	8,051,710	0	8,051,710	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	669,324	0	669,324	62.00
65.00	06500	RESPIRATORY THERAPY	36,066	1,794,151	0	1,794,151	65.00
66.00	06600	PHYSICAL THERAPY	0	4,769,493	0	4,769,493	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,372,760	0	2,372,760	67.00
68.00	06800	SPEECH PATHOLOGY	0	722,758	0	722,758	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,008,835	0	2,008,835	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,947,208	0	6,947,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,667,075	0	10,667,075	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,888,217	0	12,888,217	73.00
74.00	07400	RENAL DIALYSIS	0	892,004	0	892,004	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,204,997	0	1,204,997	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	878,516	0	878,516	76.03
76.97	07697	CARDIAC REHABILITATION	0	152,722	0	152,722	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	591,153	0	591,153	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	486,924	0	486,924	90.01
91.00	09100	EMERGENCY	432,790	7,825,021	0	7,825,021	91.00
91.01	09101	CVILLE OUT	0	231,196	0	231,196	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	462,266	0	462,266	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	577,054	134,877,282	0	134,877,282	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126,499	0	126,499	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	218,315	0	218,315	194.00
194.01	07951	MOB	0	27,196	0	27,196	194.01
194.02	07952	COMMUNITY WELLNESS	0	147,970	0	147,970	194.02
194.03	07953	FUND DEVELOPMENT	0	341,030	0	341,030	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	-311	0	-311	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	577,054	135,737,981	0	135,737,981	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140217

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
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	705	59,525	16,361	76,591	4.00
5.01 01160	COMMUNICATIONS	0	45,558	12,522	58,080	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	0	366,870	100,835	467,705	5.02
5.03 00570	ADMITTING	0	118,925	32,687	151,612	5.03
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.04
5.05 00590	OTHER ADMIN AND GENERAL	412,623	1,012,973	278,419	1,704,015	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	846,136	232,563	1,078,699	6.00
7.00 00700	OPERATION OF PLANT	7,140	251,067	69,007	327,214	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	62,361	17,140	79,501	8.00
9.00 00900	HOUSEKEEPING	0	55,476	15,248	70,724	9.00
10.00 01000	DIETARY	2,823	497,764	136,812	637,399	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	21,041	41,740	11,472	74,253	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	244,178	161,593	44,414	450,185	14.00
15.00 01500	PHARMACY	329,184	140,776	38,693	508,653	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	95,075	26,132	121,207	16.00
23.00 02300	PARAMED PRGM-AMBULANCE	0	44,595	12,257	56,852	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,599,824	714,570	3,314,394	30.00
31.00 03100	INTENSIVE CARE UNIT	0	273,899	75,282	349,181	31.00
41.00 04100	SUBPROVIDER - IRF	3,473	523,771	143,960	671,204	41.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	388,180	320,652	88,132	796,964	50.00
51.00 05100	RECOVERY ROOM	0	147,465	40,531	187,996	51.00
53.00 05300	ANESTHESIOLOGY	0	11,149	3,064	14,213	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	38,383	375,611	103,238	517,232	54.00
54.01 03650	VASCULAR LAB	0	14,627	4,020	18,647	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	463,783	127,472	591,255	55.00
57.00 05700	CT SCAN	16,314	0	0	16,314	57.00
58.00 05800	MRI	0	28,184	7,746	35,930	58.00
59.00 05900	CARDIAC CATHETERIZATION	69,941	110,594	30,397	210,932	59.00
60.00 06000	LABORATORY	0	259,308	71,272	330,580	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,372	652	3,024	62.00
65.00 06500	RESPIRATORY THERAPY	44,138	11,149	3,064	58,351	65.00
66.00 06600	PHYSICAL THERAPY	0	113,769	31,270	145,039	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	192,470	52,901	245,371	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,605	441	2,046	68.00
69.00 06900	ELECTROCARDIOLOGY	0	152,049	41,791	193,840	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	400	31,930	8,776	41,106	74.00
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	100,338	27,578	127,916	76.02
76.03 03951	OCCUPATIONAL HEALTH	0	49,767	13,679	63,446	76.03
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	32,286	8,874	41,160	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00 09100	EMERGENCY	16,776	356,756	98,055	471,587	91.00
91.01 09101	CIVILLE OUT	0	0	0	0	91.01
91.02 09102	LAKE HILL OUT	0	0	0	0	91.02
91.03 09103	NUTRITION COUNSELING	0	45,558	12,522	58,080	91.03
91.04 09104	HUNTLEY OP	0	0	0	0	91.04
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,595,299	10,019,350	2,753,849	14,368,498	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,088	9,369	43,457	190.00
194.00 07950	MISC NONREIMBURSABLE COST CENTER	45,633	0	0	45,633	194.00
194.01 07951	MOB	0	0	0	0	194.01
194.02 07952	COMMUNITY WELLNESS	0	0	0	0	194.02
194.03 07953	FUND DEVELOPMENT	0	28,540	7,844	36,384	194.03
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:57 am	
		CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
Cost Center Description		Directly Assigned New Capital Related Costs	BLDG & FIXT				MVBLE EQUIP
202.00	TOTAL (sum lines 118-201)	1,640,932	10,081,978	2,771,062	14,493,972	76,591	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description		COMMUNICATIONS	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMIN AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	58,343					5.01
5.02	00560	912	468,617				5.02
5.03	00570	1,621	696	155,416			5.03
5.04	00580	2,127	62	0	2,400		5.04
5.05	00590	9,116	0	0	0	1,715,671	5.05
6.00	00600	101	209	0	0	41,341	6.00
7.00	00700	2,026	8,328	0	0	81,807	7.00
8.00	00800	101	3,774	0	0	6,644	8.00
9.00	00900	203	3,809	0	0	25,629	9.00
10.00	01000	1,317	31,870	0	0	32,053	10.00
11.00	01100	203	0	0	0	15,712	11.00
13.00	01300	2,127	1,066	0	0	55,203	13.00
14.00	01400	506	0	0	0	11,251	14.00
15.00	01500	709	0	0	0	161,307	15.00
16.00	01600	2,026	1,062	0	0	50,410	16.00
23.00	02300	506	444	0	0	5,489	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	8,610	5,008	18,461	252	234,359	30.00
31.00	03100	709	796	4,799	65	53,913	31.00
41.00	04100	1,317	2,819	7,594	104	108,423	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,140	3,082	19,641	547	70,873	50.00
51.00	05100	608	489	6,768	92	46,372	51.00
53.00	05300	304	52	3,079	42	2,873	53.00
54.00	05400	3,545	821	5,974	81	53,091	54.00
54.01	03650	101	0	2,286	31	8,687	54.01
55.00	05500	3,140	902	4,831	66	44,471	55.00
57.00	05700	0	83	10,963	150	11,611	57.00
58.00	05800	0	260	2,673	36	4,939	58.00
59.00	05900	0	0	5,612	77	21,876	59.00
60.00	06000	2,026	435	13,319	182	91,813	60.00
62.00	06200	101	0	292	4	8,311	62.00
65.00	06500	709	383	3,006	41	20,062	65.00
66.00	06600	912	254	2,967	40	55,086	66.00
67.00	06700	101	80	1,549	21	24,796	67.00
68.00	06800	101	40	694	9	8,547	68.00
69.00	06900	709	275	3,360	46	20,361	69.00
71.00	07100	0	165,228	5,727	78	79,360	71.00
72.00	07200	0	233,051	6,797	93	123,353	72.00
73.00	07300	0	0	9,592	131	1,378	73.00
74.00	07400	0	4	648	9	10,400	74.00
76.00	03950	0	0	0	0	0	76.00
76.02	03550	1,722	0	1,758	24	10,207	76.02
76.03	03951	0	185	122	2	9,880	76.03
76.97	07697	0	84	112	2	1,807	76.97
76.98	07698	0	40	959	13	6,478	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	646	9	5,150	90.01
91.00	09100	3,241	2,697	11,058	151	73,420	91.00
91.01	09101	101	0	73	1	2,897	91.01
91.02	09102	0	0	0	0	0	91.02
91.03	09103	0	98	56	1	4,531	91.03
91.04	09104	0	0	0	0	0	91.04
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		54,798	468,486	155,416	2,400	1,706,171	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	203	47	0	0	899	190.00
194.00	07950	0	0	0	0	2,752	194.00
194.01	07951	2,937	0	0	0	344	194.01
194.02	07952	0	32	0	0	1,832	194.02
194.03	07953	405	52	0	0	3,673	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		58,343	468,617	155,416	2,400	1,715,671	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:57 am		
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00560	PURCHASING RECEIVING AND STORES					5.02	
5.03	00570	ADMITTING					5.03	
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00590	OTHER ADMIN AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS	1,120,353				6.00	
7.00	00700	OPERATION OF PLANT	36,856	458,359			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	9,154	3,873	103,047		8.00	
9.00	00900	HOUSEKEEPING	8,144	3,445	0	113,804	9.00	
10.00	01000	DIETARY	73,070	30,911	0	7,799	816,086	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,127	2,592	0	654	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,721	10,035	0	2,532	0	14.00
15.00	01500	PHARMACY	20,665	8,742	0	2,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,957	5,904	0	1,490	0	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	6,546	2,769	0	699	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	381,646	161,453	62,308	40,735	481,267	30.00
31.00	03100	INTENSIVE CARE UNIT	40,208	17,009	7,394	4,292	26,006	31.00
41.00	04100	SUBPROVIDER - IIRF	76,888	32,526	33,345	8,207	258,522	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,071	19,913	0	5,024	0	50.00
51.00	05100	RECOVERY ROOM	21,647	9,158	0	2,311	1,815	51.00
53.00	05300	ANESTHESIOLOGY	1,637	692	0	175	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,138	23,326	0	5,885	0	54.00
54.01	03650	VASCULAR LAB	2,147	908	0	229	2,904	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	68,082	28,801	0	7,267	6,189	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	4,137	1,750	0	442	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,235	6,868	0	1,733	0	59.00
60.00	06000	LABORATORY	38,066	16,103	0	4,063	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	348	147	0	37	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,637	692	0	175	0	65.00
66.00	06600	PHYSICAL THERAPY	16,701	7,065	0	1,783	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,254	11,952	0	3,016	0	67.00
68.00	06800	SPEECH PATHOLOGY	236	100	0	25	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,320	9,442	0	2,382	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,687	1,983	0	500	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,729	6,231	0	1,572	28,154	76.02
76.03	03951	OCCUPATIONAL HEALTH	7,306	3,091	0	780	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,740	2,005	0	506	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	52,371	22,155	0	5,590	11,229	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	6,688	2,829	0	714	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,111,159	454,470	103,047	112,823	816,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,004	2,117	0	534	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	4,190	1,772	0	447	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
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)	1,120,353	458,359	103,047	113,804	816,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
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	15,915				11.00
13.00	01300	NURSING ADMINISTRATION	806	147,343			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	174	2,266	501,101		14.00
15.00	01500	PHARMACY	0	0	0	705,837	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	618	2,230	0	0	16.00
23.00	02300	PARAMED PRGM-AMBULANCE	208	1,575	0	364	0
23.00							23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,714	48,317	0	8,322	23,915
30.00							30.00
31.00	03100	INTENSIVE CARE UNIT	777	10,093	0	3,566	6,217
31.00							31.00
41.00	04100	SUBPROVIDER - IRF	1,807	23,484	0	913	9,838
41.00							41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	804	10,445	0	8,028	25,083
50.00							50.00
51.00	05100	RECOVERY ROOM	771	10,016	0	4,324	8,767
51.00							51.00
53.00	05300	ANESTHESIOLOGY	42	543	0	840	3,989
53.00							53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	828	2,690	0	164	7,739
54.00							54.00
54.01	03650	VASCULAR LAB	128	417	0	0	2,962
54.01							54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	428	1,391	0	3,350	6,258
55.00							55.00
57.00	05700	CT SCAN	180	584	0	646	14,203
57.00							57.00
58.00	05800	MRI	57	186	0	96	3,462
58.00							58.00
59.00	05900	CARDIAC CATHETERIZATION	258	842	0	564	7,270
59.00							59.00
60.00	06000	LABORATORY	26	84	0	41	17,255
60.00							60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	378
62.00							62.00
65.00	06500	RESPIRATORY THERAPY	397	1,295	0	0	3,895
65.00							65.00
66.00	06600	PHYSICAL THERAPY	828	2,691	0	0	3,844
66.00							66.00
67.00	06700	OCCUPATIONAL THERAPY	332	1,078	0	0	2,006
67.00							67.00
68.00	06800	SPEECH PATHOLOGY	141	457	0	0	900
68.00							68.00
69.00	06900	ELECTROCARDIOLOGY	307	997	0	370	4,352
69.00							69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	207,886	0	7,419
71.00							71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	293,215	0	8,805
72.00							72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	634	8,235	0	663,819	12,426
73.00							73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	840
74.00							74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0
76.00							76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	153	1,989	0	0	2,278
76.02							76.02
76.03	03951	OCCUPATIONAL HEALTH	170	0	0	7	159
76.03							76.03
76.97	07697	CARDIAC REHABILITATION	38	122	0	0	145
76.97							76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	19	1,243
76.98							76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	130	1,691	0	0	837
90.01							90.01
91.00	09100	EMERGENCY	987	12,834	0	10,404	14,325
91.00							91.00
91.01	09101	CVILLE OUT	0	0	0	0	95
91.01							91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0
91.02							91.02
91.03	09103	NUTRITION COUNSELING	61	791	0	0	73
91.03							91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0
91.04							91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
92.00							92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
113.00							113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,804	147,343	501,101	705,837	200,978
118.00							118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6	0	0	0	0
190.00							190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	8	0	0	0	0
194.00							194.00
194.01	07951	MOB	0	0	0	0	0
194.01							194.01
194.02	07952	COMMUNITY WELLNESS	39	0	0	0	0
194.02							194.02
194.03	07953	FUND DEVELOPMENT	58	0	0	0	0
194.03							194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
194.04							194.04
200.00		Cross Foot Adjustments					
200.00							200.00
201.00		Negative Cost Centers	0	0	0	0	0
201.00							201.00
202.00		TOTAL (sum lines 118-201)	15,915	147,343	501,101	705,837	200,978
202.00							202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/20/2015 8:57 am
Cost Center	Description	PARAMED ED PRGM-AMBULANCE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00560	PURCHASING RECEIVING AND STORES				5.02
5.03	00570	ADMINISTRATIVE				5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00590	OTHER ADMIN AND GENERAL				5.05
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
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
23.00	02300	PARAMED ED PRGM-AMBULANCE	75,793			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,807,319	0	4,807,319	30.00
31.00	03100	INTENSIVE CARE UNIT	528,775	0	528,775	31.00
41.00	04100	SUBPROVIDER - I RF	1,243,476	0	1,243,476	41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,014,212	0	1,014,212	50.00
51.00	05100	RECOVERY ROOM	304,594	0	304,594	51.00
53.00	05300	ANESTHESIOLOGY	28,630	0	28,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	679,779	0	679,779	54.00
54.01	03650	VASCULAR LAB	40,122	0	40,122	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	768,389	0	768,389	55.00
57.00	05700	CT SCAN	55,546	0	55,546	57.00
58.00	05800	MRI	54,288	0	54,288	58.00
59.00	05900	CARDIAC CATHETERIZATION	273,676	0	273,676	59.00
60.00	06000	LABORATORY	514,139	0	514,139	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,642	0	12,642	62.00
65.00	06500	RESPIRATORY THERAPY	92,192	0	92,192	65.00
66.00	06600	PHYSICAL THERAPY	240,801	0	240,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	320,126	0	320,126	67.00
68.00	06800	SPEECH PATHOLOGY	13,996	0	13,996	68.00
69.00	06900	ELECTROCARDIOLOGY	260,050	0	260,050	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	465,698	0	465,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	665,314	0	665,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	696,215	0	696,215	73.00
74.00	07400	RENAL DIALYSIS	60,177	0	60,177	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	197,344	0	197,344	76.02
76.03	03951	OCCUPATIONAL HEALTH	85,732	0	85,732	76.03
76.97	07697	CARDIAC REHABILITATION	2,454	0	2,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	57,163	0	57,163	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT PROCEDURES	8,463	0	8,463	90.01
91.00	09100	EMERGENCY	696,135	0	696,135	91.00
91.01	09101	CVILLE OUT	3,283	0	3,283	91.01
91.02	09102	LAKE HILL OUT	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	74,216	0	74,216	91.03
91.04	09104	HUNTLEY OP	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,264,946	0	14,264,946
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52,276	0	52,276	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	48,416	0	48,416	194.00
194.01	07951	MOB	3,281	0	3,281	194.01
194.02	07952	COMMUNITY WELLNESS	2,055	0	2,055	194.02
194.03	07953	FUND DEVELOPMENT	47,205	0	47,205	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	194.04
200.00		Cross Foot Adjustments	75,793	0	75,793	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	75,793	14,493,972	0	14,493,972

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	565,203				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		565,203			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,337	3,337	44,134,320		4.00
5.01 01160	COMMUNICATIONS	2,554	2,554	151,494	576	5.01
5.02 00560	PURCHASING RECEIVING AND STORES	20,567	20,567	0	9	14,641,410
5.03 00570	ADMITTING	6,667	6,667	856,787	16	21,740
5.04 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	121,708	21	1,935
5.05 00590	OTHER ADMIN AND GENERAL	56,788	56,788	1,463,787	90	0
6.00 00600	MAINTENANCE & REPAIRS	47,435	47,435	1,785	1	6,519
7.00 00700	OPERATION OF PLANT	14,075	14,075	1,226,299	20	260,193
8.00 00800	LAUNDRY & LINEN SERVICE	3,496	3,496	0	1	117,900
9.00 00900	HOUSEKEEPING	3,110	3,110	1,066,514	2	118,999
10.00 01000	DIETARY	27,905	27,905	961,026	13	995,755
11.00 01100	CAFETERIA	0	0	0	2	0
13.00 01300	NURSING ADMINISTRATION	2,340	2,340	2,602,079	21	33,297
14.00 01400	CENTRAL SERVICES & SUPPLY	9,059	9,059	248,417	5	0
15.00 01500	PHARMACY	7,892	7,892	2,048,853	7	0
16.00 01600	MEDICAL RECORDS & LIBRARY	5,330	5,330	1,195,203	20	33,178
23.00 02300	PARAMED ED PRGM-AMBULANCE	2,500	2,500	196,793	5	13,886
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	145,748	145,748	8,381,626	85	156,468
31.00 03100	INTENSIVE CARE UNIT	15,355	15,355	2,161,134	7	24,881
41.00 04100	SUBPROVIDER - I/R	29,363	29,363	3,737,610	13	88,070
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,976	17,976	2,073,212	31	96,290
51.00 05100	RECOVERY ROOM	8,267	8,267	1,994,085	6	15,272
53.00 05300	ANESTHESIOLOGY	625	625	85,854	3	1,638
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,057	21,057	1,881,820	35	25,637
54.01 03650	VASCULAR LAB	820	820	389,279	1	0
55.00 05500	RADIOLOGY-THERAPEUTIC	26,000	26,000	1,128,610	31	28,171
57.00 05700	CT SCAN	0	0	468,050	0	2,589
58.00 05800	MRI	1,580	1,580	184,330	0	8,136
59.00 05900	CARDIAC CATHETERIZATION	6,200	6,200	812,168	0	0
60.00 06000	LABORATORY	14,537	14,537	83,955	20	13,593
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	133	133	0	1	0
65.00 06500	RESPIRATORY THERAPY	625	625	892,609	7	11,969
66.00 06600	PHYSICAL THERAPY	6,378	6,378	2,069,662	9	7,936
67.00 06700	OCCUPATIONAL THERAPY	10,790	10,790	905,028	1	2,487
68.00 06800	SPEECH PATHOLOGY	90	90	403,626	1	1,253
69.00 06900	ELECTROCARDIOLOGY	8,524	8,524	743,040	7	8,598
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	5,162,422
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,281,411
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,790	1,790	0	0	134
76.00 03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0
76.02 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,625	5,625	352,045	17	11
76.03 03951	OCCUPATIONAL HEALTH	2,790	2,790	336,371	0	5,783
76.97 07697	CARDIAC REHABILITATION	0	0	83,120	0	2,614
76.98 07698	HYPERBARI C OXYGEN THERAPY	1,810	1,810	0	0	1,244
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	OUTPATIENT PROCEDURES	0	0	0	0	0
91.00 09100	EMERGENCY	20,000	20,000	2,354,809	32	84,266
91.01 09101	CIVIL OUT	0	0	66,746	1	0
91.02 09102	LAKE HILL OUT	0	0	0	0	0
91.03 09103	NUTRITION COUNSELING	2,554	2,554	169,236	0	3,069
91.04 09104	HUNTLEY OP	0	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	561,692	561,692	43,898,770	541	14,637,344
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,911	1,911	5,209	2	1,464
194.00 07950	MISC NONREIMBURSABLE COST CENTER	0	0	13,522	0	1
194.01 07951	MOB	0	0	0	29	0
194.02 07952	COMMUNITY WELLNESS	0	0	87,564	0	989
194.03 07953	FUND DEVELOPMENT	1,600	1,600	129,255	4	1,612
194.04 07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER PHONES)	PURCHASING RECEIVING AND STORES (PURCH REQUIS \$)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,081,978	2,771,062	12,408,468	423,930	637,914	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.837800	4.902773	0.281152	735.989583	0.043569	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			76,591	58,343	468,617	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001735	101.289931	0.032006	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINISTRATIVE	706,076,139					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE		706,076,139				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL			-29,208,383	106,529,909		5.05
6.00	00600	MAINTENANCE & REPAIRS				2,566,987	427,855	6.00
7.00	00700	OPERATION OF PLANT				5,079,614	14,075	7.00
8.00	00800	LAUNDRY & LINEN SERVICE				412,555	3,496	8.00
9.00	00900	HOUSEKEEPING				1,591,339	3,110	9.00
10.00	01000	DIETARY				1,990,235	27,905	10.00
11.00	01100	CAFETERIA				975,591		11.00
13.00	01300	NURSING ADMINISTRATION				3,427,666	2,340	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				698,620	9,059	14.00
15.00	01500	PHARMACY				10,015,933	7,892	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				3,130,065	5,330	16.00
23.00	02300	PARAMEDICAL PRGM-AMBULANCE				340,835	2,500	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,912,144	83,912,144		14,551,724	145,748	30.00
31.00	03100	INTENSIVE CARE UNIT	21,812,869	21,812,869		3,347,568	15,355	31.00
41.00	04100	SUBPROVIDER - IRF	34,518,650	34,518,650		6,732,228	29,363	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,909,956	88,909,956		4,400,687	17,976	50.00
51.00	05100	RECOVERY ROOM	30,761,662	30,761,662		2,879,333	8,267	51.00
53.00	05300	ANESTHESIOLOGY	13,994,823	13,994,823		178,411	625	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,156,034	27,156,034		3,296,525	21,057	54.00
54.01	03650	VASCULAR LAB	10,392,181	10,392,181		539,395	820	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	21,958,658	21,958,658		2,761,319	26,000	55.00
57.00	05700	CT SCAN	49,833,367	49,833,367		720,948		57.00
58.00	05800	MRI	12,148,780	12,148,780		306,686	1,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,508,311	25,508,311		1,358,318	6,200	59.00
60.00	06000	LABORATORY	60,542,495	60,542,495		5,700,915	14,537	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,326,580	1,326,580		516,024	133	62.00
65.00	06500	RESPIRATORY THERAPY	13,665,734	13,665,734		1,245,680	625	65.00
66.00	06600	PHYSICAL THERAPY	13,487,583	13,487,583		3,420,424	6,378	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,039,127	7,039,127		1,539,626	10,790	67.00
68.00	06800	SPEECH PATHOLOGY	3,156,183	3,156,183		530,705	90	68.00
69.00	06900	ELECTROCARDIOLOGY	15,271,085	15,271,085		1,264,238	8,524	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,030,352	26,030,352		4,927,656		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,895,012	30,895,012		7,659,275		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,600,274	43,600,274		85,544		73.00
74.00	07400	RENAL DIALYSIS	2,947,609	2,947,609		645,784	1,790	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER						76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,993,139	7,993,139		633,770	5,625	76.02
76.03	03951	OCCUPATIONAL HEALTH	556,783	556,783		613,473	2,790	76.03
76.97	07697	CARDIAC REHABILITATION	509,553	509,553		112,224		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,360,478	4,360,478		402,261	1,810	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	2,935,952	2,935,952		319,776		90.01
91.00	09100	EMERGENCY	50,263,717	50,263,717		4,558,828	20,000	91.00
91.01	09101	CIVILLE OUT	331,646	331,646		179,877		91.01
91.02	09102	LAKE HILL OUT						91.02
91.03	09103	NUTRITION COUNSELING	255,402	255,402		281,360	2,554	91.03
91.04	09104	HUNTLEY OP						91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	706,076,139	706,076,139	-29,208,383	105,940,022	424,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				55,836	1,911	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER				170,864		194.00
194.01	07951	MOB				21,344		194.01
194.02	07952	COMMUNITY WELLNESS				113,769		194.02
194.03	07953	FUND DEVELOPMENT				228,074	1,600	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT			311			194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,289,112	96,122		29,208,383	3,270,803	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001826	0.000136		0.274180	7.644653	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	155,416	2,400		1,715,671	1,120,353	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000220	0.000003		0.016105	2.618534	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00560	PURCHASING RECEIVING AND STORES					5.02
5.03	00570	ADMITTING					5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00590	OTHER ADMIN AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	413,780				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,496	42,047			8.00
9.00	00900	HOUSEKEEPING	3,110	0	407,174		9.00
10.00	01000	DIETARY	27,905	0	27,905	137,135	10.00
11.00	01100	CAFETERIA	0	0	0	1,192,135	11.00
13.00	01300	NURSING ADMINISTRATION	2,340	0	2,340	0	60,392
14.00	01400	CENTRAL SERVICES & SUPPLY	9,059	0	9,059	0	13,060
15.00	01500	PHARMACY	7,892	0	7,892	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,330	0	5,330	0	46,279
23.00	02300	PARAMED PRGM-AMBULANCE	2,500	0	2,500	0	15,571
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	145,748	25,424	145,748	80,872	278,472
31.00	03100	INTENSIVE CARE UNIT	15,355	3,017	15,355	4,370	58,171
41.00	04100	SUBPROVIDER - IIRF	29,363	13,606	29,363	43,442	135,343
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,976	0	17,976	0	60,198
51.00	05100	RECOVERY ROOM	8,267	0	8,267	305	57,723
53.00	05300	ANESTHESIOLOGY	625	0	625	0	3,128
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,057	0	21,057	0	62,007
54.01	03650	VASCULAR LAB	820	0	820	488	9,616
55.00	05500	RADIOLOGY-THERAPEUTIC	26,000	0	26,000	1,040	32,060
57.00	05700	CT SCAN	0	0	0	0	13,468
58.00	05800	MRI	1,580	0	1,580	0	4,293
59.00	05900	CARDIAC CATHETERIZATION	6,200	0	6,200	0	19,305
60.00	06000	LABORATORY	14,537	0	14,537	0	1,942
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	133	0	133	0	0
65.00	06500	RESPIRATORY THERAPY	625	0	625	0	29,731
66.00	06600	PHYSICAL THERAPY	6,378	0	6,378	0	62,039
67.00	06700	OCCUPATIONAL THERAPY	10,790	0	10,790	0	24,848
68.00	06800	SPEECH PATHOLOGY	90	0	90	0	10,534
69.00	06900	ELECTROCARDIOLOGY	8,524	0	8,524	0	22,975
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	47,458
74.00	07400	RENAL DIALYSIS	1,790	0	1,790	0	0
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,625	0	5,625	4,731	11,463
76.03	03951	OCCUPATIONAL HEALTH	2,790	0	2,790	0	12,729
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,812
76.98	07698	HYPERTHERMIC OXYGEN THERAPY	1,810	0	1,810	0	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	9,744
91.00	09100	EMERGENCY	20,000	0	20,000	1,887	73,966
91.01	09101	CIVILLE OUT	0	0	0	0	0
91.02	09102	LAKE HILL OUT	0	0	0	0	0
91.03	09103	NUTRITION COUNSELING	2,554	0	2,554	0	4,560
91.04	09104	HUNTLEY OP	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	410,269	42,047	403,663	137,135	1,183,887
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,911	0	1,911	0	476
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	0	0	577
194.01	07951	MOB	0	0	0	0	0
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	2,885
194.03	07953	FUND DEVELOPMENT	1,600	0	1,600	0	4,310
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	6,579,941	607,988	2,100,882	3,336,968	1,243,079

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	15.902028	14.459724	5.159666	24.333452	1.042733	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	458,359	103,047	113,804	816,086	15,915	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.107736	2.450757	0.279497	5.950968	0.013350	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	PARAMED PRGM-AMBULANCE (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00560	PURCHASING RECEIVING AND STORES						5.02
5.03	00570	ADMINING						5.03
5.04	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00590	OTHER ADMIN AND GENERAL						5.05
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
13.00	01300	NURSING ADMINISTRATION	849,178					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,060	12,443,833				14.00
15.00	01500	PHARMACY	0	0	7,451,834			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,854	0	0	706,076,139		16.00
23.00	02300	PARAMED PRGM-AMBULANCE	9,075	0	3,845	0	1,792	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	278,472	0	87,859	83,912,144	112	30.00
31.00	03100	INTENSIVE CARE UNIT	58,171	0	37,646	21,812,869	56	31.00
41.00	04100	SUBPROVIDER - IRF	135,343	0	9,636	34,518,650	0	41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,198	0	84,755	88,909,956	0	50.00
51.00	05100	RECOVERY ROOM	57,723	0	45,648	30,761,662	0	51.00
53.00	05300	ANESTHESIOLOGY	3,128	0	8,866	13,994,823	112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,502	0	1,734	27,156,034	0	54.00
54.01	03650	VASCULAR LAB	2,404	0	0	10,392,181	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	8,015	0	35,363	21,958,658	0	55.00
57.00	05700	CT SCAN	3,367	0	6,825	49,833,367	0	57.00
58.00	05800	MRI	1,073	0	1,014	12,148,780	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,854	0	5,959	25,508,311	56	59.00
60.00	06000	LABORATORY	485	0	430	60,542,495	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,326,580	0	62.00
65.00	06500	RESPIRATORY THERAPY	7,461	0	0	13,665,734	112	65.00
66.00	06600	PHYSICAL THERAPY	15,510	0	0	13,487,583	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,212	0	0	7,039,127	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,633	0	0	3,156,183	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,744	0	3,907	15,271,085	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,162,422	0	26,030,352	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,281,411	0	30,895,012	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,458	0	7,008,241	43,600,274	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,947,609	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	11,463	0	0	7,993,139	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	69	556,783	0	76.03
76.97	07697	CARDIAC REHABILITATION	703	0	0	509,553	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	199	4,360,478	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	9,744	0	0	2,935,952	0	90.01
91.00	09100	EMERGENCY	73,966	0	109,837	50,263,717	1,344	91.00
91.01	09101	CVILLE OUT	0	0	0	331,646	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	4,560	0	0	255,402	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	849,178	12,443,833	7,451,833	706,076,139	1,792	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MISC NONREIMBURSABLE COST CENTER	0	0	1	0	0	194.00
194.01	07951	MOB	0	0	0	0	0	194.01
194.02	07952	COMMUNITY WELLNESS	0	0	0	0	0	194.02
194.03	07953	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140217

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

Worksheet B-1

Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	PARAMED PRGM-AMBULANCE	
		(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(GROSS CHAR GES)	(ASSIGNED TIME)		
202.00	Cost to be allocated (per Wkst. B, Part I)	4,497,609	1,233,007	12,988,653	4,257,608	577,054	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.296427	0.099086	1.743014	0.006030	322.016741	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	147,343	501,101	705,837	200,978	75,793	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.173513	0.040269	0.094720	0.000285	42.295201	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 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		27,521,413	27,521,413	27,329	27,548,742	30.00
31.00	03100 INTENSIVE CARE UNIT		5,440,091	5,440,091	0	5,440,091	31.00
41.00	04100 SUBPROVIDER - I RF		11,757,711	11,757,711	0	11,757,711	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,188,720	7,188,720	13	7,188,733	50.00
51.00	05100 RECOVERY ROOM		4,544,500	4,544,500	0	4,544,500	51.00
53.00	05300 ANESTHESIOLOGY		401,008	401,008	0	401,008	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,118,370	5,118,370	19,278	5,137,648	54.00
54.01	03650 VASCULAR LAB		808,126	808,126	0	808,126	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		4,560,019	4,560,019	52,773	4,612,792	55.00
57.00	05700 CT SCAN		1,262,886	1,262,886	0	1,262,886	57.00
58.00	05800 MRI		521,312	521,312	0	521,312	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,136,796	2,136,796	6,793	2,143,589	59.00
60.00	06000 LABORATORY		8,051,710	8,051,710	25,692	8,077,402	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		669,324	669,324	0	669,324	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,794,151	1,794,151	0	1,794,151	65.00
66.00	06600 PHYSICAL THERAPY	0	4,769,493	4,769,493	0	4,769,493	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,372,760	2,372,760	0	2,372,760	67.00
68.00	06800 SPEECH PATHOLOGY	0	722,758	722,758	0	722,758	68.00
69.00	06900 ELECTROCARDIOLOGY		2,008,835	2,008,835	12,587	2,021,422	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,947,208	6,947,208	0	6,947,208	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,667,075	10,667,075	0	10,667,075	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,888,217	12,888,217	0	12,888,217	73.00
74.00	07400 RENAL DIALYSIS		892,004	892,004	0	892,004	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE		0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,204,997	1,204,997	0	1,204,997	76.02
76.03	03951 OCCUPATIONAL HEALTH		878,516	878,516	0	878,516	76.03
76.97	07697 CARDIAC REHABILITATION		152,722	152,722	0	152,722	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		591,153	591,153	974	592,127	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES		486,924	486,924	0	486,924	90.01
91.00	09100 EMERGENCY		7,825,021	7,825,021	11,869	7,836,890	91.00
91.01	09101 CIVILLE OUT		231,196	231,196	0	231,196	91.01
91.02	09102 LAKE HILL OUT		0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING		462,266	462,266	0	462,266	91.03
91.04	09104 HUNTLEY OP		0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,614,626	2,614,626	0	2,614,626	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		137,491,908	137,491,908	157,308	137,649,216	200.00
201.00	Less Observation Beds		2,614,626	2,614,626		2,614,626	201.00
202.00	Total (see instructions)		134,877,282	134,877,282	157,308	135,034,590	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,834,406		73,834,406			30.00
31.00	03100	INTENSIVE CARE UNIT	21,760,749		21,760,749			31.00
41.00	04100	SUBPROVIDER - IRF	34,518,650		34,518,650			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,753,322	43,156,634	88,909,956	0.080854	0.000000	50.00
51.00	05100	RECOVERY ROOM	13,738,888	17,022,774	30,761,662	0.147733	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	7,240,429	6,754,394	13,994,823	0.028654	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,618,748	20,537,286	27,156,034	0.188480	0.000000	54.00
54.01	03650	VASCULAR LAB	2,639,825	7,752,356	10,392,181	0.077763	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,133,907	20,824,751	21,958,658	0.207664	0.000000	55.00
57.00	05700	CT SCAN	12,123,998	37,709,370	49,833,368	0.025342	0.000000	57.00
58.00	05800	MRI	3,332,480	8,816,301	12,148,781	0.042911	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,651,470	11,856,841	25,508,311	0.083769	0.000000	59.00
60.00	06000	LABORATORY	31,389,458	29,153,038	60,542,496	0.132993	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	954,819	371,761	1,326,580	0.504549	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	12,603,963	1,061,771	13,665,734	0.131288	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,365,878	4,121,705	13,487,583	0.353621	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,987,942	51,185	7,039,127	0.337082	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,131,516	24,667	3,156,183	0.228997	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,506,842	8,764,243	15,271,085	0.131545	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,395,705	9,634,647	26,030,352	0.266889	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,916,469	7,978,543	30,895,012	0.345269	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,432,367	20,167,906	43,600,273	0.295599	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,835,784	111,825	2,947,609	0.302620	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,834,964	2,158,175	7,993,139	0.150754	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	556,783	556,783	1.577843	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	130	509,423	509,553	0.299718	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,418	4,357,059	4,360,477	0.135571	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	2,935,952	2,935,952	0.165849	0.000000	90.01
91.00	09100	EMERGENCY	12,876,392	37,360,710	50,237,102	0.155762	0.000000	91.00
91.01	09101	CIVILLE OUT	0	331,646	331,646	0.697117	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	183	255,218	255,401	1.809962	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,591,950	6,564,522	10,156,472	0.257434	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	395,174,652	310,901,486	706,076,138			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	395,174,652	310,901,486	706,076,138			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 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
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.080854		50.00
51.00	05100 RECOVERY ROOM	0.147733		51.00
53.00	05300 ANESTHESIOLOGY	0.028654		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189190		54.00
54.01	03650 VASCULAR LAB	0.077763		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.210067		55.00
57.00	05700 CT SCAN	0.025342		57.00
58.00	05800 MRI	0.042911		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084035		59.00
60.00	06000 LABORATORY	0.133417		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549		62.00
65.00	06500 RESPIRATORY THERAPY	0.131288		65.00
66.00	06600 PHYSICAL THERAPY	0.353621		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337082		67.00
68.00	06800 SPEECH PATHOLOGY	0.228997		68.00
69.00	06900 ELECTROCARDIOLOGY	0.132369		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.345269		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295599		73.00
74.00	07400 RENAL DIALYSIS	0.302620		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754		76.02
76.03	03951 OCCUPATIONAL HEALTH	1.577843		76.03
76.97	07697 CARDIAC REHABILITATION	0.299718		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.135794		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT PROCEDURES	0.165849		90.01
91.00	09100 EMERGENCY	0.155998		91.00
91.01	09101 CIVILLE OUT	0.697117		91.01
91.02	09102 LAKE HILL OUT	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	1.809962		91.03
91.04	09104 HUNTLEY OP	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.257434		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 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		27,521,413	27,521,413	27,329	27,548,742	30.00
31.00	03100 INTENSIVE CARE UNIT		5,440,091	5,440,091	0	5,440,091	31.00
41.00	04100 SUBPROVIDER - I RF		11,757,711	11,757,711	0	11,757,711	41.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		7,188,720	7,188,720	13	7,188,733	50.00
51.00	05100 RECOVERY ROOM		4,544,500	4,544,500	0	4,544,500	51.00
53.00	05300 ANESTHESIOLOGY		401,008	401,008	0	401,008	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,118,370	5,118,370	19,278	5,137,648	54.00
54.01	03650 VASCULAR LAB		808,126	808,126	0	808,126	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		4,560,019	4,560,019	52,773	4,612,792	55.00
57.00	05700 CT SCAN		1,262,886	1,262,886	0	1,262,886	57.00
58.00	05800 MRI		521,312	521,312	0	521,312	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,136,796	2,136,796	6,793	2,143,589	59.00
60.00	06000 LABORATORY		8,051,710	8,051,710	25,692	8,077,402	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		669,324	669,324	0	669,324	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,794,151	1,794,151	0	1,794,151	65.00
66.00	06600 PHYSICAL THERAPY	0	4,769,493	4,769,493	0	4,769,493	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,372,760	2,372,760	0	2,372,760	67.00
68.00	06800 SPEECH PATHOLOGY	0	722,758	722,758	0	722,758	68.00
69.00	06900 ELECTROCARDIOLOGY		2,008,835	2,008,835	12,587	2,021,422	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,947,208	6,947,208	0	6,947,208	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,667,075	10,667,075	0	10,667,075	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		12,888,217	12,888,217	0	12,888,217	73.00
74.00	07400 RENAL DIALYSIS		892,004	892,004	0	892,004	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE		0	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		1,204,997	1,204,997	0	1,204,997	76.02
76.03	03951 OCCUPATIONAL HEALTH		878,516	878,516	0	878,516	76.03
76.97	07697 CARDIAC REHABILITATION		152,722	152,722	0	152,722	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		591,153	591,153	974	592,127	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES		486,924	486,924	0	486,924	90.01
91.00	09100 EMERGENCY		7,825,021	7,825,021	11,869	7,836,890	91.00
91.01	09101 CIVILLE OUT		231,196	231,196	0	231,196	91.01
91.02	09102 LAKE HILL OUT		0	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING		462,266	462,266	0	462,266	91.03
91.04	09104 HUNTLEY OP		0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,614,626	2,614,626	0	2,614,626	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)		137,491,908	137,491,908	157,308	137,649,216	200.00
201.00	Less Observation Beds		2,614,626	2,614,626		2,614,626	201.00
202.00	Total (see instructions)		134,877,282	134,877,282	157,308	135,034,590	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 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	73,834,406		73,834,406			30.00
31.00	03100	INTENSIVE CARE UNIT	21,760,749		21,760,749			31.00
41.00	04100	SUBPROVIDER - IRF	34,518,650		34,518,650			41.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,753,322	43,156,634	88,909,956	0.080854	0.000000	50.00
51.00	05100	RECOVERY ROOM	13,738,888	17,022,774	30,761,662	0.147733	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	7,240,429	6,754,394	13,994,823	0.028654	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,618,748	20,537,286	27,156,034	0.188480	0.000000	54.00
54.01	03650	VASCULAR LAB	2,639,825	7,752,356	10,392,181	0.077763	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,133,907	20,824,751	21,958,658	0.207664	0.000000	55.00
57.00	05700	CT SCAN	12,123,998	37,709,370	49,833,368	0.025342	0.000000	57.00
58.00	05800	MRI	3,332,480	8,816,301	12,148,781	0.042911	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,651,470	11,856,841	25,508,311	0.083769	0.000000	59.00
60.00	06000	LABORATORY	31,389,458	29,153,038	60,542,496	0.132993	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	954,819	371,761	1,326,580	0.504549	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	12,603,963	1,061,771	13,665,734	0.131288	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,365,878	4,121,705	13,487,583	0.353621	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,987,942	51,185	7,039,127	0.337082	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,131,516	24,667	3,156,183	0.228997	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,506,842	8,764,243	15,271,085	0.131545	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,395,705	9,634,647	26,030,352	0.266889	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,916,469	7,978,543	30,895,012	0.345269	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,432,367	20,167,906	43,600,273	0.295599	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,835,784	111,825	2,947,609	0.302620	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0.000000	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,834,964	2,158,175	7,993,139	0.150754	0.000000	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	556,783	556,783	1.577843	0.000000	76.03
76.97	07697	CARDIAC REHABILITATION	130	509,423	509,553	0.299718	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,418	4,357,059	4,360,477	0.135571	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	2,935,952	2,935,952	0.165849	0.000000	90.01
91.00	09100	EMERGENCY	12,876,392	37,360,710	50,237,102	0.155762	0.000000	91.00
91.01	09101	CVILLE OUT	0	331,646	331,646	0.697117	0.000000	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0.000000	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	183	255,218	255,401	1.809962	0.000000	91.03
91.04	09104	HUNTLEY OP	0	0	0	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,591,950	6,564,522	10,156,472	0.257434	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	395,174,652	310,901,486	706,076,138			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	395,174,652	310,901,486	706,076,138			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/20/2015 8:57 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
41.00	04100 SUBPROVIDER - IRF			41.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.080854		50.00
51.00	05100 RECOVERY ROOM	0.147733		51.00
53.00	05300 ANESTHESIOLOGY	0.028654		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189190		54.00
54.01	03650 VASCULAR LAB	0.077763		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.210067		55.00
57.00	05700 CT SCAN	0.025342		57.00
58.00	05800 MRI	0.042911		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084035		59.00
60.00	06000 LABORATORY	0.133417		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549		62.00
65.00	06500 RESPIRATORY THERAPY	0.131288		65.00
66.00	06600 PHYSICAL THERAPY	0.353621		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337082		67.00
68.00	06800 SPEECH PATHOLOGY	0.228997		68.00
69.00	06900 ELECTROCARDIOLOGY	0.132369		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.345269		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295599		73.00
74.00	07400 RENAL DIALYSIS	0.302620		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754		76.02
76.03	03951 OCCUPATIONAL HEALTH	1.577843		76.03
76.97	07697 CARDIAC REHABILITATION	0.299718		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.135794		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 OUTPATIENT PROCEDURES	0.165849		90.01
91.00	09100 EMERGENCY	0.155998		91.00
91.01	09101 CIVILLE OUT	0.697117		91.01
91.02	09102 LAKE HILL OUT	0.000000		91.02
91.03	09103 NUTRITION COUNSELING	1.809962		91.03
91.04	09104 HUNTLEY OP	0.000000		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.257434		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140217

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

Worksheet C Part II Date/Time Prepared: 5/20/2015 8:57 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,188,720	1,014,212	6,174,508	0	0	50.00
51.00	05100	RECOVERY ROOM	4,544,500	304,594	4,239,906	0	0	51.00
53.00	05300	ANESTHESIOLOGY	401,008	28,630	372,378	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,118,370	679,779	4,438,591	0	0	54.00
54.01	03650	VASCULAR LAB	808,126	40,122	768,004	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,560,019	768,389	3,791,630	0	0	55.00
57.00	05700	CT SCAN	1,262,886	55,546	1,207,340	0	0	57.00
58.00	05800	MRI	521,312	54,288	467,024	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,136,796	273,676	1,863,120	0	0	59.00
60.00	06000	LABORATORY	8,051,710	514,139	7,537,571	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	669,324	12,642	656,682	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,794,151	92,192	1,701,959	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,769,493	240,801	4,528,692	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,372,760	320,126	2,052,634	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	722,758	13,996	708,762	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,835	260,050	1,748,785	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,947,208	465,698	6,481,510	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,667,075	665,314	10,001,761	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,888,217	696,215	12,192,002	0	0	73.00
74.00	07400	RENAL DIALYSIS	892,004	60,177	831,827	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,204,997	197,344	1,007,653	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	878,516	85,732	792,784	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	152,722	2,454	150,268	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	591,153	57,163	533,990	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	486,924	8,463	478,461	0	0	90.01
91.00	09100	EMERGENCY	7,825,021	696,135	7,128,886	0	0	91.00
91.01	09101	CVILLE OUT	231,196	3,283	227,913	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	462,266	74,216	388,050	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,614,626	456,257	2,158,369	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	92,772,693	8,141,633	84,631,060	0	0	200.00
201.00		Less Observation Beds	2,614,626	456,257	2,158,369	0	0	201.00
202.00		Total (line 200 minus line 201)	90,158,067	7,685,376	82,472,691	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/20/2015 8:57 am
		Title XIX		Hospital
				PPS

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)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,188,720	88,909,956	0.080854	50.00
51.00	05100	RECOVERY ROOM	4,544,500	30,761,662	0.147733	51.00
53.00	05300	ANESTHESIOLOGY	401,008	13,994,823	0.028654	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,118,370	27,156,034	0.188480	54.00
54.01	03650	VASCULAR LAB	808,126	10,392,181	0.077763	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	4,560,019	21,958,658	0.207664	55.00
57.00	05700	CT SCAN	1,262,886	49,833,368	0.025342	57.00
58.00	05800	MRI	521,312	12,148,781	0.042911	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,136,796	25,508,311	0.083769	59.00
60.00	06000	LABORATORY	8,051,710	60,542,496	0.132993	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	669,324	1,326,580	0.504549	62.00
65.00	06500	RESPIRATORY THERAPY	1,794,151	13,665,734	0.131288	65.00
66.00	06600	PHYSICAL THERAPY	4,769,493	13,487,583	0.353621	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,372,760	7,039,127	0.337082	67.00
68.00	06800	SPEECH PATHOLOGY	722,758	3,156,183	0.228997	68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,835	15,271,085	0.131545	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,947,208	26,030,352	0.266889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,667,075	30,895,012	0.345269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,888,217	43,600,273	0.295599	73.00
74.00	07400	RENAL DIALYSIS	892,004	2,947,609	0.302620	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,204,997	7,993,139	0.150754	76.02
76.03	03951	OCCUPATIONAL HEALTH	878,516	556,783	1.577843	76.03
76.97	07697	CARDIAC REHABILITATION	152,722	509,553	0.299718	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	591,153	4,360,477	0.135571	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OUTPATIENT PROCEDURES	486,924	2,935,952	0.165849	90.01
91.00	09100	EMERGENCY	7,825,021	50,237,102	0.155762	91.00
91.01	09101	C'VILLE OUT	231,196	331,646	0.697117	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	91.02
91.03	09103	NUTRITION COUNSELING	462,266	255,401	1.809962	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,614,626	10,156,472	0.257434	92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	92,772,693	575,962,333		200.00
201.00		Less Observation Beds	2,614,626	0		201.00
202.00		Total (line 200 minus line 201)	90,158,067	575,962,333		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,807,319	0	4,807,319	28,090	171.14	30.00
31.00	INTENSIVE CARE UNIT	528,775		528,775	3,017	175.27	31.00
41.00	SUBPROVIDER - IRF	1,243,476	0	1,243,476	13,606	91.39	41.00
200.00	Total (Lines 30-199)	6,579,570		6,579,570	44,713		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,961	2,047,006				
31.00	INTENSIVE CARE UNIT	1,557	272,895				
41.00	SUBPROVIDER - IRF	11,528	1,053,544				
200.00	Total (Lines 30-199)	25,046	3,373,445				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,014,212	88,909,956	0.011407	20,156,949	229,930	50.00
51.00	05100 RECOVERY ROOM	304,594	30,761,662	0.009902	6,243,406	61,822	51.00
53.00	05300 ANESTHESIOLOGY	28,630	13,994,823	0.002046	3,051,363	6,243	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	679,779	27,156,034	0.025032	3,653,993	91,467	54.00
54.01	03650 VASCULAR LAB	40,122	10,392,181	0.003861	1,310,656	5,060	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	768,389	21,958,658	0.034993	654,411	22,900	55.00
57.00	05700 CT SCAN	55,546	49,833,368	0.001115	6,716,165	7,489	57.00
58.00	05800 MRI	54,288	12,148,781	0.004469	1,696,915	7,584	58.00
59.00	05900 CARDIAC CATHETERIZATION	273,676	25,508,311	0.010729	6,993,428	75,032	59.00
60.00	06000 LABORATORY	514,139	60,542,496	0.008492	15,756,984	133,808	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,642	1,326,580	0.009530	486,610	4,637	62.00
65.00	06500 RESPIRATORY THERAPY	92,192	13,665,734	0.006746	5,966,330	40,249	65.00
66.00	06600 PHYSICAL THERAPY	240,801	13,487,583	0.017854	1,524,552	27,219	66.00
67.00	06700 OCCUPATIONAL THERAPY	320,126	7,039,127	0.045478	563,969	25,648	67.00
68.00	06800 SPEECH PATHOLOGY	13,996	3,156,183	0.004434	372,496	1,652	68.00
69.00	06900 ELECTROCARDIOLOGY	260,050	15,271,085	0.017029	3,698,803	62,987	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	465,698	26,030,352	0.017891	7,441,400	133,134	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	665,314	30,895,012	0.021535	9,621,805	207,206	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	696,215	43,600,273	0.015968	9,652,642	154,133	73.00
74.00	07400 RENAL DIALYSIS	60,177	2,947,609	0.020416	1,253,127	25,584	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	197,344	7,993,139	0.024689	1,048,656	25,890	76.02
76.03	03951 OCCUPATIONAL HEALTH	85,732	556,783	0.153977	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	2,454	509,553	0.004816	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	57,163	4,360,477	0.013109	3,130	41	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	8,463	2,935,952	0.002883	0	0	90.01
91.00	09100 EMERGENCY	696,135	50,237,102	0.013857	6,212,398	86,085	91.00
91.01	09101 CIVILLE OUT	3,283	331,646	0.009899	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	74,216	255,401	0.290586	183	53	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	456,257	10,156,472	0.044923	2,242,525	100,741	92.00
200.00	Total (Lines 50-199)	8,141,633	575,962,333		116,322,896	1,536,594	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,066	0	0	36,066	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,033	0	0	18,033	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	54,099	0	0	54,099	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	28,090	1.28	11,961	15,310		30.00
31.00	03100	INTENSIVE CARE UNIT	3,017	5.98	1,557	9,311		31.00
41.00	04100	SUBPROVIDER - IRF	13,606	0.00	11,528	0		41.00
200.00		Total (lines 30-199)	44,713		25,046	24,621		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 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	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	36,066	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03650	VASCULAR LAB	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	18,033	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	36,066	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	432,790	0	91.00
91.01	09101	CIVILLE OUT	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	0	0	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	3,423	0	92.00
200.00		Total (lines 50-199)	0	0	526,378	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	88,909,956	0.000000	0.000000	20,156,949	50.00
51.00	05100 RECOVERY ROOM	0	30,761,662	0.000000	0.000000	6,243,406	51.00
53.00	05300 ANESTHESIOLOGY	36,066	13,994,823	0.002577	0.002577	3,051,363	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,156,034	0.000000	0.000000	3,653,993	54.00
54.01	03650 VASCULAR LAB	0	10,392,181	0.000000	0.000000	1,310,656	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	21,958,658	0.000000	0.000000	654,411	55.00
57.00	05700 CT SCAN	0	49,833,368	0.000000	0.000000	6,716,165	57.00
58.00	05800 MRI	0	12,148,781	0.000000	0.000000	1,696,915	58.00
59.00	05900 CARDIAC CATHETERIZATION	18,033	25,508,311	0.000707	0.000707	6,993,428	59.00
60.00	06000 LABORATORY	0	60,542,496	0.000000	0.000000	15,756,984	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,326,580	0.000000	0.000000	486,610	62.00
65.00	06500 RESPIRATORY THERAPY	36,066	13,665,734	0.002639	0.002639	5,966,330	65.00
66.00	06600 PHYSICAL THERAPY	0	13,487,583	0.000000	0.000000	1,524,552	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,039,127	0.000000	0.000000	563,969	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,156,183	0.000000	0.000000	372,496	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,271,085	0.000000	0.000000	3,698,803	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,030,352	0.000000	0.000000	7,441,400	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,895,012	0.000000	0.000000	9,621,805	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,600,273	0.000000	0.000000	9,652,642	73.00
74.00	07400 RENAL DIALYSIS	0	2,947,609	0.000000	0.000000	1,253,127	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,993,139	0.000000	0.000000	1,048,656	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	556,783	0.000000	0.000000	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	509,553	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	4,360,477	0.000000	0.000000	3,130	76.98
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 OUTPATIENT PROCEDURES	0	2,935,952	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	432,790	50,237,102	0.008615	0.008615	6,212,398	91.00
91.01	09101 CIVILLE OUT	0	331,646	0.000000	0.000000	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103 NUTRITION COUNSELING	0	255,401	0.000000	0.000000	183	91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,423	10,156,472	0.000337	0.000337	2,242,525	92.00
200.00	Total (Lines 50-199)	526,378	575,962,333			116,322,896	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	15,578,674	0	50.00
51.00	05100 RECOVERY ROOM	0	5,613,186	0	51.00
53.00	05300 ANESTHESIOLOGY	7,863	1,906,297	4,913	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,793,833	0	54.00
54.01	03650 VASCULAR LAB	0	1,792,558	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,834,360	0	55.00
57.00	05700 CT SCAN	0	10,270,314	0	57.00
58.00	05800 MRI	0	3,344,215	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,944	5,794,560	4,097	59.00
60.00	06000 LABORATORY	0	5,930,577	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	126,597	0	62.00
65.00	06500 RESPIRATORY THERAPY	15,745	504,754	1,332	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	3,063,987	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,107,923	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,652,270	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,102,787	0	73.00
74.00	07400 RENAL DIALYSIS	0	68,320	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	11,849	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	0	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	2,659,339	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0	707,759	0	90.01
91.00	09100 EMERGENCY	53,520	6,197,392	53,391	91.00
91.01	09101 CIVILLE OUT	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	40,594	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	756	2,167,893	731	92.00
200.00	Total (Lines 50-199)	82,828	98,270,038	64,464	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:57 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	0.080854	15,578,674	0	0	1,259,598	50.00
51.00	05100	RECOVERY ROOM	0.147733	5,613,186	0	0	829,253	51.00
53.00	05300	ANESTHESIOLOGY	0.028654	1,906,297	0	0	54,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.188480	5,793,833	0	0	1,092,022	54.00
54.01	03650	VASCULAR LAB	0.077763	1,792,558	0	0	139,395	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.207664	10,834,360	0	0	2,249,907	55.00
57.00	05700	CT SCAN	0.025342	10,270,314	0	0	260,270	57.00
58.00	05800	MRI	0.042911	3,344,215	0	0	143,504	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083769	5,794,560	0	0	485,404	59.00
60.00	06000	LABORATORY	0.132993	5,930,577	0	0	788,725	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549	126,597	0	0	63,874	62.00
65.00	06500	RESPIRATORY THERAPY	0.131288	504,754	0	0	66,268	65.00
66.00	06600	PHYSICAL THERAPY	0.353621	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.337082	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.228997	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.131545	3,063,987	0	0	403,052	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889	4,107,923	3,377	0	1,096,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.345269	3,652,270	0	0	1,261,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.295599	8,102,787	0	81,238	2,395,176	73.00
74.00	07400	RENAL DIALYSIS	0.302620	68,320	0	0	20,675	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754	11,849	0	0	1,786	76.02
76.03	03951	OCCUPATIONAL HEALTH	1.577843	0	0	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	0.299718	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.135571	2,659,339	0	0	360,529	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0.165849	707,759	0	0	117,381	90.01
91.00	09100	EMERGENCY	0.155762	6,197,392	0	0	965,318	91.00
91.01	09101	CVILLE OUT	0.697117	0	0	0	0	91.01
91.02	09102	LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03	09103	NUTRITION COUNSELING	1.809962	40,594	0	0	73,474	91.03
91.04	09104	HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.257434	2,167,893	0	0	558,089	92.00
200.00		Subtotal (see instructions)		98,270,038	3,377	81,238	14,685,698	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		98,270,038	3,377	81,238	14,685,698	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:57 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03650 VASCULAR LAB	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	901	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,014		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0		76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0		76.03
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 OUTPATIENT PROCEDURES	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 CIVILLE OUT	0	0		91.01
91.02 09102 LAKE HILL OUT	0	0		91.02
91.03 09103 NUTRITION COUNSELING	0	0		91.03
91.04 09104 HUNTLEY OP	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	901	24,014		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	901	24,014		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/20/2015 8:57 am		
		Title XVIIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,014,212	88,909,956	0.011407	84,556	965	50.00
51.00	05100	RECOVERY ROOM	304,594	30,761,662	0.009902	22,697	225	51.00
53.00	05300	ANESTHESIOLOGY	28,630	13,994,823	0.002046	4,943	10	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	679,779	27,156,034	0.025032	380,280	9,519	54.00
54.01	03650	VASCULAR LAB	40,122	10,392,181	0.003861	228,381	882	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	768,389	21,958,658	0.034993	0	0	55.00
57.00	05700	CT SCAN	55,546	49,833,368	0.001115	510,447	569	57.00
58.00	05800	MRI	54,288	12,148,781	0.004469	108,751	486	58.00
59.00	05900	CARDIAC CATHETERIZATION	273,676	25,508,311	0.010729	42,701	458	59.00
60.00	06000	LABORATORY	514,139	60,542,496	0.008492	2,668,992	22,665	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,642	1,326,580	0.009530	44,349	423	62.00
65.00	06500	RESPIRATORY THERAPY	92,192	13,665,734	0.006746	1,796,948	12,122	65.00
66.00	06600	PHYSICAL THERAPY	240,801	13,487,583	0.017854	5,794,552	103,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	320,126	7,039,127	0.045478	5,167,991	235,030	67.00
68.00	06800	SPEECH PATHOLOGY	13,996	3,156,183	0.004434	2,130,642	9,447	68.00
69.00	06900	ELECTROCARDIOLOGY	260,050	15,271,085	0.017029	137,908	2,348	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	465,698	26,030,352	0.017891	546,015	9,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	665,314	30,895,012	0.021535	30,620	659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	696,215	43,600,273	0.015968	4,062,038	64,863	73.00
74.00	07400	RENAL DIALYSIS	60,177	2,947,609	0.020416	444,281	9,070	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	197,344	7,993,139	0.024689	0	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	85,732	556,783	0.153977	0	0	76.03
76.97	07697	CARDIAC REHABILITATION	2,454	509,553	0.004816	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	57,163	4,360,477	0.013109	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	8,463	2,935,952	0.002883	0	0	90.01
91.00	09100	EMERGENCY	696,135	50,237,102	0.013857	46,233	641	91.00
91.01	09101	CVILLE OUT	3,283	331,646	0.009899	0	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0	0	91.02
91.03	09103	NUTRITION COUNSELING	74,216	255,401	0.290586	0	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,156,472	0.000000	0	0	92.00
200.00		Total (lines 50-199)	7,685,376	575,962,333		24,253,325	483,607	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 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	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	36,066	0	36,066	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03650 VASCULAR LAB	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	18,033	0	18,033	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	36,066	0	36,066	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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	432,790	0	432,790	91.00
91.01 09101 C'VILLE OUT	0	0	0	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	0	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0	0	0	0	0	91.03
91.04 09104 HUNTLEY OP	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	522,955	0	522,955	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 am
	Title XVIIII	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	0	88,909,956	0.000000	0.000000	84,556	50.00
51.00	05100	RECOVERY ROOM	0	30,761,662	0.000000	0.000000	22,697	51.00
53.00	05300	ANESTHESIOLOGY	36,066	13,994,823	0.002577	0.002577	4,943	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,156,034	0.000000	0.000000	380,280	54.00
54.01	03650	VASCULAR LAB	0	10,392,181	0.000000	0.000000	228,381	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,958,658	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	49,833,368	0.000000	0.000000	510,447	57.00
58.00	05800	MRI	0	12,148,781	0.000000	0.000000	108,751	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,033	25,508,311	0.000707	0.000707	42,701	59.00
60.00	06000	LABORATORY	0	60,542,496	0.000000	0.000000	2,668,992	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,326,580	0.000000	0.000000	44,349	62.00
65.00	06500	RESPIRATORY THERAPY	36,066	13,665,734	0.002639	0.002639	1,796,948	65.00
66.00	06600	PHYSICAL THERAPY	0	13,487,583	0.000000	0.000000	5,794,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,039,127	0.000000	0.000000	5,167,991	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,156,183	0.000000	0.000000	2,130,642	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,271,085	0.000000	0.000000	137,908	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,030,352	0.000000	0.000000	546,015	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	30,895,012	0.000000	0.000000	30,620	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,600,273	0.000000	0.000000	4,062,038	73.00
74.00	07400	RENAL DIALYSIS	0	2,947,609	0.000000	0.000000	444,281	74.00
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0.000000	0	76.00
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,993,139	0.000000	0.000000	0	76.02
76.03	03951	OCCUPATIONAL HEALTH	0	556,783	0.000000	0.000000	0	76.03
76.97	07697	CARDIAC REHABILITATION	0	509,553	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	4,360,477	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	2,935,952	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	432,790	50,237,102	0.008615	0.008615	46,233	91.00
91.01	09101	CVILLE OUT	0	331,646	0.000000	0.000000	0	91.01
91.02	09102	LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03	09103	NUTRITION COUNSELING	0	255,401	0.000000	0.000000	0	91.03
91.04	09104	HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	10,156,472	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	522,955	575,962,333			24,253,325	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 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	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	13	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03650 VASCULAR LAB	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	30	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	4,742	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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	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
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0	0	0	90.01
91.00	09100 EMERGENCY	398	3,530	30	91.00
91.01	09101 CIVILLE OUT	0	0	0	91.01
91.02	09102 LAKE HILL OUT	0	0	0	91.02
91.03	09103 NUTRITION COUNSELING	0	0	0	91.03
91.04	09104 HUNTLEY OP	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	5,183	3,530	30	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:57 am
	Title XVIII	Subprovider - IRF	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	0.080854	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.147733	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0.028654	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.188480	0	0	0	0	54.00
54.01 03650 VASCULAR LAB	0.077763	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.207664	0	0	0	0	55.00
57.00 05700 CT SCAN	0.025342	0	0	0	0	57.00
58.00 05800 MRI	0.042911	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083769	0	0	0	0	59.00
60.00 06000 LABORATORY	0.132993	0	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0.131288	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.353621	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.337082	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.228997	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.131545	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.345269	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.295599	0	0	12,906	0	73.00
74.00 07400 RENAL DIALYSIS	0.302620	0	0	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754	0	0	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	1.577843	0	0	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0.299718	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.135571	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT PROCEDURES	0.165849	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.155762	3,530	0	0	550	91.00
91.01 09101 CIVILLE OUT	0.697117	0	0	0	0	91.01
91.02 09102 LAKE HILL OUT	0.000000	0	0	0	0	91.02
91.03 09103 NUTRITION COUNSELING	1.809962	0	0	0	0	91.03
91.04 09104 HUNTLEY OP	0.000000	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.257434	0	0	0	0	92.00
200.00 Subtotal (see instructions)		3,530	0	12,906	550	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		3,530	0	12,906	550	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/20/2015 8:57 am
	Component CCN: 14T217	Title XVII I	Subprovider - IRF

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
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03650 VASCULAR LAB	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,815	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 OUTPATIENT PROCEDURES	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 C'VILLE OUT	0	0	91.01
91.02 09102 LAKE HILL OUT	0	0	91.02
91.03 09103 NUTRITION COUNSELING	0	0	91.03
91.04 09104 HUNTLEY OP	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	3,815	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	3,815	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,807,319	0	4,807,319	28,090	171.14	30.00
31.00	INTENSIVE CARE UNIT	528,775		528,775	3,017	175.27	31.00
41.00	SUBPROVIDER - IRF	1,243,476	0	1,243,476	13,606	91.39	41.00
200.00	Total (Lines 30-199)	6,579,570		6,579,570	44,713		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,141	537,551				
31.00	INTENSIVE CARE UNIT	395	69,232				
41.00	SUBPROVIDER - IRF	0	0				
200.00	Total (Lines 30-199)	3,536	606,783				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description		Title XIX			Hospital	PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,014,212	88,909,956	0.011407	0	0 50.00
51.00	05100 RECOVERY ROOM	304,594	30,761,662	0.009902	0	0 51.00
53.00	05300 ANESTHESIOLOGY	28,630	13,994,823	0.002046	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	679,779	27,156,034	0.025032	0	0 54.00
54.01	03650 VASCULAR LAB	40,122	10,392,181	0.003861	0	0 54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	768,389	21,958,658	0.034993	0	0 55.00
57.00	05700 CT SCAN	55,546	49,833,368	0.001115	0	0 57.00
58.00	05800 MRI	54,288	12,148,781	0.004469	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	273,676	25,508,311	0.010729	0	0 59.00
60.00	06000 LABORATORY	514,139	60,542,496	0.008492	0	0 60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,642	1,326,580	0.009530	0	0 62.00
65.00	06500 RESPIRATORY THERAPY	92,192	13,665,734	0.006746	0	0 65.00
66.00	06600 PHYSICAL THERAPY	240,801	13,487,583	0.017854	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	320,126	7,039,127	0.045478	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	13,996	3,156,183	0.004434	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	260,050	15,271,085	0.017029	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	465,698	26,030,352	0.017891	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	665,314	30,895,012	0.021535	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	696,215	43,600,273	0.015968	0	0 73.00
74.00	07400 RENAL DIALYSIS	60,177	2,947,609	0.020416	0	0 74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0.000000	0	0 76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	197,344	7,993,139	0.024689	0	0 76.02
76.03	03951 OCCUPATIONAL HEALTH	85,732	556,783	0.153977	0	0 76.03
76.97	07697 CARDIAC REHABILITATION	2,454	509,553	0.004816	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	57,163	4,360,477	0.013109	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	8,463	2,935,952	0.002883	0	0 90.01
91.00	09100 EMERGENCY	696,135	50,237,102	0.013857	0	0 91.00
91.01	09101 CIVILLE OUT	3,283	331,646	0.009899	0	0 91.01
91.02	09102 LAKE HILL OUT	0	0	0.000000	0	0 91.02
91.03	09103 NUTRITION COUNSELING	74,216	255,401	0.290586	0	0 91.03
91.04	09104 HUNTLEY OP	0	0	0.000000	0	0 91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	456,257	10,156,472	0.044923	0	0 92.00
200.00	Total (Lines 50-199)	8,141,633	575,962,333		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/20/2015 8:57 am	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	36,066	0	0	36,066	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,033	0	0	18,033	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00		Total (lines 30-199)	0	54,099	0	0	54,099	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	28,090	1.28	3,141	4,020		30.00
31.00	03100	INTENSIVE CARE UNIT	3,017	5.98	395	2,362		31.00
41.00	04100	SUBPROVIDER - IRF	13,606	0.00	0	0		41.00
200.00		Total (lines 30-199)	44,713		3,536	6,382		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description		Title XIX				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	36,066	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
54.01	03650	VASCULAR LAB	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	18,033	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	0	36,066	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
76.00	03950	OTHER ANCILLARY SERVICES COST CENTER	0	0	0	0	76.00	
76.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02	
76.03	03951	OCCUPATIONAL HEALTH	0	0	0	0	76.03	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	432,790	0	91.00	
91.01	09101	CIVILLE OUT	0	0	0	0	91.01	
91.02	09102	LAKE HILL OUT	0	0	0	0	91.02	
91.03	09103	NUTRITION COUNSELING	0	0	0	0	91.03	
91.04	09104	HUNTLEY OP	0	0	0	0	91.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	522,955	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 am
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Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	88,909,956	0.000000	0.000000	0	50.00
51.00 05100 RECOVERY ROOM	0	30,761,662	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	36,066	13,994,823	0.002577	0.002577	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,156,034	0.000000	0.000000	0	54.00
54.01 03650 VASCULAR LAB	0	10,392,181	0.000000	0.000000	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	21,958,658	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	49,833,368	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	12,148,781	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	18,033	25,508,311	0.000707	0.000707	0	59.00
60.00 06000 LABORATORY	0	60,542,496	0.000000	0.000000	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,326,580	0.000000	0.000000	0	62.00
65.00 06500 RESPIRATORY THERAPY	36,066	13,665,734	0.002639	0.002639	0	65.00
66.00 06600 PHYSICAL THERAPY	0	13,487,583	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,039,127	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	3,156,183	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	15,271,085	0.000000	0.000000	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,030,352	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	30,895,012	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	43,600,273	0.000000	0.000000	0	73.00
74.00 07400 RENAL DIALYSIS	0	2,947,609	0.000000	0.000000	0	74.00
76.00 03950 OTHER ANCILLARY SERVICES COST CENTE	0	0	0.000000	0.000000	0	76.00
76.02 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,993,139	0.000000	0.000000	0	76.02
76.03 03951 OCCUPATIONAL HEALTH	0	556,783	0.000000	0.000000	0	76.03
76.97 07697 CARDIAC REHABILITATION	0	509,553	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	4,360,477	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 OUTPATIENT PROCEDURES	0	2,935,952	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	432,790	50,237,102	0.008615	0.008615	0	91.00
91.01 09101 CIVILLE OUT	0	331,646	0.000000	0.000000	0	91.01
91.02 09102 LAKE HILL OUT	0	0	0.000000	0.000000	0	91.02
91.03 09103 NUTRITION COUNSELING	0	255,401	0.000000	0.000000	0	91.03
91.04 09104 HUNTLEY OP	0	0	0.000000	0.000000	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	10,156,472	0.000000	0.000000	0	92.00
200.00 Total (Lines 50-199)	522,955	575,962,333			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/20/2015 8:57 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
Title XIX						
		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
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03650 VASCULAR LAB	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0	0	0		76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03	03951 OCCUPATIONAL HEALTH	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
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 OUTPATIENT PROCEDURES	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 CIVILLE OUT	0	0	0		91.01
91.02	09102 LAKE HILL OUT	0	0	0		91.02
91.03	09103 NUTRITION COUNSELING	0	0	0		91.03
91.04	09104 HUNTLEY OP	0	0	0		91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2015 8:57 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)		28,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,090	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)		25,424	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)		11,961	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)		27,548,742	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)		27,548,742	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)		27,548,742	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)		980.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,730,512	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)		11,730,512	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	5,440,091	3,017	1,803.15	1,557	2,807,505	43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,082,103	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,620,120	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)					2,344,522	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,619,422	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,963,944	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,656,176	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,666	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					980.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,614,626	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 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	4,807,319	27,548,742	0.174502	2,614,626	456,257	90.00
91.00	Nursing School cost	0	27,548,742	0.000000	2,614,626	0	91.00
92.00	Allied health cost	36,066	27,548,742	0.001309	2,614,626	3,423	92.00
93.00	All other Medical Education	0	27,548,742	0.000000	2,614,626	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 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)			13,606 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,606 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)			13,606 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)			11,528 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)			11,757,711 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)			11,757,711 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)			11,757,711 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)			864.16 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,962,036 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			9,962,036 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217 Component CCN: 14T217		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,531,580	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,493,616	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)					1,053,544	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					488,790	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,542,334	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,951,282	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: 140217 Component CCN: 14T217		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 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	1,243,476	11,757,711	0.105758	0	0	90.00
91.00	Nursing School cost	0	11,757,711	0.000000	0	0	91.00
92.00	Allied health cost	0	11,757,711	0.000000	0	0	92.00
93.00	All other Medical Education	0	11,757,711	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/20/2015 8:57 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)		28,090	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,090	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)		25,424	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)		3,141	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)		27,548,742	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)		27,548,742	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)		27,548,742	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)		980.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,080,473	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,080,473	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 am
Cost Center Description			Title XIX	Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	5,440,091	3,017	1,803.15	395	712,244
44.00	CORONARY CARE UNIT				43.00
45.00	BURN INTENSIVE CARE UNIT				44.00
46.00	SURGICAL INTENSIVE CARE UNIT				45.00
47.00	OTHER SPECIAL CARE (SPECIFY)				46.00
Cost Center Description					47.00
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,792,717
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				613,165
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0
52.00	Total Program excludable cost (sum of lines 50 and 51)				613,165
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,179,552
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
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
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				2,666
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				980.73
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,614,626

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140217		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/20/2015 8:57 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	4,807,319	27,548,742	0.174502	2,614,626	456,257	90.00
91.00	Nursing School cost	0	27,548,742	0.000000	2,614,626	0	91.00
92.00	Allied health cost	36,066	27,548,742	0.001309	2,614,626	3,423	92.00
93.00	All other Medical Education	0	27,548,742	0.000000	2,614,626	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/20/2015 8:57 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		34,332,472		30.00
31.00	03100 INTENSIVE CARE UNIT		11,159,246		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.080854	20,156,949	1,629,770	50.00
51.00	05100 RECOVERY ROOM	0.147733	6,243,406	922,357	51.00
53.00	05300 ANESTHESIOLOGY	0.028654	3,051,363	87,434	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189190	3,653,993	691,299	54.00
54.01	03650 VASCULAR LAB	0.077763	1,310,656	101,921	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.210067	654,411	137,470	55.00
57.00	05700 CT SCAN	0.025342	6,716,165	170,201	57.00
58.00	05800 MRI	0.042911	1,696,915	72,816	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084035	6,993,428	587,693	59.00
60.00	06000 LABORATORY	0.133417	15,756,984	2,102,250	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549	486,610	245,519	62.00
65.00	06500 RESPIRATORY THERAPY	0.131288	5,966,330	783,308	65.00
66.00	06600 PHYSICAL THERAPY	0.353621	1,524,552	539,114	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337082	563,969	190,104	67.00
68.00	06800 SPEECH PATHOLOGY	0.228997	372,496	85,300	68.00
69.00	06900 ELECTROCARDIOLOGY	0.132369	3,698,803	489,607	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889	7,441,400	1,986,028	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.345269	9,621,805	3,322,111	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295599	9,652,642	2,853,311	73.00
74.00	07400 RENAL DIALYSIS	0.302620	1,253,127	379,221	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTE	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754	1,048,656	158,089	76.02
76.03	03951 OCCUPATIONAL HEALTH	1.577843	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.299718	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.135794	3,130	425	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0.165849	0	0	90.01
91.00	09100 EMERGENCY	0.155998	6,212,398	969,122	91.00
91.01	09101 C'VILLE OUT	0.697117	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	1.809962	183	331	91.03
91.04	09104 HUNTLEY OP	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.257434	2,242,525	577,302	92.00
200.00	Total (sum of lines 50-94 and 96-98)		116,322,896	19,082,103	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)		116,322,896		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T217		Date/Time Prepared: 5/20/2015 8:57 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
41.00	04100 SUBPROVIDER - IRF		29,210,892		41.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.080854	84,556	6,837	50.00
51.00	05100 RECOVERY ROOM	0.147733	22,697	3,353	51.00
53.00	05300 ANESTHESIOLOGY	0.028654	4,943	142	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.189190	380,280	71,945	54.00
54.01	03650 VASCULAR LAB	0.077763	228,381	17,760	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.210067	0	0	55.00
57.00	05700 CT SCAN	0.025342	510,447	12,936	57.00
58.00	05800 MRI	0.042911	108,751	4,667	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084035	42,701	3,588	59.00
60.00	06000 LABORATORY	0.133417	2,668,992	356,089	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.504549	44,349	22,376	62.00
65.00	06500 RESPIRATORY THERAPY	0.131288	1,796,948	235,918	65.00
66.00	06600 PHYSICAL THERAPY	0.353621	5,794,552	2,049,075	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.337082	5,167,991	1,742,037	67.00
68.00	06800 SPEECH PATHOLOGY	0.228997	2,130,642	487,911	68.00
69.00	06900 ELECTROCARDIOLOGY	0.132369	137,908	18,255	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.266889	546,015	145,725	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.345269	30,620	10,572	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.295599	4,062,038	1,200,734	73.00
74.00	07400 RENAL DIALYSIS	0.302620	444,281	134,448	74.00
76.00	03950 OTHER ANCILLARY SERVICES COST CENTER	0.000000	0	0	76.00
76.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.150754	0	0	76.02
76.03	03951 OCCUPATIONAL HEALTH	1.577843	0	0	76.03
76.97	07697 CARDIAC REHABILITATION	0.299718	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.135794	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 OUTPATIENT PROCEDURES	0.165849	0	0	90.01
91.00	09100 EMERGENCY	0.155998	46,233	7,212	91.00
91.01	09101 CIVILLE OUT	0.697117	0	0	91.01
91.02	09102 LAKE HILL OUT	0.000000	0	0	91.02
91.03	09103 NUTRITION COUNSELING	1.809962	0	0	91.03
91.04	09104 HUNTLEY OP	0.000000	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.257434	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		24,253,325	6,531,580	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)		24,253,325		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:57 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPSS				
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)		17,887,499	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,454,014	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)		1,055,319	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		3,584,677	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		136.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
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)		0	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)		4.81	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.40	31.00
32.00	Sum of lines 30 and 31		23.21	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.36	33.00
34.00	Disproportionate share adjustment (see instructions)		487,838	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:57 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)		0.000126243	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,142,042	960,865	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		854,185	242,191	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,096,376		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)		25,981,046		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)		25,981,046		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,131,254		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (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).		24,621		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		82,828		58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,219,749		59.00
60.00	Primary payer payments		12,419		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,207,330		61.00
62.00	Deductibles billed to program beneficiaries		2,175,936		62.00
63.00	Coinurance billed to program beneficiaries		133,344		63.00
64.00	Allowable bad debts (see instructions)		510,923		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		332,100		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		499,793		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,230,150		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)		0		70.93
70.94	HRR adjustment amount (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/20/2015 8:57 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)		26,230,150		71.00
71.01	Sequestration adjustment (see instructions)		524,603		71.01
72.00	Interim payments		25,260,607		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)		444,940		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)		27,425		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 8:57 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,915	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,621,234	2.00
3.00	PPS payments		12,494,945	3.00
4.00	Outlier payment (see instructions)		213,160	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		64,464	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,915	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		84,615	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)		84,615	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)		84,615	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		59,700	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)		24,915	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)		12,772,569	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		675	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,644,693	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)		10,152,116	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)		10,152,116	30.00
31.00	Primary payer payments		30	31.00
32.00	Subtotal (line 30 minus line 31)		10,152,086	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)		341,562	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		222,015	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		335,664	36.00
37.00	Subtotal (see instructions)		10,374,101	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)		10,374,101	40.00
40.01	Sequestration adjustment (see instructions)		207,482	40.01
41.00	Interim payments		10,273,205	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-106,586	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: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/20/2015 8:57 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			3,815 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			520 2.00
3.00	PPS payments			2,261 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			30 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			3,815 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			12,906 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)			12,906 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)			12,906 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			9,091 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			3,815 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)			2,291 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)			6,106 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)			6,106 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			6,106 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)			6,106 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)			6,106 40.00
40.01	Sequestration adjustment (see instructions)			122 40.01
41.00	Interim payments			5,578 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			406 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: 140217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 8:57 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		25,167,292		10,196,493	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	08/05/2014	47,884	08/05/2014	76,712	3.01	
3.02		12/17/2014	45,431		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		93,315		76,712	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)		25,260,607		10,273,205	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		444,940		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		106,586	6.02	
7.00	Total Medicare program liability (see instructions)		25,705,547		10,166,619	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: 140217
Component CCN: 14T217

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2015 8:57 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		16,662,920		5,578	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	08/05/2014	7,095		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		7,095		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)		16,670,015		5,578	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		7,443		406	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,677,458		5,984	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: 140217

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2015 8:57 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	5,891	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	13,518	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	1,929	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	28,441	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	706,076,138	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	24,851,151	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)	1,244,741	8.00
9.00	Sequestration adjustment amount (see instructions)	24,895	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,219,846	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,203,157	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)	16,689	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140217 Component CCN: 14T217	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/20/2015 8:57 am
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			17,121,252 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0137 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			87,318 3.00
4.00	Outlier Payments			57,750 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)			37.276712 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)			17,266,320 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)			17,266,320 17.00
18.00	Primary payer payments			2,193 18.00
19.00	Subtotal (line 17 less line 18).			17,264,127 19.00
20.00	Deductibles			167,336 20.00
21.00	Subtotal (line 19 minus line 20)			17,096,791 21.00
22.00	Coinsurance			84,160 22.00
23.00	Subtotal (line 21 minus line 22)			17,012,631 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			17,012,631 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)			5,183 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER PSR			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)			17,017,814 32.00
32.01	Sequestration adjustment (see instructions)			340,356 32.01
33.00	Interim payments			16,670,015 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			7,443 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			3,676 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			57,750 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 140217

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

Worksheet G

Date/Time Prepared:
5/20/2015 8:57 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	3,276,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	2,759,000	0	0	0	3.00
4.00	Accounts receivable	23,899,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	4,523,000	0	0	0	7.00
8.00	Prepaid expenses	330,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	141,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,928,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,549,055	0	0	0	12.00
13.00	Land improvements	1,671,230	0	0	0	13.00
14.00	Accumulated depreciation	-387,893	0	0	0	14.00
15.00	Buildings	46,281,832	0	0	0	15.00
16.00	Accumulated depreciation	-6,511,935	0	0	0	16.00
17.00	Leasehold improvements	556,799	0	0	0	17.00
18.00	Accumulated depreciation	-87,152	0	0	0	18.00
19.00	Fixed equipment	3,515	0	0	0	19.00
20.00	Accumulated depreciation	-1,975	0	0	0	20.00
21.00	Automobiles and trucks	44,795	0	0	0	21.00
22.00	Accumulated depreciation	-9,293	0	0	0	22.00
23.00	Major movable equipment	11,749,947	0	0	0	23.00
24.00	Accumulated depreciation	-5,863,366	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)	49,995,559	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,771,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	5,771,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	90,694,559	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,109,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,965,000	0	0	0	43.00
44.00	Other current liabilities	16,680,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,754,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	349,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	349,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	30,103,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	60,591,559				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)	60,591,559	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	90,694,559	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140217

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

Worksheet G-1

Date/Time Prepared:
5/20/2015 8:57 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		55,394,906		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,220,025			2.00
3.00	Total (sum of line 1 and line 2)		60,614,931		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		60,614,931		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00	NET ASSET TRANSFER	23,372		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)		23,372		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		60,591,559		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00	NET ASSET TRANSFER		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: 140217

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2015 8:57 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,834,406		73,834,406	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	34,518,650		34,518,650	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)	108,353,056		108,353,056	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,760,749		21,760,749	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,760,749		21,760,749	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	130,113,805		130,113,805	17.00
18.00	Ancillary services	265,060,847	310,901,486	575,962,333	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	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)	395,174,652	310,901,486	706,076,138	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		134,847,946		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)		134,847,946		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140217

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

Worksheet G-3

Date/Time Prepared:
5/20/2015 8:57 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	706,076,138	1.00
2.00	Less contractual allowances and discounts on patients' accounts	571,176,805	2.00
3.00	Net patient revenues (line 1 minus line 2)	134,899,333	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	134,847,946	4.00
5.00	Net income from service to patients (line 3 minus line 4)	51,387	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,340,596	6.00
7.00	Income from investments	28,633	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	NET ASSETS RELEASED AND OTHER OP REV	2,799,409	24.00
25.00	Total other income (sum of lines 6-24)	5,168,638	25.00
26.00	Total (line 5 plus line 25)	5,220,025	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,220,025	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140217	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/20/2015 8:57 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,865,571	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		175,949	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)		78.39	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.81	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.40	8.00
9.00	Sum of lines 7 and 8		23.21	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.81	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		89,734	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,131,254	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