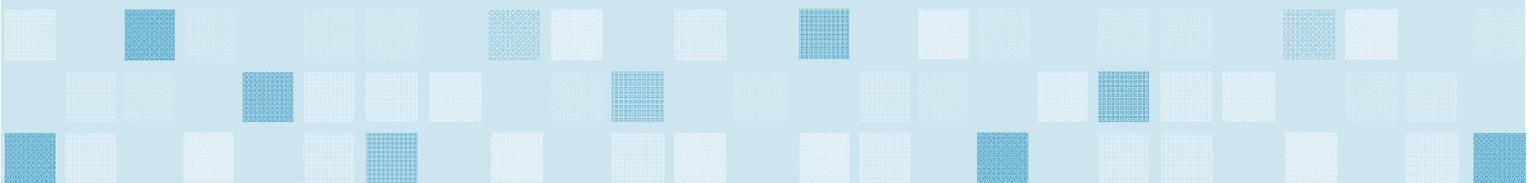


SwedishAmerican Hospital

Medicare Cost Report

Fiscal Year Ended 5.31.2014



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: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S Parts I-III Date/Time Prepared: 10/24/2014 4:54 pm
--	----------------------	---	---

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 10/24/2014	Time: 4:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SWEDI SHAMERICAN HOSPITAL (140228) for the cost reporting period beginning 06/01/2013 and ending 05/31/2014 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.

Encryption Information
 ECR: Date: 10/24/2014 Time: 4:54 pm
 gkY8UDER09dlmJY1gU9HCDDowaP70
 93i830nRBRI: b9d0cBnYJBOAgJ6M5.
 Y7K: 1hMLuh06R: U9
 PI: Date: 10/24/2014 Time: 4:54 pm
 Gs4HEFBF. VJJZZvSGHZWPUZ1mFe6FO
 FF: pE0kFhnZHJE93: 8y5zj2l tT32AI
 XR7I 0LvXv905s6of

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

 Title

 Date

	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	848,786	-162,673	-52,513	0 1.00
2.00	Subprovider - IPF	0	3,476	-236		0 2.00
3.00	Subprovider - IRF	0	0	0		0 3.00
5.00	Swing bed - SNF	0	0	0		0 5.00
6.00	Swing bed - NF	0				0 6.00
9.00	HOME HEALTH AGENCY I	0	-2	-543		0 9.00
200.00	Total	0	852,260	-163,452	-52,513	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1401 EAST STATE ST.		PO Box:						1.00		
2.00	City: ROCKFORD		State: IL		Zip Code: 61104		County: WINNEBAGO		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		
		V	XVIII	XIX							
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SWEDI SHAMERICAN HOSPITAL	140228	40420	1	06/30/1966	0	P	0	3.00
4.00	Subprovider - IPF		SWEI SHAMERICAN HOSPITAL PSYCH UNIT	14S228	40420	4	05/31/1986	N	P	0	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		SWEDI SHAMERICAN HOME HEALTH	147448	40420		03/24/1986	N	P	0	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)					06/01/2013	05/31/2014		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	N		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		12,634	2,185	82	0	2,261 1,905		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	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		
61.06	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm	
		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			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
				1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	U OF I ROCKFORD SCHOOL OF MEDI CINE	1350	6.97	11.38	0.379837	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		
		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)	U OF I ROCKFORD SCHOOL OF MEDICINE	1350	8.33	16.30	0.338205
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0
				1.00		
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		
85.00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					
				V	XIX	
				1.00	2.00	
90.00	Title V and XIX Services 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	
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	
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		
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	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	839,086	0	5,460,600		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		
DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part I Date/Time Prepared: 10/24/2014 4:29 pm			
		1.00	2.00				
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				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:	Contractor's Name:		Contractor's Number:			141.00
142.00	Street:	PO Box:					142.00
143.00	City:	State:		Zip Code:			143.00
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
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	
				Begining	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)	10/01/2012	09/30/2013			170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part II Date/Time Prepared: 10/24/2014 4:29 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/01/2014	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: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-2 Part II Date/Time Prepared: 10/24/2014 4:29 pm
---	--	----------------------	---	---

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	N			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATTI	DEWANE		41.00
42.00	Enter the employer/company name of the cost report preparer.	SWEDI SHAMERICAN HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(779) 696-7350	PDEWANE@SWEDI SHAMERICAN.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)	10/01/2014		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.	CORPORATE CONTROLLER		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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	267	97,455	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)		267	97,455	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	9,490	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	0	0	0.00	0	8.01
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					0	13.00
14.00 Total (see instructions)	43.00	293	106,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	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)		313				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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	20,434	11,562	50,547			1.00
2.00 HMO and other (see instructions)	3,792	2,359				2.00
3.00 HMO IPF Subprovider	0	469				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,434	11,562	50,547			7.00
8.00 INTENSIVE CARE UNIT	2,609	638	5,347			8.00
8.01 PEDIATRIC ICU	0	0	0			8.01
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		3,947	6,657			13.00
14.00 Total (see instructions)	23,043	16,147	62,551	24.22	1,906.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,411	1,061	5,196	0.41	43.74	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	15,548	1,918	26,323	0.00	79.95	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)				24.63	2,029.84	27.00
28.00 Observation Bed Days		872	4,467			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	561	981			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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,976	5,079	17,600	1.00
2.00	HMO and other (see instructions)			762			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
8.01	PEDIATRIC ICU						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,976	5,079	17,600	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	215	361	932	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	166,686,228	427,515	167,113,743	5,288,511.00	31.60
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		114,000	0	114,000	453.00	251.66
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		557,046	0	557,046	7,405.00	75.23
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		50,805,239	-219,467	50,585,772	1,313,050.00	38.53
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		100,629	0	100,629	1,480.00	67.99
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		6,726,344	0	6,726,344	93,787.00	71.72
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		34,818,169	0	34,818,169		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		12,186,039	0	12,186,039		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		4,516	0	4,516		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		73,864	0	73,864		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,871,137	42,102	1,913,239	66,385.00	28.82
27.00	Administrative & General	5.00	24,290,398	-364,239	23,926,159	692,290.00	34.56
28.00	Administrative & General under contract (see inst.)		2,644,635	0	2,644,635	13,285.00	199.07
29.00	Maintenance & Repairs	6.00	480,629	385,413	866,042	44,503.00	19.46
30.00	Operation of Plant	7.00	1,145,355	0	1,145,355	36,519.00	31.36
31.00	Laundry & Linen Service	8.00	69,407	0	69,407	6,323.00	10.98
32.00	Housekeeping	9.00	2,725,360	0	2,725,360	201,742.00	13.51
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,144,725	0	2,144,725	153,245.00	14.00
35.00	Dietary under contract (see instructions)		275,911	0	275,911	8,120.00	33.98
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,401,582	0	1,401,582	57,259.00	24.48
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	4,502,333	0	4,502,333	115,620.00	38.94
41.00	Medical Records & Medical Records Library	16.00	1,542,003	0	1,542,003	75,458.00	20.44

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
10/24/2014 4:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	169,049,728	427,515	169,477,243	5,302,511.00	31.96	1.00
2.00	Excluded area salaries (see instructions)	50,805,239	-219,467	50,585,772	1,313,050.00	38.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	118,244,489	646,982	118,891,471	3,989,461.00	29.80	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,826,973	0	6,826,973	95,267.00	71.66	4.00
5.00	Subtotal wage-related costs (see inst.)	34,822,685	0	34,822,685	0.00	29.29	5.00
6.00	Total (sum of lines 3 thru 5)	159,894,147	646,982	160,541,129	4,084,728.00	39.30	6.00
7.00	Total overhead cost (see instructions)	43,093,475	63,276	43,156,751	1,470,749.00	29.34	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part IV
Date/Time Prepared:
10/24/2014 4:29 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	7,423,516	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	2,165,323	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)	22,862,903	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	362,416	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)	965,721	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,229,754	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	10,421,777	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	119,427	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	648,370	22.00
23.00	Tuition Reimbursement	883,382	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	47,082,589	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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-3
Part V
Date/Time Prepared:
10/24/2014 4:29 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet S-4
		Component CCN: 147448		Date/Time Prepared: 10/24/2014 4:29 pm
			Home Health Agency I	PPS

		1.00					
0.00	County						0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	17	0	4	21	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,331.00	182.00	533.00	2,046.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00					3.00
4.00	Director(s) and Assistant Director(s)	1.00					4.00
5.00	Other Administrative Personnel	21.93					5.00
6.00	Direct Nursing Service	13.11					6.00
7.00	Nursing Supervisor	0.00					7.00
8.00	Physical Therapy Service	4.68					8.00
9.00	Physical Therapy Supervisor	0.33					9.00
10.00	Occupational Therapy Service	1.52					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.04					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.96					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	0.01					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	PHARMACY TECH	0.16					18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.	4					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	40420					20.00
20.01		99914					20.01
20.02		16974					20.02
20.03		49740					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,314	110	526	81	9,031	21.00
22.00	Skilled Nursing Visit Charges	1,213,581	16,395	67,036	11,625	1,308,637	22.00
23.00	Physical Therapy Visits	4,074	4	106	43	4,227	23.00
24.00	Physical Therapy Visit Charges	610,217	660	14,715	6,480	632,072	24.00
25.00	Occupational Therapy Visits	1,076	5	12	3	1,096	25.00
26.00	Occupational Therapy Visit Charges	171,090	810	1,800	540	174,240	26.00
27.00	Speech Pathology Visits	179	0	3	0	182	27.00
28.00	Speech Pathology Visit Charges	28,290	0	300	0	28,590	28.00
29.00	Medical Social Service Visits	127	0	2	0	129	29.00
30.00	Medical Social Service Visit Charges	22,680	0	360	0	23,040	30.00
31.00	Home Health Aide Visits	857	25	1	0	883	31.00
32.00	Home Health Aide Visit Charges	75,420	2,250	90	0	77,760	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,627	144	650	127	15,548	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,121,278	20,115	84,301	18,645	2,244,339	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,054		178	11	1,243	36.00
37.00	Total Number of Outlier Episodes		4		1	5	37.00
38.00	Total Non-Routine Medical Supply Charges	478,709	8,482	39,115	4,499	530,805	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet S-10

Date/Time Prepared:
10/24/2014 4:29 pm

				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)			0.189638	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		51,007,980		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?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		22,997,320		5.00	
6.00	Medicaid charges		323,852,948		6.00	
7.00	Medicaid cost (line 1 times line 6)		61,414,825		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)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		38,899,047	2,801,880	41,700,927	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		7,376,737	531,343	7,908,080	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		7,376,737	531,343	7,908,080	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)				31,507,862	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				2,172,405	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				29,335,457	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				5,563,117	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				13,471,197	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				13,471,197	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		13,089,914		13,089,914	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		9,868,769	3,819,062	13,687,831	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,871,137	2,311,683	-12,679	4,170,141	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	24,290,398	52,860,655	-5,132,040	72,019,013	5.00	
6.00	00600	MAINTENANCE & REPAIRS	480,629	860,006	877,789	2,218,424	6.00	
7.00	00700	OPERATION OF PLANT	1,145,355	3,698,561	-13,027	4,830,889	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	69,407	1,282,060	-505	1,350,962	8.00	
9.00	00900	HOUSEKEEPING	2,725,360	1,658,964	-7,542	4,376,782	9.00	
10.00	01000	DIETARY	2,144,725	2,886,578	-116,143	4,915,160	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	1,401,582	765,021	-3,667	2,162,936	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,022,985	-2,840,001	1,182,984	14.00	
15.00	01500	PHARMACY	4,502,333	12,283,580	-9,575,228	7,210,685	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,542,003	1,671,488	-261,225	2,952,266	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,543,771	-54	4,543,717	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	135,041	47,218	182,259	182,259	23.00	
23.20	02301	PARAMED ED PRGM - RADIOLOGY	171,615	90,571	262,186	-3,351	258,835	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	515	4,449	4,964	-205	4,759	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	511,387	667,944	1,179,331	-43,447	1,135,884	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,267,984	11,939,588	32,207,572	839,229	33,046,801	30.00
31.00	03100	INTENSIVE CARE UNIT	3,889,202	2,960,531	6,849,733	241,970	7,091,703	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	1,670,908	2,408,132	4,079,040	-1,224,130	2,854,910	40.00
43.00	04300	NURSERY	1,312,529	1,704,509	3,017,038	1,384,348	4,401,386	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,216,682	33,031,275	41,247,957	-18,670,542	22,577,415	50.00
50.20	03340	GASTROENTEROLOGY	519,673	424,941	944,614	11,859	956,473	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,960,021	1,651,514	4,611,535	123,048	4,734,583	52.00
53.00	05300	ANESTHESIOLOGY	0	519,963	519,963	1,841,667	2,361,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,851,293	12,153,989	20,005,282	-6,363,660	13,641,622	54.00
54.10	03480	RADIATION ONCOLOGY	8,969,814	19,629,491	28,599,305	-1,509,750	27,089,555	54.10
54.20	05401	CT	869,241	1,299,650	2,168,891	-970	2,167,921	54.20
54.30	05402	MRI	736,977	773,733	1,510,710	-2,713	1,507,997	54.30
60.00	06000	LABORATORY	3,220,224	7,620,632	10,840,856	-452,434	10,388,422	60.00
60.01	06001	BLOOD	247,781	1,801,483	2,049,264	0	2,049,264	60.01
65.00	06500	RESPIRATORY THERAPY	2,134,047	1,491,041	3,625,088	-413,944	3,211,144	65.00
66.00	06600	PHYSICAL THERAPY	3,552,261	1,971,712	5,523,973	-12,514	5,511,459	66.00
69.00	06900	ELECTROCARDIOLOGY	1,371,910	1,352,720	2,724,630	-10,908	2,713,722	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	91,466	106,421	197,887	-1,096	196,791	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,166,816	8,166,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,614,815	15,614,815	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,558,327	9,558,327	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	423,618	509,911	933,529	-9,147	924,382	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	93,352	93,352	75.10
75.20	03951	HEMODIALYSIS	0	589,271	589,271	0	589,271	75.20
76.97	07697	CARDIAC REHABILITATION	752,328	525,396	1,277,724	-2,416	1,275,308	76.97
76.98	07698	WOUND CARE	622,615	760,639	1,383,254	-3,807	1,379,447	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	294,269	153,475	447,744	-498	447,246	90.02
91.00	09100	EMERGENCY	7,368,152	4,813,300	12,181,452	-105,138	12,076,314	91.00
91.05	09101	AMBULATORY CARE	35,973	13,579	49,552	276	49,828	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	253,876	253,876	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,495,579	1,860,599	5,356,178	-82,649	5,273,529	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	121,866,034	224,681,712	346,547,746	-4,048,996	342,498,750	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90	90	0	90	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + - col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	42,893,780	40,306,977	83,200,757	1,275,352	84,476,109	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	23,776	-39,880	-16,104	0	-16,104	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	426,190	490,364	916,554	0	916,554	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	244,921	92,537	337,458	2,773,644	3,111,102	193.80
193.90	19308	COMPLIMENTARY MEDICINE	514,585	423,248	937,833	0	937,833	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	716,942	708,237	1,425,179	0	1,425,179	194.00
200.00		TOTAL (SUM OF LINES 118-199)	166,686,228	266,663,285	433,349,513	0	433,349,513	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,181,198	8,908,716	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	13,687,831	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-812,256	3,357,885	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,738,589	54,280,424	5.00
6.00	00600	MAINTENANCE & REPAIRS	-22,609	2,195,815	6.00
7.00	00700	OPERATION OF PLANT	-262	4,830,627	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-12,449	1,338,513	8.00
9.00	00900	HOUSEKEEPING	-63	4,376,719	9.00
10.00	01000	DIETARY	-1,384,468	3,530,692	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-97,980	2,064,956	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,182,984	14.00
15.00	01500	PHARMACY	-4,815	7,205,870	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-165,728	2,786,538	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-182,369	4,361,348	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	-600	181,659	23.00
23.20	02301	PARAMED PRGM - RADIOLOGY	-186,583	72,252	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	3,123	7,882	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	-128,110	1,007,774	23.40
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,420,805	29,625,996	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,163,107	5,928,596	31.00
31.01	03101	PEDIATRIC ICU	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	-157,502	2,697,408	40.00
43.00	04300	NURSERY	-1,147,380	3,254,006	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,561,583	17,015,832	50.00
50.20	03340	GASTROENTEROLOGY	-8,359	948,114	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,734,583	52.00
53.00	05300	ANESTHESIOLOGY	-248,000	2,113,630	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-75,312	13,566,310	54.00
54.10	03480	RADIATION ONCOLOGY	-354,190	26,735,365	54.10
54.20	05401	CT	-13,726	2,154,195	54.20
54.30	05402	MRI	0	1,507,997	54.30
60.00	06000	LABORATORY	-28,375	10,360,047	60.00
60.01	06001	BLOOD	0	2,049,264	60.01
65.00	06500	RESPIRATORY THERAPY	0	3,211,144	65.00
66.00	06600	PHYSICAL THERAPY	83,055	5,594,514	66.00
69.00	06900	ELECTROCARDIOLOGY	-341,726	2,371,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-61,815	134,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,166,816	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,614,815	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,558,327	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	SLEEP LAB	43,264	967,646	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	93,352	75.10
75.20	03951	HEMODIALYSIS	0	589,271	75.20
76.97	07697	CARDIAC REHABILITATION	-4,269	1,271,039	76.97
76.98	07698	WOUND CARE	-122,942	1,256,505	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	90.01
90.02	09002	DIABETES CLINIC	4,289	451,535	90.02
91.00	09100	EMERGENCY	-512,455	11,563,859	91.00
91.05	09101	AMBULATORY CARE	0	49,828	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	253,876	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-5,651	5,267,878	101.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-38,011,545	304,487,205	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90	190.00
190.10	19001	MCC WORD PROCESSING	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	-80,774	84,395,335	192.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.02	19202	MEDWORKS	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	192.03
192.20	19204	IDLE SPACE	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-16,104	193.00
193.10	19301	HOTEL	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	193.40
193.50	19304	WEE CARE	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	-3,482	913,072	193.60
193.70	19306	WOMEN'S CENTER	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,111,102	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	937,833	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	-2,228	1,422,951	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-38,098,029	395,251,484	200.00

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6
Date/Time Prepared:
10/24/2014 4:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - MEDICAL MAINTENANCE						
1.00	MAINTENANCE & REPAIRS	6.00	0	879,532	1.00	
	TOTALS		0	879,532		
B - CHARGABLE MED SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,166,816	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	
	TOTALS		0	8,166,816		
C - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,558,327	1.00	
	TOTALS		0	9,558,327		
D - MEDICAL SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	10,823	1.00	
	TOTALS		0	10,823		
E - PR EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36,099	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	36,099		
F - ANESTHESIA PHYSICIANS						
1.00	ANESTHESIOLOGY	53.00	0	1,841,667	1.00	
	TOTALS		0	1,841,667		
G - CAPITAL RELATED COSTS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,819,062	1.00	
2.00	AMBULATORY CARE	91.05	0	276	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
	TOTALS		0	3,819,338		
H - PSYCHIATRIC						
1.00	ADULTS & PEDIATRICS	30.00	462,267	504,132	1.00	
2.00	PSYCHIATRIC PARTIAL	91.10	121,439	132,437	2.00	
	TOTALS		583,706	636,569		
I - NURSERY						
1.00	NURSERY	43.00	949,741	424,917	1.00	
	TOTALS		949,741	424,917		
J - NUTRITIONAL SUPPORT						
1.00	NUTRITIONAL SUPPORT	75.10	0	93,352	1.00	
	TOTALS		0	93,352		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - MARKETING					
1.00	MARKETING EXPENSES	193.80	364,239	2,409,405	1.00
	TOTALS		364,239	2,409,405	
L - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	42,102	0	1.00
	TOTALS		42,102	0	
M - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	385,413	0	1.00
	TOTALS		385,413	0	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	15,614,815	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	15,614,815	
O - EQUIPMENT RENTAL					
1.00	ADULTS & PEDIATRICS	30.00	0	1,311,984	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	245,709	2.00
3.00	SUBPROVIDER - IPF	40.00	0	575	3.00
4.00	NURSERY	43.00	0	10,290	4.00
5.00	OPERATING ROOM	50.00	0	56,168	5.00
6.00	GASTROENTEROLOGY	50.20	0	12,364	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	127,443	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,685	8.00
9.00	ELECTROCARDIOLOGY	69.00	0	5,059	9.00
10.00	EMERGENCY	91.00	0	16,695	10.00
	TOTALS		0	1,804,972	
P - RCC PROFESSIONAL COMPONENT					
1.00	SPECIALISTS/PCP'S	192.01	0	1,275,352	1.00
	TOTALS		0	1,275,352	
500.00	Grand Total: Increases		2,325,201	46,571,984	500.00

RECLASSIFICATIONS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-6
Date/Time Prepared:
10/24/2014 4:29 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - MEDICAL MAINTENANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	879,532	0		1.00
	TOTALS		0	879,532			
B - CHARGABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,033,145	0		1.00
2.00	OPERATING ROOM	50.00	0	3,087,719	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,984,069	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	25,656	0		4.00
5.00	EMERGENCY	91.00	0	36,227	0		5.00
	TOTALS		0	8,166,816			
C - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	9,558,327	0		1.00
	TOTALS		0	9,558,327			
D - MEDICAL SUPPLIES							
1.00	DIETARY	10.00	0	10,823	0		1.00
	TOTALS		0	10,823			
E - PR EXPENSE							
1.00	PARAMED PRGM - RADIOLOGY	23.20	0	1,499	0		1.00
2.00	PARAMED - PARAMEDICAL	23.40	0	34,600	0		2.00
	TECHS		0				
	TOTALS		0	36,099			
F - ANESTHESIA PHYSICIANS							
1.00	OPERATING ROOM	50.00	0	1,841,667	0		1.00
	TOTALS		0	1,841,667			
G - CAPITAL RELATED COSTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,679	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,514,963	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1,743	0		3.00
4.00	OPERATION OF PLANT	7.00	0	13,027	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	505	0		5.00
6.00	HOUSEKEEPING	9.00	0	7,542	0		6.00
7.00	DIETARY	10.00	0	11,968	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,667	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,884	0		9.00
10.00	PHARMACY	15.00	0	16,901	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	261,225	0		11.00
12.00	I&R SERVICES-OTHER PRGM	22.00	0	54	0		12.00
	COSTS APPRV						
13.00	PARAMED PRGM - RADIOLOGY	23.20	0	1,852	0		13.00
14.00	PARAMED - RADIATION	23.30	0	205	0		14.00
	ONCOLOGY						
15.00	PARAMED - PARAMEDICAL	23.40	0	8,847	0		15.00
	TECHS						
16.00	ADULTS & PEDIATRICS	30.00	0	75,319	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	3,739	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	4,430	0		18.00
19.00	NURSERY	43.00	0	600	0		19.00
20.00	OPERATING ROOM	50.00	0	116,051	0		20.00
21.00	GASTROENTEROLOGY	50.20	0	505	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,395	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	464,734	0		23.00
24.00	RADIATION ONCOLOGY	54.10	0	234,398	0		24.00
25.00	CT	54.20	0	970	0		25.00
26.00	MRI	54.30	0	2,713	0		26.00
27.00	LABORATORY	60.00	0	452,434	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	388,288	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	12,514	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	15,967	0		30.00
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,096	0		31.00
32.00	SLEEP LAB	75.01	0	9,147	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	2,416	0		33.00
34.00	WOUND CARE	76.98	0	3,807	0		34.00
35.00	DIABETES CLINIC	90.02	0	498	0		35.00
36.00	EMERGENCY	91.00	0	85,606	0		36.00
37.00	HOME HEALTH AGENCY	101.00	0	82,649	0		37.00
	TOTALS		0	3,819,338			
H - PSYCHIATRIC							
1.00	SUBPROVIDER - IPF	40.00	583,706	636,569	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		583,706	636,569			
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	949,741	424,917	0		1.00
	TOTALS		949,741	424,917			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - NUTRITIONAL SUPPORT							
1.00	DIETARY	10.00	0	93,352	0		1.00
	TOTALS		0	93,352			
K - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00	364,239	2,409,405	0		1.00
	TOTALS		364,239	2,409,405			
L - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42,102	0		1.00
	TOTALS		0	42,102			
M - MAINTENANCE & REPAIRS							
1.00	MAINTENANCE & REPAIRS	6.00	0	385,413	0		1.00
	TOTALS		0	385,413			
N - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	13,681,273	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,933,542	0		2.00
	TOTALS		0	15,614,815			
O - EQUIPMENT RENTAL							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,804,972	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
	TOTALS		0	1,804,972			
P - RCC PROFESSIONAL COMPONENT							
1.00	RADIATION ONCOLOGY	54.10	0	1,275,352	0		1.00
	TOTALS		0	1,275,352			
500.00	Grand Total: Decreases		1,897,686	46,999,499			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,662,975	0	0	0	0	1.00
2.00	Land Improvements	8,044,658	44,957	0	44,957	0	2.00
3.00	Buildings and Fixtures	114,263,421	37,917,507	0	37,917,507	1,561,085	3.00
4.00	Building Improvements	100,738,401	331,030	0	331,030	0	4.00
5.00	Fixed Equipment	7,748,538	17,288	0	17,288	0	5.00
6.00	Movable Equipment	179,937,808	6,493,306	0	6,493,306	14,589,690	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	418,395,801	44,804,088	0	44,804,088	16,150,775	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	418,395,801	44,804,088	0	44,804,088	16,150,775	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,662,975	0				1.00
2.00	Land Improvements	8,089,615	0				2.00
3.00	Buildings and Fixtures	150,619,843	0				3.00
4.00	Building Improvements	101,069,431	0				4.00
5.00	Fixed Equipment	7,765,826	0				5.00
6.00	Movable Equipment	171,841,424	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	447,049,114	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	447,049,114	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,290,041	0	4,799,873	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,868,769	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,158,810	0	4,799,873	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	13,089,914				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	9,868,769				2.00
3.00	Total (sum of lines 1-2)	0	22,958,683				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	267,441,864	0	267,441,864	0.598238	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	179,607,250	0	179,607,250	0.401762	0	2.00
3.00	Total (sum of lines 1-2)	447,049,114	0	447,049,114	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	8,290,041	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,868,769	3,819,062	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,158,810	3,819,062	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	618,675	0	0	0	8,908,716	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,687,831	2.00
3.00	Total (sum of lines 1-2)	618,675	0	0	0	22,596,547	3.00

Line #	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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-4,587,333	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-22,488	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-12,841,178			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	-821,307			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,389,304	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	CUDDLE CARE	B	-570	ADULTS & PEDIATRICS	30.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.01 SCHOOL OF MEDICAL TECHNOLOGY TUITION	B	-600	PARAMED ED PRGM-(SPECIFY)	23.00		0 33.01
33.02 CHEMISTRY OTHER REVENUE	B	-24,267	LABORATORY	60.00		0 33.02
33.03 SPECIAL PROCEDURES OTHER REVENUE	B	-750	RADIOLOGY-DIAGNOSTIC	54.00		0 33.03
33.04 CT SCANNER LUNG SCREENING	B	-7,349	CT	54.20		0 33.04
33.05 ENGR SERVICES ADM RECYCLING REVENUE	B	-4,572	MAINTENANCE & REPAIRS	6.00		0 33.05
33.06 LAB OTHER OPERATING REVENUE	B	-1,358	LABORATORY	60.00		0 33.06
33.07 OTHER REVENUE	B	-1,546	SUBPROVIDER - IPF	40.00		0 33.07
33.08 RECYCLING	B	-3,115	ADULTS & PEDIATRICS	30.00		0 33.08
33.09 EMS EDUCATION FEES	B	-110,458	PARAMED ED - PARAMEDICAL TECHS	23.40		0 33.09
33.10 TRAUMA OTHER REVENUE	B	-102,118	EMERGENCY	91.00		0 33.10
33.11 OTHER REVENUE	B	-49,021	CARDIAC REHABILITATION	76.97		0 33.11
33.12 TUITION	B	-192,629	PARAMED ED PRGM - RADIOLOGY	23.20		0 33.12
33.13 RECYCLING	B	-142	RADIOLOGY-DIAGNOSTIC	54.00		0 33.13
33.14 MED REC TRANSCRIPTS	B	-2,779	RADIOLOGY-DIAGNOSTIC	54.00		0 33.14
33.15 RECLAIMED WIRE	B	-5,242	RADIOLOGY-DIAGNOSTIC	54.00		0 33.15
33.16 BOOK FEES & ADMISSION FEES	B	100	PARAMED ED - RADIATION ONCOLOGY	23.30		0 33.16
33.17 RADIOLOGY ONCOLOGY OTHER REVENUE	B	-39,982	RADIATION ONCOLOGY	54.10		0 33.17
33.18 OTHER REVENUE	B	-88	PHYSICAL THERAPY	66.00		0 33.18
33.19 HEART SCAN REVENUE	B	-4,527	CT	54.20		0 33.19
33.20 GROSS REVENUE	B	-6,314	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.20
33.21 EMPLOYEE HEALTH	B	-797,530	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.21
33.22 OTHER REVENUE/TRANSCRIPTS	B	-178,659	MEDICAL RECORDS & LIBRARY	16.00		0 33.22
33.23 PHARMACY BANK SERVICE CHARGES	B	-1,080	PHARMACY	15.00		0 33.23
33.24 PHOTO	B	-2,842	ADMINISTRATIVE & GENERAL	5.00		0 33.24
33.25 VENDING MACHINES	B	-63	HOUSEKEEPING	9.00		0 33.25
33.26 NON PATIENT LINEN	B	-12,449	LAUNDRY & LINEN SERVICE	8.00		0 33.26
33.27 GUEST ROOM RENTAL	B	-13,815	ADMINISTRATIVE & GENERAL	5.00		0 33.27
33.28 INSURANCE AUDIT	B	-821	ADMINISTRATIVE & GENERAL	5.00		0 33.28
33.29 COMMUNICATIONS	B	-5,555	ADMINISTRATIVE & GENERAL	5.00		0 33.29
33.30 PHYSICIAN PAGING AND ANSWERING	B	-367,745	ADMINISTRATIVE & GENERAL	5.00		0 33.30
33.31 OTHER REVENUE	B	-1,430,659	ADMINISTRATIVE & GENERAL	5.00		0 33.31
33.32 OTHER REVENUE	B	5,844	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.32
33.33 OTHER REVENUE	B	-126,942	ADMINISTRATIVE & GENERAL	5.00		0 33.33
33.34 INVESTMENT MANAGEMENT	B	663,968	ADMINISTRATIVE & GENERAL	5.00		0 33.34
33.35 COURIER FEES TO SAHMC	B	-311,640	ADMINISTRATIVE & GENERAL	5.00		0 33.35
33.36 MALPRACTICE EXPENSE	A	100,457	ADMINISTRATIVE & GENERAL	5.00		0 33.36
33.37 T.V. REPAIR SALARY	A	-18,037	MAINTENANCE & REPAIRS	6.00		0 33.37
33.38 T.V. ELECTRICITY COST	A	-3,507	OPERATION OF PLANT	7.00		0 33.38
33.39 LOSS ON DEFEASANCE	A	406,135	CAP REL COSTS-BLDG & FIXT	1.00	11	33.39
33.40 DUES RELATED TO LOBBYING	A	-48,863	ADMINISTRATIVE & GENERAL	5.00		0 33.40
33.41 CORPORATE SPONSORSHIP	A	-48,560	ADMINISTRATIVE & GENERAL	5.00		0 33.41
33.42 SITTERS COST	A	-80	NURSING ADMINISTRATION	13.00		0 33.42
33.43 SITTERS COST	A	-144,326	ADULTS & PEDIATRICS	30.00		0 33.43
33.44 SITTERS COST	A	-24,319	INTENSIVE CARE UNIT	31.00		0 33.44
33.45 SITTERS COST	A	-29,408	SUBPROVIDER - IPF	40.00		0 33.45
33.46 SITTERS COST	A	-348	EMERGENCY	91.00		0 33.46
33.47 ALCOHOL COSTS	A	-9,144	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.47
33.48 ALCOHOL COSTS	A	-4,329	ADMINISTRATIVE & GENERAL	5.00		0 33.48
33.49 INTERNAL RENT REVENUE	B	-62,441	OPERATING ROOM	50.00		0 33.49
33.50 MISC PATIENT REVENUE	B	-26,660	ADULTS & PEDIATRICS	30.00		0 33.50
33.51 MISC PATIENT REVENUE	B	-303,482	ADMINISTRATIVE & GENERAL	5.00		0 33.51
33.52 IPA PROVIDER ASSESSMENT	A	-14,407,834	ADMINISTRATIVE & GENERAL	5.00		0 33.52
33.53 REALIZED SELF INSURANCE	B	-669,623	ADMINISTRATIVE & GENERAL	5.00		0 33.53
33.54 INSURANCE IN CORPORATE SPONSORSHIP	A	-1,000	NURSING ADMINISTRATION	13.00		0 33.54
33.55 CORPORATE SPONSORSHIP	A	-3,735	PHARMACY	15.00		0 33.55
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,098,029				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet A-8 Date/Time Prepared: 10/24/2014 4:29 pm
----------------------	---	--

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(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: 140228

Period: From 06/01/2013 To 05/31/2014

Worksheet A-8-1

Date/Time Prepared: 10/24/2014 4:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	PARKING LOTS	44,842	294,876 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	MEDICAL MAINTENANCE	781,806	879,532 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	RENTAL ADJUSTMENT	132,437	119,580 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	RENTAL ADJUSTMENT	985,946	1,259,332 4.00
4.01	7.00	OPERATION OF PLANT	RENTAL ADJUSTMENT	33,425	30,180 4.01
4.02	10.00	DIETARY	RENTAL ADJUSTMENT	49,815	44,979 4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	RENTAL ADJUSTMENT	143,556	130,625 4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	RENTAL ADJUSTMENT	238,471	420,840 4.04
4.05	23.20	PARAMEDICAL PRGM - RADIOLOGY	RENTAL ADJUSTMENT	7,474	1,428 4.05
4.06	23.30	PARAMEDICAL - RADIATION ONCOLOGY	RENTAL ADJUSTMENT	3,737	714 4.06
4.07	23.40	PARAMEDICAL - PARAMEDICAL TECH	RENTAL ADJUSTMENT	110,124	127,776 4.07
4.08	50.00	OPERATING ROOM	RENTAL ADJUSTMENT	28,570	18,000 4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	RENTAL ADJUSTMENT	243,661	241,059 4.09
4.10	54.10	RADIATION ONCOLOGY	RENTAL ADJUSTMENT	0	172,448 4.10
4.11	66.00	PHYSICAL THERAPY	RENTAL ADJUSTMENT	549,075	448,862 4.11
4.12	75.01	SLEEP LAB	RENTAL ADJUSTMENT	256,919	210,028 4.12
4.13	76.97	CARDIAC REHABILITATION	RENTAL ADJUSTMENT	274,334	224,265 4.13
4.14	76.98	WOUND CARE	RENTAL ADJUSTMENT	70,771	63,900 4.14
4.15	90.02	DIABETES CLINIC	RENTAL ADJUSTMENT	44,180	39,891 4.15
4.16	101.00	HOME HEALTH AGENCY	RENTAL ADJUSTMENT	121,066	126,717 4.16
4.17	192.01	SPECIALISTS/PCP'S	RENTAL ADJUSTMENT	2,888,442	2,969,216 4.17
4.18	193.60	PHYSICIAN RELATED AREAS	RENTAL ADJUSTMENT	74,587	78,069 4.18
4.19	194.00	NON-MEDICAL HOME HEALTH SER	RENTAL ADJUSTMENT	47,717	49,945 4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			7,130,955	7,952,262 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	C		0.00	IL IMAGING	50.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8-1

Date/Time Prepared:
10/24/2014 4:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-250,034	0		1.00
2.00	-97,726	0		2.00
3.00	12,857	0		3.00
4.00	-273,386	0		4.00
4.01	3,245	0		4.01
4.02	4,836	0		4.02
4.03	12,931	0		4.03
4.04	-182,369	0		4.04
4.05	6,046	0		4.05
4.06	3,023	0		4.06
4.07	-17,652	0		4.07
4.08	10,570	0		4.08
4.09	2,602	0		4.09
4.10	-172,448	0		4.10
4.11	100,213	0		4.11
4.12	46,891	0		4.12
4.13	50,069	0		4.13
4.14	6,871	0		4.14
4.15	4,289	0		4.15
4.16	-5,651	0		4.16
4.17	-80,774	0		4.17
4.18	-3,482	0		4.18
4.19	-2,228	0		4.19
5.00	-821,307			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8-2

Date/Time Prepared:
10/24/2014 4:29 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	30,000	0	30,000	171,400	146	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	189,350	19,350	170,000	171,400	882	2.00
3.00	13.00 NURSING ADMINISTRATION	125,000	0	125,000	171,400	341	3.00
4.00	30.00 ADULTS & PEDIATRICS	3,246,134	3,246,134	0	171,400	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	1,156,917	1,134,000	22,917	171,400	220	5.00
6.00	40.00 SUBPROVIDER - IPF	159,839	124,839	35,000	171,400	404	6.00
7.00	43.00 NURSERY	1,147,380	1,147,380	0	0	0	7.00
8.00	50.00 OPERATING ROOM	5,563,928	5,413,928	150,000	200,300	563	8.00
9.00	50.20 GASTROENTEROLOGY	12,500	0	12,500	200,300	43	9.00
10.00	53.00 ANESTHESIOLOGY	248,000	248,000	0	0	0	10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	84,000	0	84,000	231,100	135	11.00
12.00	54.10 RADIOLOGY ONCOLOGY	317,085	4,585	312,500	231,100	1,578	12.00
13.00	54.20 CT	1,850	1,850	0	0	0	13.00
14.00	60.00 LABORATORY	296,760	2,750	294,010	171,400	4,520	14.00
15.00	66.00 PHYSICAL THERAPY	17,070	17,070	0	0	0	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	61,815	61,815	0	0	0	16.00
17.00	75.01 SLEEP LAB	7,500	0	7,500	171,400	47	17.00
18.00	76.97 CARDIAC REHABILITATION	11,250	0	11,250	171,400	72	18.00
19.00	76.98 WOUND CARE	136,405	119,205	17,200	171,400	80	19.00
20.00	91.00 EMERGENCY	515,136	354,836	160,300	171,400	1,276	20.00
21.00	69.00 ELECTROCARDIOLOGY	480,000	150,000	330,000	171,400	1,678	21.00
200.00		13,807,919	12,045,742	1,762,177		11,985	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	12,031	602	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	72,680	3,634	0	0	0	2.00
3.00	13.00 NURSING ADMINISTRATION	28,100	1,405	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	18,129	906	0	0	0	5.00
6.00	40.00 SUBPROVIDER - IPF	33,291	1,665	0	0	0	6.00
7.00	43.00 NURSERY	0	0	0	0	0	7.00
8.00	50.00 OPERATING ROOM	54,216	2,711	0	0	0	8.00
9.00	50.20 GASTROENTEROLOGY	4,141	207	0	0	0	9.00
10.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	14,999	750	0	0	0	11.00
12.00	54.10 RADIOLOGY ONCOLOGY	175,325	8,766	0	0	0	12.00
13.00	54.20 CT	0	0	0	0	0	13.00
14.00	60.00 LABORATORY	372,465	18,623	0	0	0	14.00
15.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	16.00
17.00	75.01 SLEEP LAB	3,873	194	0	0	0	17.00
18.00	76.97 CARDIAC REHABILITATION	5,933	297	0	0	0	18.00
19.00	76.98 WOUND CARE	6,592	330	0	0	0	19.00
20.00	91.00 EMERGENCY	105,147	5,257	0	0	0	20.00
21.00	69.00 ELECTROCARDIOLOGY	138,274	6,914	0	0	0	21.00
200.00		1,045,196	52,261	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	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	12,031	17,969	17,969	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	0	72,680	97,320	116,670	2.00
3.00	13.00 NURSING ADMINISTRATION	0	28,100	96,900	96,900	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	3,246,134	4.00
5.00	31.00 INTENSIVE CARE UNIT	0	18,129	4,788	1,138,788	5.00
6.00	40.00 SUBPROVIDER - IPF	0	33,291	1,709	126,548	6.00
7.00	43.00 NURSERY	0	0	0	1,147,380	7.00
8.00	50.00 OPERATING ROOM	0	54,216	95,784	5,509,712	8.00
9.00	50.20 GASTROENTEROLOGY	0	4,141	8,359	8,359	9.00
10.00	53.00 ANESTHESIOLOGY	0	0	0	248,000	10.00
11.00	54.00 RADIOLOGY-DIAGNOSTIC	0	14,999	69,001	69,001	11.00
12.00	54.10 RADIOLOGY ONCOLOGY	0	175,325	137,175	141,760	12.00
13.00	54.20 CT	0	0	0	1,850	13.00
14.00	60.00 LABORATORY	0	372,465	0	2,750	14.00
15.00	66.00 PHYSICAL THERAPY	0	0	0	17,070	15.00
16.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	61,815	16.00
17.00	75.01 SLEEP LAB	0	3,873	3,627	3,627	17.00
18.00	76.97 CARDIAC REHABILITATION	0	5,933	5,317	5,317	18.00
19.00	76.98 WOUND CARE	0	6,592	10,608	129,813	19.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet A-8-2

Date/Time Prepared:
10/24/2014 4:29 pm

	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		
20.00	91.00	EMERGENCY	0	105,147	55,153	409,989		20.00
21.00	69.00	ELECTROCARDIOLOGY	0	138,274	191,726	341,726		21.00
200.00			0	1,045,196	795,436	12,841,178		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period: From 06/01/2013 To 05/31/2014

Worksheet B Part I Date/Time Prepared: 10/24/2014 4:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,908,716	8,908,716			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,687,831		13,687,831		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,357,885	69,438	108,245	3,535,568	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,280,424	1,974,989	3,078,762	622,144	59,956,319
6.00 00600	MAINTENANCE & REPAIRS	2,195,815	14,419	22,477	20,940	2,253,651
7.00 00700	OPERATION OF PLANT	4,830,627	780,523	1,216,738	30,905	6,858,793
8.00 00800	LAUNDRY & LINEN SERVICE	1,338,513	64,605	100,711	5,252	1,509,081
9.00 00900	HOUSEKEEPING	4,376,719	124,020	193,331	165,067	4,859,137
10.00 01000	DIETARY	3,530,692	291,942	455,100	127,744	4,405,478
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,064,956	7,269	11,331	23,879	2,107,435
14.00 01400	CENTRAL SERVICES & SUPPLY	1,182,984	10,093	15,734	0	1,208,811
15.00 01500	PHARMACY	7,205,870	60,518	94,340	93,603	7,454,331
16.00 01600	MEDICAL RECORDS & LIBRARY	2,786,538	100,154	156,128	70,542	3,113,362
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,361,348	12,847	20,028	0	4,394,223
23.00 02300	PARAMED ED PRGM-(SPECIFY)	181,659	0	0	3,252	184,911
23.20 02301	PARAMED ED PRGM - RADIOLOGY	72,252	0	0	3,791	76,043
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	7,882	0	0	17	7,899
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	1,007,774	0	0	17,740	1,025,514
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	29,625,996	1,595,749	2,487,575	573,690	34,283,010
31.00 03100	INTENSIVE CARE UNIT	5,928,596	247,711	386,151	98,073	6,660,531
31.01 03101	PEDIATRIC ICU	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	2,697,408	282,763	440,793	63,376	3,484,340
43.00 04300	NURSERY	3,254,006	0	0	57,724	3,311,730
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	17,015,832	838,525	1,307,156	258,026	19,419,539
50.20 03340	GASTROENTEROLOGY	948,114	69,985	109,098	13,600	1,140,797
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,734,583	0	0	79,498	4,814,081
53.00 05300	ANESTHESIOLOGY	2,113,630	7,687	11,982	0	2,133,299
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,566,310	545,848	850,909	224,043	15,187,110
54.10 03480	RADIATION ONCOLOGY	26,735,365	608,126	947,993	204,007	28,495,491
54.20 05401	CT	2,154,195	62,408	97,286	21,149	2,335,038
54.30 05402	MRI	1,507,997	13,056	20,353	18,348	1,559,754
60.00 06000	LABORATORY	10,360,047	191,419	298,399	125,500	10,975,365
60.01 06001	BLOOD	2,049,264	24,223	37,761	0	2,111,248
65.00 06500	RESPIRATORY THERAPY	3,211,144	130,980	204,182	64,020	3,610,326
66.00 06600	PHYSICAL THERAPY	5,594,514	46,478	72,453	89,221	5,802,666
69.00 06900	ELECTROCARDIOLOGY	2,371,996	71,705	111,779	33,079	2,588,559
70.00 07000	ELECTROENCEPHALOGRAPHY	134,976	20,445	31,871	3,618	190,910
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,166,816	0	0	0	8,166,816
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	15,614,815	0	0	0	15,614,815
73.00 07300	DRUGS CHARGED TO PATIENTS	9,558,327	0	0	0	9,558,327
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	SLEEP LAB	967,646	12,171	18,974	12,835	1,011,626
75.10 03950	NUTRITIONAL SUPPORT	93,352	0	0	3,352	93,352
75.20 03951	HEMODIALYSIS	589,271	18,635	29,049	0	636,955
76.97 07697	CARDIAC REHABILITATION	1,271,039	3,301	5,146	20,679	1,300,165
76.98 07698	WOUND CARE	1,256,505	35,301	55,029	14,279	1,361,114
76.99 07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0
90.02 09002	DIABETES CLINIC	451,535	46,885	73,088	7,861	579,369
91.00 09100	EMERGENCY	11,563,859	274,341	427,663	201,677	12,467,540
91.05 09101	AMBULATORY CARE	49,828	50,028	77,987	922	178,765
91.10 09102	PSYCHIATRIC PARTIAL	253,876	0	0	5,218	259,094
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	5,267,878	0	0	76,072	5,343,950
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	304,487,205	8,708,587	13,575,602	3,451,391	304,090,670

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	90	11,246	0	0	11,336 190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	0 190.10
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	SPECIALISTS/PCP'S	84,395,335	116,890	0	13,322	84,525,547 192.01
192.02 19202	MEDWORKS	0	0	0	0	0 192.02
192.03 19203	SWEDISH AMERICAN ER	0	0	0	0	0 192.03
192.20 19204	IDLE SPACE	0	0	0	0	0 192.20
193.00 19300	NONPAID WORKERS	-16,104	0	0	1,113	-14,991 193.00
193.10 19301	HOTEL	0	0	0	0	0 193.10
193.30 19302	PHYSICIAN BILLING	0	0	0	0	0 193.30
193.40 19303	MEALS ON WHEELS	0	0	0	0	0 193.40
193.50 19304	WEE CARE	0	0	0	0	0 193.50
193.60 19305	PHYSICIAN RELATED AREAS	913,072	56,640	88,295	10,453	1,068,460 193.60
193.70 19306	WOMEN'S CENTER	0	0	0	0	0 193.70
193.80 19307	MARKETING EXPENSES	3,111,102	0	0	12,731	3,123,833 193.80
193.90 19308	COMPLIMENTARY MEDICINE	937,833	15,353	23,934	19,218	996,338 193.90
194.00 07950	NON-MEDICARE HOME HEALTH SERVICES	1,422,951	0	0	27,340	1,450,291 194.00
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	395,251,484	8,908,716	13,687,831	3,535,568	395,251,484 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet B Part I Date/Time Prepared: 10/24/2014 4:29 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,956,319				5.00
6.00	00600	MAINTENANCE & REPAIRS	538,792	2,792,443			6.00
7.00	00700	OPERATION OF PLANT	1,639,766	313,656	8,812,215		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	360,784	26,394	93,802	1,990,061	8.00
9.00	00900	HOUSEKEEPING	1,161,698	50,668	180,067	0	6,251,570
10.00	01000	DIETARY	1,053,240	119,272	423,876	10,013	310,352
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	503,835	2,141	10,554	0	7,727
14.00	01400	CENTRAL SERVICES & SUPPLY	288,996	4,123	14,654	0	10,729
15.00	01500	PHARMACY	1,782,144	24,725	87,868	0	64,335
16.00	01600	MEDICAL RECORDS & LIBRARY	744,327	40,918	145,416	0	106,470
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,050,549	5,249	18,653	5,587	13,658
23.00	02300	PARAMED ED PRGM-(SPECIFY)	44,208	0	0	0	0
23.20	02301	PARAMED ED PRGM - RADIOLOGY	18,180	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	1,888	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	245,175	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,196,200	651,941	2,316,904	798,591	1,696,379
31.00	03100	INTENSIVE CARE UNIT	1,592,366	101,202	359,657	102,295	263,332
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	833,019	115,522	410,550	27,326	300,595
43.00	04300	NURSERY	791,752	0	0	70,944	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,642,726	342,578	1,217,472	217,409	891,404
50.20	03340	GASTROENTEROLOGY	272,736	28,592	101,612	16,994	74,398
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,150,926	0	0	22,017	0
53.00	05300	ANESTHESIOLOGY	510,018	3,140	11,160	0	8,171
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,630,858	223,005	792,528	118,871	580,270
54.10	03480	RADIATION ONCOLOGY	6,812,560	258,390	882,951	5,152	646,475
54.20	05401	CT	558,249	25,496	90,611	13,230	66,343
54.30	05402	MRI	372,898	5,334	18,957	7,133	13,880
60.00	06000	LABORATORY	2,623,935	88,100	277,925	0	203,490
60.01	06001	BLOOD	504,747	0	35,170	0	25,751
65.00	06500	RESPIRATORY THERAPY	863,139	53,512	190,173	74	139,240
66.00	06600	PHYSICAL THERAPY	1,387,272	18,988	67,482	0	49,408
69.00	06900	ELECTROCARDIOLOGY	618,860	29,295	104,110	11,987	76,227
70.00	07000	ELECTROENCEPHALOGRAPHY	45,642	8,353	29,684	2,362	21,734
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,952,482	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,733,112	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,285,157	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	241,854	4,973	17,672	0	12,939
75.10	03950	NUTRITIONAL SUPPORT	22,318	0	0	0	0
75.20	03951	HEMODIALYSIS	152,280	7,613	27,056	3,174	19,810
76.97	07697	CARDIAC REHABILITATION	310,837	1,349	4,793	0	3,510
76.98	07698	WOUND CARE	325,408	14,422	51,254	0	37,527
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	138,513	19,155	68,074	0	49,842
91.00	09100	EMERGENCY	2,980,677	112,081	398,321	545,365	291,641
91.05	09101	AMBULATORY CARE	42,738	20,439	72,636	8,215	53,182
91.10	09102	PSYCHIATRIC PARTIAL	61,943	0	0	2,847	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	1,277,605	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	58,366,409	2,720,626	8,521,642	1,989,586	6,038,819
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,710	4,595	16,329	0	11,956
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	SPECIALISTS/PCP'S	0	38,488	169,715	475	124,261
192.02	19202	MEDWORKS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	255,442	23,140	82,237	0	60,212	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	746,830	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	238,200	5,594	22,292	0	16,322	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	346,728	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	59,956,319	2,792,443	8,812,215	1,990,061	6,251,570	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	6,322,231					10.00
11.00	01100	CAFETERIA	3,656,356	3,656,356				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	35,353	0	2,667,045		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,527,313	14.00
15.00	01500	PHARMACY	0	138,578	0	66,212	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	104,436	0	42	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	4,815	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	5,613	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	26	0	4,890	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	302,913	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,180,616	849,337	0	1,199,281	646,251	30.00
31.00	03100	INTENSIVE CARE UNIT	148,244	145,195	0	33,497	152,258	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	337,015	93,827	0	56,316	227	40.00
43.00	04300	NURSERY	0	85,459	0	67,550	8,408	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	382,004	0	352,226	31,136	50.00
50.20	03340	GASTROENTEROLOGY	0	20,135	0	0	167,191	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,696	0	86,538	345,021	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	331,691	0	248,706	131,360	54.00
54.10	03480	RADIATION ONCOLOGY	0	302,029	0	90,086	2,836	54.10
54.20	05401	CT	0	31,310	0	0	18,716	54.20
54.30	05402	MRI	0	27,165	0	0	0	54.30
60.00	06000	LABORATORY	0	185,801	0	24,002	0	60.00
60.01	06001	BLOOD	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	94,780	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	132,090	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	48,974	0	7	2,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,356	0	21,743	0	70.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	19,002	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	0	30,615	0	29,527	0	76.97
76.98	07698	WOUND CARE	0	21,139	0	13,047	3,280	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	11,638	0	23,334	0	90.02
91.00	09100	EMERGENCY	0	298,579	0	29,940	18,574	91.00
91.05	09101	AMBULATORY CARE	0	1,365	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	7,725	0	4,677	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,322,231	3,531,733	0	2,654,534	1,527,313	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	19,723	0	12,511	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
192.02	19202 MEDWORKS	0	0	0	0	0	0 192.02
192.03	19203 SWEDISH AMERICAN ER	0	0	0	0	0	0 192.03
192.20	19204 IDLE SPACE	0	0	0	0	0	0 192.20
193.00	19300 NONPAID WORKERS	0	1,648	0	0	0	0 193.00
193.10	19301 HOTEL	0	0	0	0	0	0 193.10
193.30	19302 PHYSICIAN BILLING	0	0	0	0	0	0 193.30
193.40	19303 MEALS ON WHEELS	0	0	0	0	0	0 193.40
193.50	19304 WEE CARE	0	0	0	0	0	0 193.50
193.60	19305 PHYSICIAN RELATED AREAS	0	15,475	0	0	0	0 193.60
193.70	19306 WOMEN'S CENTER	0	0	0	0	0	0 193.70
193.80	19307 MARKETING EXPENSES	0	18,848	0	0	0	0 193.80
193.90	19308 COMPLIMENTARY MEDICINE	0	28,452	0	0	0	0 193.90
194.00	07950 NON-MEDICARE HOME HEALTH SERVICES	0	40,477	0	0	0	0 194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	6,322,231	3,656,356	0	2,667,045	1,527,313	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	9,618,193	4,254,971				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.20	02301	0	0	0	0	0	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	13,027	0	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	237	306,600	0	0	0	30.00
31.00	03100	335	104,330	0	0	0	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	30	26,448	0	0	0	40.00
43.00	04300	12	35,007	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,357	462,854	0	0	0	50.00
50.20	03340	304	24,930	0	0	0	50.20
52.00	05200	52	66,325	0	0	0	52.00
53.00	05300	2,133	39,470	0	0	0	53.00
54.00	05400	33,854	392,186	0	0	0	54.00
54.10	03480	4,538,959	116,813	0	0	0	54.10
54.20	05401	79,814	175,026	0	0	0	54.20
54.30	05402	54,796	79,510	0	0	0	54.30
60.00	06000	1,226	476,186	0	0	0	60.00
60.01	06001	17,152	31,568	0	0	0	60.01
65.00	06500	31,331	41,099	0	0	0	65.00
66.00	06600	97	80,905	0	0	0	66.00
69.00	06900	2,742	91,547	0	0	0	69.00
70.00	07000	0	6,254	0	0	0	70.00
71.00	07100	0	249,885	0	0	0	71.00
72.00	07200	0	438,837	0	0	0	72.00
73.00	07300	4,817,514	636,829	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	22,149	0	0	0	75.01
75.10	03950	0	1,158	0	0	0	75.10
75.20	03951	0	6,834	0	0	0	75.20
76.97	07697	50	5,261	0	0	0	76.97
76.98	07698	8,128	11,090	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	61	1,040	0	0	0	90.02
91.00	09100	2	307,766	0	0	0	91.00
91.05	09101	0	373	0	0	0	91.05
91.10	09102	3	2,755	0	0	0	91.10
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	13,936	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		9,603,216	4,254,971	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.10	19001	0	0	0	0	0	190.10
192.00	19200	0	0	0	0	0	192.00
192.01	19201	14,977	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
192.02	19202	MEDWORKS	0	0	0	0	0 192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0 192.03
192.20	19204	IDLE SPACE	0	0	0	0	0 192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.10	19301	HOTEL	0	0	0	0	0 193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0 193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0 193.40
193.50	19304	WEE CARE	0	0	0	0	0 193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0 193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0 193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0 193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0 193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		TOTAL (sum lines 118-201)	9,618,193	4,254,971	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM - RADIOLOGY	PARAMED - RADIATION ONCOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,487,919			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	233,934		23.00
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	0	99,836	23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY	0	0	0	0	23.30
23.40 02303	PARAMED - PARAMEDICAL TECHS	0	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,370,956	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	269,677	0	0	31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00 04000	SUBPROVIDER - I/PF	0	215,741	0	0	40.00
43.00 04300	NURSERY	0	269,677	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	242,709	0	0	50.00
50.20 03340	GASTROENTEROLOGY	0	269,677	0	0	50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	99,836	54.00
54.10 03480	RADIATION ONCOLOGY	0	0	0	0	54.10
54.20 05401	CT	0	0	0	0	54.20
54.30 05402	MRI	0	0	0	0	54.30
60.00 06000	LABORATORY	0	0	233,934	0	60.00
60.01 06001	BLOOD	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	175,290	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	SLEEP LAB	0	0	0	0	75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	75.10
75.20 03951	HEMODIALYSIS	0	269,677	0	0	75.20
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98 07698	WOUND CARE	0	0	0	0	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02 09002	DIABETES CLINIC	0	0	0	0	90.02
91.00 09100	EMERGENCY	0	404,515	0	0	91.00
91.05 09101	AMBULATORY CARE	0	0	0	0	91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	0	0	91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,487,919	233,934	99,836	14,703
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10 19001	MCC WORD PROCESSING	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM - RADIOLOGY	PARAMED - RADIATION ONCOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	5,487,919	233,934	99,836	14,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY					23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY					23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	1,586,629				23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	56,496,303	-3,370,956	53,125,347	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,932,919	-269,677	9,663,242	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	0	5,900,956	-215,741	5,685,215	40.00
43.00	04300	NURSERY	0	4,640,539	-269,677	4,370,862	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	28,203,414	-242,709	27,960,705	50.00
50.20	03340	GASTROENTEROLOGY	0	2,117,366	-269,677	1,847,689	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,602,656	0	6,602,656	52.00
53.00	05300	ANESTHESIOLOGY	0	2,707,391	0	2,707,391	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,770,275	0	21,770,275	54.00
54.10	03480	RADIATION ONCOLOGY	0	42,166,445	0	42,166,445	54.10
54.20	05401	CT	0	3,393,833	0	3,393,833	54.20
54.30	05402	MRI	0	2,139,427	0	2,139,427	54.30
60.00	06000	LABORATORY	0	15,089,964	0	15,089,964	60.00
60.01	06001	BLOOD	0	2,725,636	0	2,725,636	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,023,674	0	5,023,674	65.00
66.00	06600	PHYSICAL THERAPY	0	7,538,908	0	7,538,908	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,749,653	-175,290	3,574,363	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	332,038	0	332,038	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,369,183	0	10,369,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,786,764	0	19,786,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,297,827	0	17,297,827	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	SLEEP LAB	0	1,330,215	0	1,330,215	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	116,828	0	116,828	75.10
75.20	03951	HEMODIALYSIS	0	1,123,399	-269,677	853,722	75.20
76.97	07697	CARDIAC REHABILITATION	0	1,686,107	0	1,686,107	76.97
76.98	07698	WOUND CARE	0	1,846,409	0	1,846,409	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	0	891,026	0	891,026	90.02
91.00	09100	EMERGENCY	1,586,629	19,441,630	-404,515	19,037,115	91.00
91.05	09101	AMBULATORY CARE	0	377,713	0	377,713	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	339,044	0	339,044	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	6,635,491	0	6,635,491	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,586,629	301,773,033	-5,487,919	296,285,114	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,926	0	46,926	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	84,905,697	0	84,905,697	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	-13,343	0	-13,343	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	1,504,966	0	1,504,966	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	3,889,511	0	3,889,511	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	1,307,198	0	1,307,198	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	1,837,496	0	1,837,496	194.00
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)	1,586,629	395,251,484	-5,487,919	389,763,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	69,438	108,245	177,683	177,683 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,833	1,974,989	3,078,762	5,055,584	31,267 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	14,419	22,477	36,896	1,052 6.00
7.00 00700	OPERATION OF PLANT	0	780,523	1,216,738	1,997,261	1,553 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	64,605	100,711	165,316	264 8.00
9.00 00900	HOUSEKEEPING	0	124,020	193,331	317,351	8,296 9.00
10.00 01000	DIETARY	0	291,942	455,100	747,042	6,420 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	7,269	11,331	18,600	1,200 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	10,093	15,734	25,827	0 14.00
15.00 01500	PHARMACY	0	60,518	94,340	154,858	4,704 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	100,154	156,128	256,282	3,545 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,847	20,028	32,875	0 22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	163 23.00
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	0	0	191 23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	0	1 23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	0	0	892 23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,595,749	2,487,575	4,083,324	28,831 30.00
31.00 03100	INTENSIVE CARE UNIT	0	247,711	386,151	633,862	4,929 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00 04000	SUBPROVIDER - I/PF	0	282,763	440,793	723,556	3,185 40.00
43.00 04300	NURSERY	0	0	0	0	2,901 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	838,525	1,307,156	2,145,681	12,967 50.00
50.20 03340	GASTROENTEROLOGY	0	69,985	109,098	179,083	684 50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,995 52.00
53.00 05300	ANESTHESIOLOGY	0	7,687	11,982	19,669	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	545,848	850,909	1,396,757	11,259 54.00
54.10 03480	RADIATION ONCOLOGY	910,536	608,126	947,993	2,466,655	10,253 54.10
54.20 05401	CT	0	62,408	97,286	159,694	1,063 54.20
54.30 05402	MRI	0	13,056	20,353	33,409	922 54.30
60.00 06000	LABORATORY	0	191,419	298,399	489,818	6,307 60.00
60.01 06001	BLOOD	0	24,223	37,761	61,984	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	130,980	204,182	335,162	3,217 65.00
66.00 06600	PHYSICAL THERAPY	0	46,478	72,453	118,931	4,484 66.00
69.00 06900	ELECTROCARDIOLOGY	0	71,705	111,779	183,484	1,662 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	20,445	31,871	52,316	182 70.00
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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	SLEEP LAB	0	12,171	18,974	31,145	645 75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	0 75.10
75.20 03951	HEMODIALYSIS	0	18,635	29,049	47,684	0 75.20
76.97 07697	CARDIAC REHABILITATION	0	3,301	5,146	8,447	1,039 76.97
76.98 07698	WOUND CARE	0	35,301	55,029	90,330	718 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02 09002	DIABETES CLINIC	0	46,885	73,088	119,973	395 90.02
91.00 09100	EMERGENCY	0	274,341	427,663	702,004	10,135 91.00
91.05 09101	AMBULATORY CARE	0	50,028	77,987	128,015	46 91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	0	0	262 91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	16,221	0	0	16,221	3,823 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	928,590	8,708,587	13,575,602	23,212,779	173,452 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,246	0	11,246	0 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	463,707	116,890	0	580,597	670	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	0	0	0	0	56	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	0	56,640	88,295	144,935	525	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	0	0	0	0	640	193.80
193.90 19308 COMPLIMENTARY MEDICINE	0	15,353	23,934	39,287	966	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	253	0	0	253	1,374	194.00
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers				0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,392,550	8,908,716	13,687,831	23,989,097	177,683	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet B Part II Date/Time Prepared: 10/24/2014 4:29 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,086,851				5.00
6.00	00600	MAINTENANCE & REPAIRS	45,713	83,661			6.00
7.00	00700	OPERATION OF PLANT	139,124	9,397	2,147,335		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,610	791	22,857	219,838	8.00
9.00	00900	HOUSEKEEPING	98,563	1,518	43,878	0	469,606
10.00	01000	DIETARY	89,361	3,573	103,289	1,106	23,313
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	42,747	64	2,572	0	580
14.00	01400	CENTRAL SERVICES & SUPPLY	24,520	124	3,571	0	806
15.00	01500	PHARMACY	151,204	741	21,411	0	4,833
16.00	01600	MEDICAL RECORDS & LIBRARY	63,151	1,226	35,435	0	7,998
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	89,132	157	4,545	617	1,026
23.00	02300	PARAMED ED PRGM-(SPECIFY)	3,751	0	0	0	0
23.20	02301	PARAMED ED PRGM - RADIOLOGY	1,542	0	0	0	0
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	160	0	0	0	0
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	20,802	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	695,330	19,532	564,576	88,220	127,427
31.00	03100	INTENSIVE CARE UNIT	135,102	3,032	87,640	11,300	19,781
31.01	03101	PEDIATRIC ICU	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	70,676	3,461	100,042	3,019	22,580
43.00	04300	NURSERY	67,175	0	0	7,837	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	393,906	10,264	296,670	24,017	66,961
50.20	03340	GASTROENTEROLOGY	23,140	857	24,761	1,877	5,589
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,649	0	0	2,432	0
53.00	05300	ANESTHESIOLOGY	43,272	94	2,720	0	614
54.00	05400	RADIOLOGY-DIAGNOSTIC	308,055	6,681	193,121	13,131	43,589
54.10	03480	RADIATION ONCOLOGY	578,003	7,741	215,155	569	48,562
54.20	05401	CT	47,364	764	22,080	1,461	4,984
54.30	05402	MRI	31,638	160	4,619	788	1,043
60.00	06000	LABORATORY	222,624	2,639	67,724	0	15,286
60.01	06001	BLOOD	42,825	0	8,570	0	1,934
65.00	06500	RESPIRATORY THERAPY	73,232	1,603	46,341	8	10,459
66.00	06600	PHYSICAL THERAPY	117,701	569	16,444	0	3,711
69.00	06900	ELECTROCARDIOLOGY	52,506	878	25,369	1,324	5,726
70.00	07000	ELECTROENCEPHALOGRAPHY	3,872	250	7,233	261	1,633
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	165,656	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,731	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	193,881	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	SLEEP LAB	20,520	149	4,306	0	972
75.10	03950	NUTRITIONAL SUPPORT	1,894	0	0	0	0
75.20	03951	HEMODIALYSIS	12,920	228	6,593	351	1,488
76.97	07697	CARDIAC REHABILITATION	26,373	40	1,168	0	264
76.98	07698	WOUND CARE	27,609	432	12,489	0	2,819
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0
90.02	09002	DIABETES CLINIC	11,752	574	16,588	0	3,744
91.00	09100	EMERGENCY	252,892	3,358	97,062	60,245	21,908
91.05	09101	AMBULATORY CARE	3,626	612	17,700	908	3,995
91.10	09102	PSYCHIATRIC PARTIAL	5,255	0	0	315	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	108,397	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		4,951,956	81,509	2,076,529	219,786	453,625
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	230	138	3,979	0	898
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	SPECIALISTS/PCP'S	0	1,153	41,356	52	9,334
192.02	19202	MEDWORKS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
192.03	19203	SWEDI SHAMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	21,673	693	20,039	0	4,523	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	63,364	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	20,210	168	5,432	0	1,226	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	29,418	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,086,851	83,661	2,147,335	219,838	469,606	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet B Part II Date/Time Prepared: 10/24/2014 4:29 pm	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000	974,104					10.00
11.00 01100	563,356	563,356				11.00
12.00 01200	0	0	0			12.00
13.00 01300	0	5,447	0	71,210		13.00
14.00 01400	0	0	0	0	54,848	14.00
15.00 01500	0	21,352	0	1,768	0	15.00
16.00 01600	0	16,091	0	1	0	16.00
17.00 01700	0	0	0	0	0	17.00
19.00 01900	0	0	0	0	0	19.00
20.00 02000	0	0	0	0	0	20.00
21.00 02100	0	0	0	0	0	21.00
22.00 02200	0	0	0	0	0	22.00
23.00 02300	0	742	0	0	0	23.00
23.20 02301	0	865	0	0	0	23.20
23.30 02302	0	4	0	131	0	23.30
23.40 02303	0	0	0	8,089	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	335,981	130,863	0	32,015	23,208	30.00
31.00 03100	22,841	22,371	0	894	5,468	31.00
31.01 03101	0	0	0	0	0	31.01
40.00 04000	51,926	14,457	0	1,504	8	40.00
43.00 04300	0	13,167	0	1,804	302	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	58,858	0	9,406	1,118	50.00
50.20 03340	0	3,102	0	0	6,004	50.20
52.00 05200	0	18,134	0	2,311	12,390	52.00
53.00 05300	0	0	0	0	0	53.00
54.00 05400	0	51,106	0	6,641	4,717	54.00
54.10 03480	0	46,535	0	2,406	102	54.10
54.20 05401	0	4,824	0	0	672	54.20
54.30 05402	0	4,185	0	0	0	54.30
60.00 06000	0	28,627	0	641	0	60.00
60.01 06001	0	0	0	0	0	60.01
65.00 06500	0	14,603	0	0	0	65.00
66.00 06600	0	20,352	0	0	0	66.00
69.00 06900	0	7,546	0	0	74	69.00
70.00 07000	0	825	0	581	0	70.00
71.00 07100	0	0	0	0	0	71.00
72.00 07200	0	0	0	0	0	72.00
73.00 07300	0	0	0	0	0	73.00
75.00 07500	0	0	0	0	0	75.00
75.01 07501	0	2,928	0	0	0	75.01
75.10 03950	0	0	0	0	0	75.10
75.20 03951	0	0	0	0	0	75.20
76.97 07697	0	4,717	0	788	0	76.97
76.98 07698	0	3,257	0	348	118	76.98
76.99 07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	0	0	0	0	90.00
90.01 09001	0	0	0	0	0	90.01
90.02 09002	0	1,793	0	623	0	90.02
91.00 09100	0	46,004	0	800	667	91.00
91.05 09101	0	210	0	0	0	91.05
91.10 09102	0	1,190	0	125	0	91.10
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	974,104	544,155	0	70,876	54,848	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
190.10 19001	0	0	0	0	0	190.10
192.00 19200	0	0	0	0	0	192.00
192.01 19201	0	3,039	0	334	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
			10.00	11.00	12.00	13.00	14.00		
192.02	19202	MEDWORKS	0	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	254	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	2,384	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	2,904	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	4,384	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	6,236	0	0	0	0	194.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	974,104	563,356	0	71,210	54,848	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet B Part II Date/Time Prepared: 10/24/2014 4:29 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
		15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY	360,871			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	383,729		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	0	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	489	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9	27,699	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13	9,425	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - I PF	1	2,389	0	40.00
43.00	04300	NURSERY	0	3,163	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	51	41,815	0	50.00
50.20	03340	GASTROENTEROLOGY	11	2,252	0	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	2	5,992	0	52.00
53.00	05300	ANESTHESIOLOGY	80	3,566	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,270	35,431	0	54.00
54.10	03480	RADIATION ONCOLOGY	170,297	10,553	0	54.10
54.20	05401	CT	2,995	15,812	0	54.20
54.30	05402	MRI	2,056	7,183	0	54.30
60.00	06000	LABORATORY	46	43,019	0	60.00
60.01	06001	BLOOD	644	2,852	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,176	3,713	0	65.00
66.00	06600	PHYSICAL THERAPY	4	7,309	0	66.00
69.00	06900	ELECTROCARDIOLOGY	103	8,270	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	565	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,575	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	39,645	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,753	56,861	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	SLEEP LAB	0	2,001	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	105	0	75.10
75.20	03951	HEMODIALYSIS	0	617	0	75.20
76.97	07697	CARDIAC REHABILITATION	2	475	0	76.97
76.98	07698	WOUND CARE	305	1,002	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	90.01
90.02	09002	DIABETES CLINIC	2	94	0	90.02
91.00	09100	EMERGENCY	0	27,804	0	91.00
91.05	09101	AMBULATORY CARE	0	34	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	249	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,259	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	360,309	383,729	0	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	562	0	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.02	19202	MEDWORKS	0	0	0			192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0			192.03
192.20	19204	IDLE SPACE	0	0	0			192.20
193.00	19300	NONPAID WORKERS	0	0	0			193.00
193.10	19301	HOTEL	0	0	0			193.10
193.30	19302	PHYSICIAN BILLING	0	0	0			193.30
193.40	19303	MEALS ON WHEELS	0	0	0			193.40
193.50	19304	WEE CARE	0	0	0			193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0			193.60
193.70	19306	WOMEN'S CENTER	0	0	0			193.70
193.80	19307	MARKETING EXPENSES	0	0	0			193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0			193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	360,871	383,729	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM - RADIOLOGY	PARAMED - RADIATION ONCOLOGY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		128,352			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			4,656		23.00
23.20 02301	PARAMED PRGM - RADIOLOGY				2,598	23.20
23.30 02302	PARAMED - RADIATION ONCOLOGY					23.30
23.40 02303	PARAMED - PARAMEDICAL TECHS					23.40
23.40 02303	PARAMED - PARAMEDICAL TECHS				296	23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
40.00 04000	SUBPROVIDER - I/PF					40.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.20 03340	GASTROENTEROLOGY					50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.10 03480	RADIATION ONCOLOGY					54.10
54.20 05401	CT					54.20
54.30 05402	MRI					54.30
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD					60.01
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
75.01 07501	SLEEP LAB					75.01
75.10 03950	NUTRITIONAL SUPPORT					75.10
75.20 03951	HEMODIALYSIS					75.20
76.97 07697	CARDIAC REHABILITATION					76.97
76.98 07698	WOUND CARE					76.98
76.99 07699	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC					90.00
90.01 09001	CHILDRENS CLINIC					90.01
90.02 09002	DIABETES CLINIC					90.02
91.00 09100	EMERGENCY					91.00
91.05 09101	AMBULATORY CARE					91.05
91.10 09102	PSYCHIATRIC PARTIAL					91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY					101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					190.00
190.10 19001	MCC WORD PROCESSING					190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM - RADIOLOGY	PARAMED - RADIATION ONCOLOGY	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
192.00	19200	PHYSICIANS' PRIVATE OFFICES			23.00	23.20	23.30	192.00
192.01	19201	SPECIALISTS/PCP'S						192.01
192.02	19202	MEDWORKS						192.02
192.03	19203	SWEDISH AMERICAN ER						192.03
192.20	19204	IDLE SPACE						192.20
193.00	19300	NONPAID WORKERS						193.00
193.10	19301	HOTEL						193.10
193.30	19302	PHYSICIAN BILLING						193.30
193.40	19303	MEALS ON WHEELS						193.40
193.50	19304	WEE CARE						193.50
193.60	19305	PHYSICIAN RELATED AREAS						193.60
193.70	19306	WOMEN'S CENTER						193.70
193.80	19307	MARKETING EXPENSES						193.80
193.90	19308	COMPLIMENTARY MEDICINE						193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES						194.00
200.00		Cross Foot Adjustments	0	128,352	4,656	2,598	296	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	128,352	4,656	2,598	296	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet B Part II Date/Time Prepared: 10/24/2014 4:29 pm		
Cost Center Description		PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.40	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
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY				23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY				23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	30,272			23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,157,015	0	6,157,015	30.00
31.00	03100	INTENSIVE CARE UNIT	956,658	0	956,658	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	996,804	0	996,804	40.00
43.00	04300	NURSERY	96,349	0	96,349	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,061,714	0	3,061,714	50.00
50.20	03340	GASTROENTEROLOGY	247,360	0	247,360	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	142,905	0	142,905	52.00
53.00	05300	ANESTHESIOLOGY	70,015	0	70,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,071,758	0	2,071,758	54.00
54.10	03480	RADIATION ONCOLOGY	3,556,831	0	3,556,831	54.10
54.20	05401	CT	261,713	0	261,713	54.20
54.30	05402	MRI	86,003	0	86,003	54.30
60.00	06000	LABORATORY	876,731	0	876,731	60.00
60.01	06001	BLOOD	118,809	0	118,809	60.01
65.00	06500	RESPIRATORY THERAPY	489,514	0	489,514	65.00
66.00	06600	PHYSICAL THERAPY	289,505	0	289,505	66.00
69.00	06900	ELECTROCARDIOLOGY	286,942	0	286,942	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,718	0	67,718	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	188,231	0	188,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	356,376	0	356,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	431,495	0	431,495	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	SLEEP LAB	62,666	0	62,666	75.01
75.10	03950	NUTRITIONAL SUPPORT	1,999	0	1,999	75.10
75.20	03951	HEMODIALYSIS	69,881	0	69,881	75.20
76.97	07697	CARDIAC REHABILITATION	43,313	0	43,313	76.97
76.98	07698	WOUND CARE	139,427	0	139,427	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	90.01
90.02	09002	DIABETES CLINIC	155,538	0	155,538	90.02
91.00	09100	EMERGENCY	1,222,879	0	1,222,879	91.00
91.05	09101	AMBULATORY CARE	155,146	0	155,146	91.05
91.10	09102	PSYCHIATRIC PARTIAL	7,396	0	7,396	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	129,700	0	129,700	101.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	22,798,391	22,798,391	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,491	0	16,491	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	190.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B
Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.40	24.00	25.00	26.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S		637,097	0	637,097	192.01
192.02	19202	MEDWORKS		0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER		0	0	0	192.03
192.20	19204	IDLE SPACE		0	0	0	192.20
193.00	19300	NONPAID WORKERS		310	0	310	193.00
193.10	19301	HOTEL		0	0	0	193.10
193.30	19302	PHYSICIAN BILLING		0	0	0	193.30
193.40	19303	MEALS ON WHEELS		0	0	0	193.40
193.50	19304	WEE CARE		0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS		194,772	0	194,772	193.60
193.70	19306	WOMEN'S CENTER		0	0	0	193.70
193.80	19307	MARKETING EXPENSES		66,908	0	66,908	193.80
193.90	19308	COMPLIMENTARY MEDICINE		71,673	0	71,673	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES		37,281	0	37,281	194.00
200.00		Cross Foot Adjustments	30,272	166,174	0	166,174	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,272	23,989,097	0	23,989,097	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	895,902				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		883,016			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,983	6,983	203,288		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	198,614	198,614	35,772	-59,956,319	250,784,609 5.00
6.00 00600	MAINTENANCE & REPAIRS	1,450	1,450	1,204	0	2,253,651 6.00
7.00 00700	OPERATION OF PLANT	78,493	78,493	1,777	0	6,858,793 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,497	6,497	302	0	1,509,081 8.00
9.00 00900	HOUSEKEEPING	12,472	12,472	9,491	0	4,859,137 9.00
10.00 01000	DIETARY	29,359	29,359	7,345	0	4,405,478 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	731	731	1,373	0	2,107,435 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,015	1,015	0	0	1,208,811 14.00
15.00 01500	PHARMACY	6,086	6,086	5,382	0	7,454,331 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,072	10,072	4,056	0	3,113,362 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,292	1,292	0	0	4,394,223 22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	187	0	184,911 23.00
23.20 02301	PARAMED PRGM - RADIOLOGY	0	0	218	0	76,043 23.20
23.30 02302	PARAMED ED - RADIATION ONCOLOGY	0	0	1	0	7,899 23.30
23.40 02303	PARAMED ED - PARAMEDICAL TECHS	0	0	1,020	0	1,025,514 23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	160,476	160,476	32,986	0	34,283,010 30.00
31.00 03100	INTENSIVE CARE UNIT	24,911	24,911	5,639	0	6,660,531 31.00
31.01 03101	PEDIATRIC ICU	0	0	0	0	0 31.01
40.00 04000	SUBPROVIDER - I/PF	28,436	28,436	3,644	0	3,484,340 40.00
43.00 04300	NURSERY	0	0	3,319	0	3,311,730 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	84,326	84,326	14,836	0	19,419,539 50.00
50.20 03340	GASTROENTEROLOGY	7,038	7,038	782	0	1,140,797 50.20
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	4,571	0	4,814,081 52.00
53.00 05300	ANESTHESIOLOGY	773	773	0	0	2,133,299 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	54,893	54,893	12,882	0	15,187,110 54.00
54.10 03480	RADIATION ONCOLOGY	61,156	61,156	11,730	0	28,495,491 54.10
54.20 05401	CT	6,276	6,276	1,216	0	2,335,038 54.20
54.30 05402	MRI	1,313	1,313	1,055	0	1,559,754 54.30
60.00 06000	LABORATORY	19,250	19,250	7,216	0	10,975,365 60.00
60.01 06001	BLOOD	2,436	2,436	0	0	2,111,248 60.01
65.00 06500	RESPIRATORY THERAPY	13,172	13,172	3,681	0	3,610,326 65.00
66.00 06600	PHYSICAL THERAPY	4,674	4,674	5,130	0	5,802,666 66.00
69.00 06900	ELECTROCARDIOLOGY	7,211	7,211	1,902	0	2,588,559 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,056	2,056	208	0	190,910 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	8,166,816 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,614,815 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,558,327 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	SLEEP LAB	1,224	1,224	738	0	1,011,626 75.01
75.10 03950	NUTRITIONAL SUPPORT	0	0	0	0	93,352 75.10
75.20 03951	HEMODIALYSIS	1,874	1,874	0	0	636,955 75.20
76.97 07697	CARDIAC REHABILITATION	332	332	1,189	0	1,300,165 76.97
76.98 07698	WOUND CARE	3,550	3,550	821	0	1,361,114 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	CHILDRENS CLINIC	0	0	0	0	0 90.01
90.02 09002	DIABETES CLINIC	4,715	4,715	452	0	579,369 90.02
91.00 09100	EMERGENCY	27,589	27,589	11,596	0	12,467,540 91.00
91.05 09101	AMBULATORY CARE	5,031	5,031	53	0	178,765 91.05
91.10 09102	PSYCHIATRIC PARTIAL	0	0	300	0	259,094 91.10
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	4,374	0	5,343,950 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	875,776	875,776	198,448	-59,956,319	244,134,351 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,131	0	0	0	11,336 190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
190.10 19001 MCC WORD PROCESSING	0	0	0	0	0	190.10
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 SPECIALISTS/PCP'S	11,755	0	766	-84,525,547	0	192.01
192.02 19202 MEDWORKS	0	0	0	0	0	192.02
192.03 19203 SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20 19204 IDLE SPACE	0	0	0	0	0	192.20
193.00 19300 NONPAID WORKERS	0	0	64	14,991	0	193.00
193.10 19301 HOTEL	0	0	0	0	0	193.10
193.30 19302 PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40 19303 MEALS ON WHEELS	0	0	0	0	0	193.40
193.50 19304 WEE CARE	0	0	0	0	0	193.50
193.60 19305 PHYSICIAN RELATED AREAS	5,696	5,696	601	0	1,068,460	193.60
193.70 19306 WOMEN'S CENTER	0	0	0	0	0	193.70
193.80 19307 MARKETING EXPENSES	0	0	732	0	3,123,833	193.80
193.90 19308 COMPLIMENTARY MEDICINE	1,544	1,544	1,105	0	996,338	193.90
194.00 07950 NON-MEDICARE HOME HEALTH SERVICES	0	0	1,572	0	1,450,291	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,908,716	13,687,831	3,535,568		59,956,319	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9.943851	15.501226	17.391917		0.239075	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			177,683		5,086,851	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.874046		0.020284	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	687,364					6.00
7.00	00700	77,207	610,362				7.00
8.00	00800	6,497	6,497	1,876,106			8.00
9.00	00900	12,472	12,472	0	591,393		9.00
10.00	01000	29,359	29,359	9,440	29,359	399,052	10.00
11.00	01100	0	0	0	0	230,785	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	527	731	0	731	0	13.00
14.00	01400	1,015	1,015	0	1,015	0	14.00
15.00	01500	6,086	6,086	0	6,086	0	15.00
16.00	01600	10,072	10,072	0	10,072	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,292	1,292	5,267	1,292	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.20	02301	0	0	0	0	0	23.20
23.30	02302	0	0	0	0	0	23.30
23.40	02303	0	0	0	0	0	23.40
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	160,476	160,476	752,861	160,476	137,638	30.00
31.00	03100	24,911	24,911	96,437	24,911	9,357	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	28,436	28,436	25,761	28,436	21,272	40.00
43.00	04300	0	0	66,882	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	84,326	84,326	204,960	84,326	0	50.00
50.20	03340	7,038	7,038	16,021	7,038	0	50.20
52.00	05200	0	0	20,756	0	0	52.00
53.00	05300	773	773	0	773	0	53.00
54.00	05400	54,893	54,893	112,064	54,893	0	54.00
54.10	03480	63,603	61,156	4,857	61,156	0	54.10
54.20	05401	6,276	6,276	12,472	6,276	0	54.20
54.30	05402	1,313	1,313	6,725	1,313	0	54.30
60.00	06000	21,686	19,250	0	19,250	0	60.00
60.01	06001	0	2,436	0	2,436	0	60.01
65.00	06500	13,172	13,172	70	13,172	0	65.00
66.00	06600	4,674	4,674	0	4,674	0	66.00
69.00	06900	7,211	7,211	11,301	7,211	0	69.00
70.00	07000	2,056	2,056	2,227	2,056	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,224	1,224	0	1,224	0	75.01
75.10	03950	0	0	0	0	0	75.10
75.20	03951	1,874	1,874	2,992	1,874	0	75.20
76.97	07697	332	332	0	332	0	76.97
76.98	07698	3,550	3,550	0	3,550	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	4,715	4,715	0	4,715	0	90.02
91.00	09100	27,589	27,589	514,136	27,589	0	91.00
91.05	09101	5,031	5,031	7,745	5,031	0	91.05
91.10	09102	0	0	2,684	0	0	91.10
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		669,686	590,236	1,875,658	571,267	399,052	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,131	1,131	0	1,131	0	190.00
190.10	19001	0	0	0	0	0	190.10
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
192.01	19201	SPECIALISTS/PCP'S	9,474	11,755	448	11,755	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	5,696	5,696	0	5,696	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,377	1,544	0	1,544	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,792,443	8,812,215	1,990,061	6,251,570	6,322,231	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.062539	14.437686	1.060740	10.570923	15.843126	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	83,661	2,147,335	219,838	469,606	974,104	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.121713	3.518134	0.117178	0.794068	2.441045	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description			CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	142,003					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,373	0	37,801,784			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,867,694		14.00
15.00	01500	PHARMACY	5,382	0	938,472	0	19,083,235	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,056	0	597	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	187	0	0	0	0	23.00
23.20	02301	PARAMED ED PRGM - RADIOLOGY	218	0	0	0	0	23.20
23.30	02302	PARAMED ED - RADIATION ONCOLOGY	1	0	69,306	0	0	23.30
23.40	02303	PARAMED ED - PARAMEDICAL TECHS	0	0	4,293,410	0	25,847	23.40
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,986	0	16,998,112	1,636,533	470	30.00
31.00	03100	INTENSIVE CARE UNIT	5,639	0	474,777	385,571	665	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - I/PF	3,644	0	798,203	575	60	40.00
43.00	04300	NURSERY	3,319	0	957,431	21,292	23	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,836	0	4,992,354	78,848	2,693	50.00
50.20	03340	GASTROENTEROLOGY	782	0	0	423,387	603	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,571	0	1,226,564	873,713	103	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	4,232	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,882	0	3,525,094	332,650	67,168	54.00
54.10	03480	RADIATION ONCOLOGY	11,730	0	1,276,856	7,182	9,005,638	54.10
54.20	05401	CT	1,216	0	0	47,396	158,357	54.20
54.30	05402	MRI	1,055	0	0	0	108,719	54.30
60.00	06000	LABORATORY	7,216	0	340,201	0	2,432	60.00
60.01	06001	BLOOD	0	0	0	0	34,030	60.01
65.00	06500	RESPIRATORY THERAPY	3,681	0	0	0	62,163	65.00
66.00	06600	PHYSICAL THERAPY	5,130	0	0	0	193	66.00
69.00	06900	ELECTROCARDIOLOGY	1,902	0	96	5,205	5,441	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	208	0	308,175	0	0	70.00
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	9,558,327	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	SLEEP LAB	738	0	0	0	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697	CARDIAC REHABILITATION	1,189	0	418,505	0	99	76.97
76.98	07698	WOUND CARE	821	0	184,926	8,306	16,126	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002	DIABETES CLINIC	452	0	330,726	0	122	90.02
91.00	09100	EMERGENCY	11,596	0	424,365	47,036	3	91.00
91.05	09101	AMBULATORY CARE	53	0	0	0	0	91.05
91.10	09102	PSYCHIATRIC PARTIAL	300	0	66,288	0	6	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,163	0	37,624,458	3,867,694	19,053,520	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	766	0	177,326	29,715	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	64	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	601	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	732	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	1,105	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	1,572	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,656,356	0	2,667,045	1,527,313	9,618,193
203.00		Unit cost multiplier (Wkst. B, Part I)	25.748442	0.000000	0.070553	0.394890	0.504013
204.00		Cost to be allocated (per Wkst. B, Part II)	563,356	0	71,210	54,848	360,871
205.00		Unit cost multiplier (Wkst. B, Part II)	3.967212	0.000000	0.001884	0.014181	0.018910

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,562,373,450					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.20 02301 PARAMED ED PRGM - RADIOLOGY	0	0				23.20
23.30 02302 PARAMED ED - RADIATION ONCOLOGY	0	0				23.30
23.40 02303 PARAMED ED - PARAMEDICAL TECHS	0	0				23.40
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	112,596,469	0		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	38,314,329	0		0	0	31.00
31.01 03101 PEDIATRIC ICU	0	0		0	0	31.01
40.00 04000 SUBPROVIDER - IPF	9,712,786	0		0	0	40.00
43.00 04300 NURSERY	12,856,005	0		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	169,979,615	0	0	0	0	50.00
50.20 03340 GASTROENTEROLOGY	9,155,454	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,357,418	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	14,495,057	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	144,027,340	0	0	0	0	54.00
54.10 03480 RADIATION ONCOLOGY	42,898,643	0	0	0	0	54.10
54.20 05401 CT	64,277,066	0	0	0	0	54.20
54.30 05402 MRI	29,199,284	0	0	0	0	54.30
60.00 06000 LABORATORY	174,875,387	0	0	0	0	60.00
60.01 06001 BLOOD	11,593,008	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	15,093,385	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	29,711,550	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	33,619,779	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,296,887	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	91,768,137	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	161,159,425	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	233,639,454	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 SLEEP LAB	8,134,002	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	425,124	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	2,509,717	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	1,932,180	0	0	0	0	76.97
76.98 07698 WOUND CARE	4,072,830	0	0	0	0	76.98
76.99 07699 LIOTHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	381,856	0	0	0	0	90.02
91.00 09100 EMERGENCY	113,024,596	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	136,913	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	1,011,809	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	5,117,945	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,562,373,450	0	0	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00	21.00		
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,254,971	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002723	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	383,729	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000246	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
	22.00	23.00	23.20	23.30	23.40		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
12.00 01200 MAINTENANCE OF PERSONNEL						12.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00	
20.00 02000 NURSING SCHOOL						20.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV						21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,035					22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)		100				23.00	
23.20 02301 PARAMED PRGM - RADIOLOGY		0	100			23.20	
23.30 02302 PARAMED ED - RADIATION ONCOLOGY		0	0	100		23.30	
23.40 02303 PARAMED ED - PARAMEDICAL TECHS		0	0	0	1,000	23.40	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,250	0	0	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	100	0	0	0	0	31.00	
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01	
40.00 04000 SUBPROVIDER - IPF	80	0	0	0	0	40.00	
43.00 04300 NURSERY	100	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	90	0	0	0	0	50.00	
50.20 03340 GASTROENTEROLOGY	100	0	0	0	0	50.20	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	100	0	0	54.00	
54.10 03480 RADIATION ONCOLOGY	0	0	0	100	0	54.10	
54.20 05401 CT	0	0	0	0	0	54.20	
54.30 05402 MRI	0	0	0	0	0	54.30	
60.00 06000 LABORATORY	0	100	0	0	0	60.00	
60.01 06001 BLOOD	0	0	0	0	0	60.01	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	65	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00 07200 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	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 SLEEP LAB	0	0	0	0	0	75.01	
75.10 03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10	
75.20 03951 HEMODIALYSIS	100	0	0	0	0	75.20	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 WOUND CARE	0	0	0	0	0	76.98	
76.99 07699 LI THOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 CHILDRENS CLINIC	0	0	0	0	0	90.01	
90.02 09002 DIABETES CLINIC	0	0	0	0	0	90.02	
91.00 09100 EMERGENCY	150	0	0	0	1,000	91.00	
91.05 09101 AMBULATORY CARE	0	0	0	0	0	91.05	
91.10 09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,035	100	100	100	1,000	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet B-1

Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED - RADIATION ONCOLOGY (ASSIGNED TIME)	PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)						
	22.00						
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.10	19001	MCC WORD PROCESSING	0	0	0	0	190.10
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	SPECIALISTS/PCP'S	0	0	0	0	192.01
192.02	19202	MEDWORKS	0	0	0	0	192.02
192.03	19203	SWEDISH AMERICAN ER	0	0	0	0	192.03
192.20	19204	IDLE SPACE	0	0	0	0	192.20
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.10	19301	HOTEL	0	0	0	0	193.10
193.30	19302	PHYSICIAN BILLING	0	0	0	0	193.30
193.40	19303	MEALS ON WHEELS	0	0	0	0	193.40
193.50	19304	WEE CARE	0	0	0	0	193.50
193.60	19305	PHYSICIAN RELATED AREAS	0	0	0	0	193.60
193.70	19306	WOMEN'S CENTER	0	0	0	0	193.70
193.80	19307	MARKETING EXPENSES	0	0	0	0	193.80
193.90	19308	COMPLIMENTARY MEDICINE	0	0	0	0	193.90
194.00	07950	NON-MEDICARE HOME HEALTH SERVICES	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,487,919	233,934	99,836	14,703	1,586,629
203.00		Unit cost multiplier (Wkst. B, Part I)	2,696.766093	2,339.340000	998.360000	147.030000	1,586.629000
204.00		Cost to be allocated (per Wkst. B, Part II)	128,352	4,656	2,598	296	30,272
205.00		Unit cost multiplier (Wkst. B, Part II)	63.072236	46.560000	25.980000	2.960000	30.272000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	53,125,347		53,125,347	0	53,125,347
31.00	03100 INTENSIVE CARE UNIT	9,663,242		9,663,242	4,788	9,668,030
31.01	03101 PEDIATRIC ICU	0		0	0	0
40.00	04000 SUBPROVIDER - I/PF	5,685,215		5,685,215	1,709	5,686,924
43.00	04300 NURSERY	4,370,862		4,370,862	0	4,370,862
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	27,960,705		27,960,705	95,784	28,056,489
50.20	03340 GASTROENTEROLOGY	1,847,689		1,847,689	8,359	1,856,048
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,602,656		6,602,656	0	6,602,656
53.00	05300 ANESTHESIOLOGY	2,707,391		2,707,391	0	2,707,391
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,770,275		21,770,275	69,001	21,839,276
54.10	03480 RADIATION ONCOLOGY	42,166,445		42,166,445	137,175	42,303,620
54.20	05401 CT	3,393,833		3,393,833	0	3,393,833
54.30	05402 MRI	2,139,427		2,139,427	0	2,139,427
60.00	06000 LABORATORY	15,089,964		15,089,964	0	15,089,964
60.01	06001 BLOOD	2,725,636		2,725,636	0	2,725,636
65.00	06500 RESPIRATORY THERAPY	5,023,674	0	5,023,674	0	5,023,674
66.00	06600 PHYSICAL THERAPY	7,538,908	0	7,538,908	0	7,538,908
69.00	06900 ELECTROCARDIOLOGY	3,574,363		3,574,363	191,726	3,766,089
70.00	07000 ELECTROENCEPHALOGRAPHY	332,038		332,038	0	332,038
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,369,183		10,369,183	0	10,369,183
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,786,764		19,786,764	0	19,786,764
73.00	07300 DRUGS CHARGED TO PATIENTS	17,297,827		17,297,827	0	17,297,827
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0
75.01	07501 SLEEP LAB	1,330,215		1,330,215	3,627	1,333,842
75.10	03950 NUTRITIONAL SUPPORT	116,828		116,828	0	116,828
75.20	03951 HEMODIALYSIS	853,722		853,722	0	853,722
76.97	07697 CARDIAC REHABILITATION	1,686,107		1,686,107	5,317	1,691,424
76.98	07698 WOUND CARE	1,846,409		1,846,409	10,608	1,857,017
76.99	07699 LI THOTRI PSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0		0	0	0
90.01	09001 CHILDRENS CLINIC	0		0	0	0
90.02	09002 DIABETES CLINIC	891,026		891,026	0	891,026
91.00	09100 EMERGENCY	19,037,115		19,037,115	55,153	19,092,268
91.05	09101 AMBULATORY CARE	377,713		377,713	0	377,713
91.10	09102 PSYCHIATRIC PARTIAL	339,044		339,044	0	339,044
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,313,648		4,313,648	0	4,313,648
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	6,635,491		6,635,491	0	6,635,491
200.00	Subtotal (see instructions)	300,598,762	0	300,598,762	583,247	301,182,009
201.00	Less Observation Beds	4,313,648		4,313,648	0	4,313,648
202.00	Total (see instructions)	296,285,114	0	296,285,114	583,247	296,868,361

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

			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	102,990,053		102,990,053				30.00
31.00	03100	INTENSIVE CARE UNIT	38,314,329		38,314,329				31.00
31.01	03101	PEDIATRIC ICU	0		0				31.01
40.00	04000	SUBPROVIDER - I/PF	9,712,786		9,712,786				40.00
43.00	04300	NURSERY	12,856,005		12,856,005				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	74,047,453	95,932,162	169,979,615	0.164494	0.000000		50.00
50.20	03340	GASTROENTEROLOGY	2,973,067	6,182,387	9,155,454	0.201813	0.000000		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,940,050	1,417,368	24,357,418	0.271074	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,942,807	6,552,250	14,495,057	0.186780	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,139,482	104,887,858	144,027,340	0.151154	0.000000		54.00
54.10	03480	RADIATION ONCOLOGY	1,035,106	41,863,537	42,898,643	0.982932	0.000000		54.10
54.20	05401	CT	14,867,503	49,409,563	64,277,066	0.052800	0.000000		54.20
54.30	05402	MRI	4,684,527	24,514,757	29,199,284	0.073270	0.000000		54.30
60.00	06000	LABORATORY	47,848,193	127,027,194	174,875,387	0.086290	0.000000		60.00
60.01	06001	BLOOD	8,417,457	3,175,551	11,593,008	0.235110	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	9,852,307	5,241,078	15,093,385	0.332839	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,595,540	19,116,010	29,711,550	0.253737	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,370,962	21,248,817	33,619,779	0.106317	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	747,842	1,549,045	2,296,887	0.144560	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,562,887	35,205,250	91,768,137	0.112993	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,095,293	38,064,132	161,159,425	0.122778	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,146,806	133,492,648	233,639,454	0.074036	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	SLEEP LAB	10,302	8,123,700	8,134,002	0.163538	0.000000		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	425,124	425,124	0.274809	0.000000		75.10
75.20	03951	HEMODIALYSIS	2,362,253	147,464	2,509,717	0.340167	0.000000		75.20
76.97	07697	CARDIAC REHABILITATION	110,986	1,821,194	1,932,180	0.872645	0.000000		76.97
76.98	07698	WOUND CARE	29,745	4,043,085	4,072,830	0.453348	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	DIABETES CLINIC	47,333	334,523	381,856	2.333408	0.000000		90.02
91.00	09100	EMERGENCY	24,690,035	88,334,561	113,024,596	0.168433	0.000000		91.00
91.05	09101	AMBULATORY CARE	6,110	130,803	136,913	2.758781	0.000000		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,011,809	1,011,809	0.335087	0.000000		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	157,100	9,449,316	9,606,416	0.449038	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	5,117,945	5,117,945				101.00
200.00		Subtotal (see instructions)	728,554,319	833,819,131	1,562,373,450				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	728,554,319	833,819,131	1,562,373,450				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - I/PF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.165058			50.00
50.20	03340 GASTROENTEROLOGY	0.202726			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.271074			52.00
53.00	05300 ANESTHESIOLOGY	0.186780			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151633			54.00
54.10	03480 RADIATION ONCOLOGY	0.986130			54.10
54.20	05401 CT	0.052800			54.20
54.30	05402 MRI	0.073270			54.30
60.00	06000 LABORATORY	0.086290			60.00
60.01	06001 BLOOD	0.235110			60.01
65.00	06500 RESPIRATORY THERAPY	0.332839			65.00
66.00	06600 PHYSICAL THERAPY	0.253737			66.00
69.00	06900 ELECTROCARDIOLOGY	0.112020			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.144560			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.112993			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.122778			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.074036			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.163983			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.274809			75.10
75.20	03951 HEMODIALYSIS	0.340167			75.20
76.97	07697 CARDIAC REHABILITATION	0.875397			76.97
76.98	07698 WOUND CARE	0.455952			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDERNS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	2.333408			90.02
91.00	09100 EMERGENCY	0.168921			91.00
91.05	09101 AMBULATORY CARE	2.758781			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.335087			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449038			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

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	53,125,347		53,125,347	0	53,125,347	30.00
31.00	03100 INTENSIVE CARE UNIT	9,663,242		9,663,242	4,788	9,668,030	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I PF	5,685,215		5,685,215	1,709	5,686,924	40.00
43.00	04300 NURSERY	4,370,862		4,370,862	0	4,370,862	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,960,705		27,960,705	95,784	28,056,489	50.00
50.20	03340 GASTROENTEROLOGY	1,847,689		1,847,689	8,359	1,856,048	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,602,656		6,602,656	0	6,602,656	52.00
53.00	05300 ANESTHESIOLOGY	2,707,391		2,707,391	0	2,707,391	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,770,275		21,770,275	69,001	21,839,276	54.00
54.10	03480 RADIATION ONCOLOGY	42,166,445		42,166,445	137,175	42,303,620	54.10
54.20	05401 CT	3,393,833		3,393,833	0	3,393,833	54.20
54.30	05402 MRI	2,139,427		2,139,427	0	2,139,427	54.30
60.00	06000 LABORATORY	15,089,964		15,089,964	0	15,089,964	60.00
60.01	06001 BLOOD	2,725,636		2,725,636	0	2,725,636	60.01
65.00	06500 RESPIRATORY THERAPY	5,023,674	0	5,023,674	0	5,023,674	65.00
66.00	06600 PHYSICAL THERAPY	7,538,908	0	7,538,908	0	7,538,908	66.00
69.00	06900 ELECTROCARDIOLOGY	3,574,363		3,574,363	191,726	3,766,089	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	332,038		332,038	0	332,038	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,369,183		10,369,183	0	10,369,183	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,786,764		19,786,764	0	19,786,764	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,297,827		17,297,827	0	17,297,827	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,330,215		1,330,215	3,627	1,333,842	75.01
75.10	03950 NUTRITIONAL SUPPORT	116,828		116,828	0	116,828	75.10
75.20	03951 HEMODIALYSIS	853,722		853,722	0	853,722	75.20
76.97	07697 CARDIAC REHABILITATION	1,686,107		1,686,107	5,317	1,691,424	76.97
76.98	07698 WOUND CARE	1,846,409		1,846,409	10,608	1,857,017	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	891,026		891,026	0	891,026	90.02
91.00	09100 EMERGENCY	19,037,115		19,037,115	55,153	19,092,268	91.00
91.05	09101 AMBULATORY CARE	377,713		377,713	0	377,713	91.05
91.10	09102 PSYCHIATRIC PARTIAL	339,044		339,044	0	339,044	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,313,648		4,313,648	0	4,313,648	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	6,635,491		6,635,491	0	6,635,491	101.00
200.00	Subtotal (see instructions)	300,598,762	0	300,598,762	583,247	301,182,009	200.00
201.00	Less Observation Beds	4,313,648		4,313,648	0	4,313,648	201.00
202.00	Total (see instructions)	296,285,114	0	296,285,114	583,247	296,868,361	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	102,990,053		102,990,053				30.00
31.00	03100	INTENSIVE CARE UNIT	38,314,329		38,314,329				31.00
31.01	03101	PEDIATRIC ICU	0		0				31.01
40.00	04000	SUBPROVIDER - I/PF	9,712,786		9,712,786				40.00
43.00	04300	NURSERY	12,856,005		12,856,005				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	74,047,453	95,932,162	169,979,615	0.164494	0.000000		50.00
50.20	03340	GASTROENTEROLOGY	2,973,067	6,182,387	9,155,454	0.201813	0.000000		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,940,050	1,417,368	24,357,418	0.271074	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,942,807	6,552,250	14,495,057	0.186780	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,139,482	104,887,858	144,027,340	0.151154	0.000000		54.00
54.10	03480	RADIATION ONCOLOGY	1,035,106	41,863,537	42,898,643	0.982932	0.000000		54.10
54.20	05401	CT	14,867,503	49,409,563	64,277,066	0.052800	0.000000		54.20
54.30	05402	MRI	4,684,527	24,514,757	29,199,284	0.073270	0.000000		54.30
60.00	06000	LABORATORY	47,848,193	127,027,194	174,875,387	0.086290	0.000000		60.00
60.01	06001	BLOOD	8,417,457	3,175,551	11,593,008	0.235110	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	9,852,307	5,241,078	15,093,385	0.332839	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,595,540	19,116,010	29,711,550	0.253737	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,370,962	21,248,817	33,619,779	0.106317	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	747,842	1,549,045	2,296,887	0.144560	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,562,887	35,205,250	91,768,137	0.112993	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,095,293	38,064,132	161,159,425	0.122778	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,146,806	133,492,648	233,639,454	0.074036	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	SLEEP LAB	10,302	8,123,700	8,134,002	0.163538	0.000000		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	425,124	425,124	0.274809	0.000000		75.10
75.20	03951	HEMODIALYSIS	2,362,253	147,464	2,509,717	0.340167	0.000000		75.20
76.97	07697	CARDIAC REHABILITATION	110,986	1,821,194	1,932,180	0.872645	0.000000		76.97
76.98	07698	WOUND CARE	29,745	4,043,085	4,072,830	0.453348	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	DIABETES CLINIC	47,333	334,523	381,856	2.333408	0.000000		90.02
91.00	09100	EMERGENCY	24,690,035	88,334,561	113,024,596	0.168433	0.000000		91.00
91.05	09101	AMBULATORY CARE	6,110	130,803	136,913	2.758781	0.000000		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,011,809	1,011,809	0.335087	0.000000		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	157,100	9,449,316	9,606,416	0.449038	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	5,117,945	5,117,945				101.00
200.00		Subtotal (see instructions)	728,554,319	833,819,131	1,562,373,450				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	728,554,319	833,819,131	1,562,373,450				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - I/PF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTROENTEROLOGY	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 RADIATION ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 WOUND CARE	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

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	53,125,347		53,125,347	0	53,125,347	30.00
31.00	03100 INTENSIVE CARE UNIT	9,663,242		9,663,242	4,788	9,668,030	31.00
31.01	03101 PEDIATRIC ICU	0		0	0	0	31.01
40.00	04000 SUBPROVIDER - I/PF	5,685,215		5,685,215	1,709	5,686,924	40.00
43.00	04300 NURSERY	4,370,862		4,370,862	0	4,370,862	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	27,960,705		27,960,705	95,784	28,056,489	50.00
50.20	03340 GASTROENTEROLOGY	1,847,689		1,847,689	8,359	1,856,048	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,602,656		6,602,656	0	6,602,656	52.00
53.00	05300 ANESTHESIOLOGY	2,707,391		2,707,391	0	2,707,391	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	21,770,275		21,770,275	69,001	21,839,276	54.00
54.10	03480 RADIATION ONCOLOGY	42,166,445		42,166,445	137,175	42,303,620	54.10
54.20	05401 CT	3,393,833		3,393,833	0	3,393,833	54.20
54.30	05402 MRI	2,139,427		2,139,427	0	2,139,427	54.30
60.00	06000 LABORATORY	15,089,964		15,089,964	0	15,089,964	60.00
60.01	06001 BLOOD	2,725,636		2,725,636	0	2,725,636	60.01
65.00	06500 RESPIRATORY THERAPY	5,023,674	0	5,023,674	0	5,023,674	65.00
66.00	06600 PHYSICAL THERAPY	7,538,908	0	7,538,908	0	7,538,908	66.00
69.00	06900 ELECTROCARDIOLOGY	3,574,363		3,574,363	191,726	3,766,089	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	332,038		332,038	0	332,038	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,369,183		10,369,183	0	10,369,183	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	19,786,764		19,786,764	0	19,786,764	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,297,827		17,297,827	0	17,297,827	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 SLEEP LAB	1,330,215		1,330,215	3,627	1,333,842	75.01
75.10	03950 NUTRITIONAL SUPPORT	116,828		116,828	0	116,828	75.10
75.20	03951 HEMODIALYSIS	853,722		853,722	0	853,722	75.20
76.97	07697 CARDIAC REHABILITATION	1,686,107		1,686,107	5,317	1,691,424	76.97
76.98	07698 WOUND CARE	1,846,409		1,846,409	10,608	1,857,017	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0		0	0	0	90.01
90.02	09002 DIABETES CLINIC	891,026		891,026	0	891,026	90.02
91.00	09100 EMERGENCY	19,037,115		19,037,115	55,153	19,092,268	91.00
91.05	09101 AMBULATORY CARE	377,713		377,713	0	377,713	91.05
91.10	09102 PSYCHIATRIC PARTIAL	339,044		339,044	0	339,044	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,313,648		4,313,648	0	4,313,648	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	6,635,491		6,635,491	0	6,635,491	101.00
200.00	Subtotal (see instructions)	300,598,762	0	300,598,762	583,247	301,182,009	200.00
201.00	Less Observation Beds	4,313,648		4,313,648	0	4,313,648	201.00
202.00	Total (see instructions)	296,285,114	0	296,285,114	583,247	296,868,361	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

			Title V			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	102,990,053		102,990,053				30.00
31.00	03100	INTENSIVE CARE UNIT	38,314,329		38,314,329				31.00
31.01	03101	PEDIATRIC ICU	0		0				31.01
40.00	04000	SUBPROVIDER - I/PF	9,712,786		9,712,786				40.00
43.00	04300	NURSERY	12,856,005		12,856,005				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	74,047,453	95,932,162	169,979,615	0.164494	0.000000		50.00
50.20	03340	GASTROENTEROLOGY	2,973,067	6,182,387	9,155,454	0.201813	0.000000		50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,940,050	1,417,368	24,357,418	0.271074	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	7,942,807	6,552,250	14,495,057	0.186780	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,139,482	104,887,858	144,027,340	0.151154	0.000000		54.00
54.10	03480	RADIATION ONCOLOGY	1,035,106	41,863,537	42,898,643	0.982932	0.000000		54.10
54.20	05401	CT	14,867,503	49,409,563	64,277,066	0.052800	0.000000		54.20
54.30	05402	MRI	4,684,527	24,514,757	29,199,284	0.073270	0.000000		54.30
60.00	06000	LABORATORY	47,848,193	127,027,194	174,875,387	0.086290	0.000000		60.00
60.01	06001	BLOOD	8,417,457	3,175,551	11,593,008	0.235110	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	9,852,307	5,241,078	15,093,385	0.332839	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	10,595,540	19,116,010	29,711,550	0.253737	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	12,370,962	21,248,817	33,619,779	0.106317	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	747,842	1,549,045	2,296,887	0.144560	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	56,562,887	35,205,250	91,768,137	0.112993	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	123,095,293	38,064,132	161,159,425	0.122778	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	100,146,806	133,492,648	233,639,454	0.074036	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	07501	SLEEP LAB	10,302	8,123,700	8,134,002	0.163538	0.000000		75.01
75.10	03950	NUTRITIONAL SUPPORT	0	425,124	425,124	0.274809	0.000000		75.10
75.20	03951	HEMODIALYSIS	2,362,253	147,464	2,509,717	0.340167	0.000000		75.20
76.97	07697	CARDIAC REHABILITATION	110,986	1,821,194	1,932,180	0.872645	0.000000		76.97
76.98	07698	WOUND CARE	29,745	4,043,085	4,072,830	0.453348	0.000000		76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	CHILDRENS CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	DIABETES CLINIC	47,333	334,523	381,856	2.333408	0.000000		90.02
91.00	09100	EMERGENCY	24,690,035	88,334,561	113,024,596	0.168433	0.000000		91.00
91.05	09101	AMBULATORY CARE	6,110	130,803	136,913	2.758781	0.000000		91.05
91.10	09102	PSYCHIATRIC PARTIAL	0	1,011,809	1,011,809	0.335087	0.000000		91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	157,100	9,449,316	9,606,416	0.449038	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	5,117,945	5,117,945				101.00
200.00		Subtotal (see instructions)	728,554,319	833,819,131	1,562,373,450				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	728,554,319	833,819,131	1,562,373,450				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet C
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
40.00	04000 SUBPROVIDER - I/PF				40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.20	03340 GASTROENTEROLOGY	0.000000			50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.10	03480 RADIATION ONCOLOGY	0.000000			54.10
54.20	05401 CT	0.000000			54.20
54.30	05402 MRI	0.000000			54.30
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 SLEEP LAB	0.000000			75.01
75.10	03950 NUTRITIONAL SUPPORT	0.000000			75.10
75.20	03951 HEMODIALYSIS	0.000000			75.20
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 WOUND CARE	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 CHILDRENS CLINIC	0.000000			90.01
90.02	09002 DIABETES CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.05	09101 AMBULATORY CARE	0.000000			91.05
91.10	09102 PSYCHIATRIC PARTIAL	0.000000			91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100 HOME HEALTH AGENCY				101.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part I Date/Time Prepared: 10/24/2014 4:29 pm
--	--	----------------------	---	--

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,157,015	0	6,157,015	55,014	111.92	30.00
31.00	INTENSIVE CARE UNIT	956,658		956,658	5,347	178.91	31.00
31.01	PEDIATRIC ICU	0		0	0	0.00	31.01
40.00	SUBPROVIDER - IPF	996,804	0	996,804	5,196	191.84	40.00
43.00	NURSERY	96,349		96,349	6,657	14.47	43.00
200.00	Total (lines 30-199)	8,206,826		8,206,826	72,214		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	20,434	2,286,973	30.00
31.00	INTENSIVE CARE UNIT	2,609	466,776	31.00
31.01	PEDIATRIC ICU	0	0	31.01
40.00	SUBPROVIDER - IPF	1,411	270,686	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	24,454	3,024,435	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part II Date/Time Prepared: 10/24/2014 4:29 pm
--	--	----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,061,714	169,979,615	0.018012	28,305,528	509,839	50.00
50.20	03340 GASTROENTEROLOGY	247,360	9,155,454	0.027018	1,456,006	39,338	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	142,905	24,357,418	0.005867	104,449	613	52.00
53.00	05300 ANESTHESIOLOGY	70,015	14,495,057	0.004830	2,956,865	14,282	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,071,758	144,027,340	0.014384	22,456,141	323,009	54.00
54.10	03480 RADIATION ONCOLOGY	3,556,831	42,898,643	0.082912	387,695	32,145	54.10
54.20	05401 CT	261,713	64,277,066	0.004072	7,668,242	31,225	54.20
54.30	05402 MRI	86,003	29,199,284	0.002945	2,249,916	6,626	54.30
60.00	06000 LABORATORY	876,731	174,875,387	0.005013	5,214,607	26,141	60.00
60.01	06001 BLOOD	118,809	11,593,008	0.010248	5,179,950	53,084	60.01
65.00	06500 RESPIRATORY THERAPY	489,514	15,093,385	0.032432	5,377,962	174,418	65.00
66.00	06600 PHYSICAL THERAPY	289,505	29,711,550	0.009744	6,536,983	63,696	66.00
69.00	06900 ELECTROCARDIOLOGY	286,942	33,619,779	0.008535	2,823,463	24,098	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	67,718	2,296,887	0.029483	366,393	10,802	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	188,231	91,768,137	0.002051	24,567,981	50,389	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	356,376	161,159,425	0.002211	48,973,695	108,281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	431,495	233,639,454	0.001847	42,013,394	77,599	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	62,666	8,134,002	0.007704	7,271	56	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,999	425,124	0.004702	0	0	75.10
75.20	03951 HEMODIALYSIS	69,881	2,509,717	0.027844	1,578,516	43,952	75.20
76.97	07697 CARDIAC REHABILITATION	43,313	1,932,180	0.022417	0	0	76.97
76.98	07698 WOUND CARE	139,427	4,072,830	0.034233	14,139	484	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	155,538	381,856	0.407321	14,182	5,777	90.02
91.00	09100 EMERGENCY	1,222,879	113,024,596	0.010820	13,138,162	142,155	91.00
91.05	09101 AMBULATORY CARE	155,146	136,913	1.133172	1,270	1,439	91.05
91.10	09102 PSYCHIATRIC PARTIAL	7,396	1,011,809	0.007310	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	499,935	9,606,416	0.052042	69,283	3,606	92.00
200.00	Total (lines 50-199)	14,961,800	1,393,382,332		221,462,093	1,743,054	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet D Part III Date/Time Prepared: 10/24/2014 4:29 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,014	0.00	20,434	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,347	0.00	2,609	0		31.00
31.01	03101	PEDIATRIC ICU	0	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	5,196	0.00	1,411	0		40.00
43.00	04300	NURSERY	6,657	0.00	0	0		43.00
200.00		Total (lines 30-199)	72,214		24,454	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
50.20	03340	GASTROENTEROLOGY	0	0	0	0	0	50.20	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	99,836	0	99,836	54.00	
54.10	03480	RADIATION ONCOLOGY	0	0	14,703	0	14,703	54.10	
54.20	05401	CT	0	0	0	0	0	54.20	
54.30	05402	MRI	0	0	0	0	0	54.30	
60.00	06000	LABORATORY	0	0	233,934	0	233,934	60.00	
60.01	06001	BLOOD	0	0	0	0	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501	SLEEP LAB	0	0	0	0	0	75.01	
75.10	03950	NUTRITIONAL SUPPORT	0	0	0	0	0	75.10	
75.20	03951	HEMODIALYSIS	0	0	0	0	0	75.20	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	WOUND CARE	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	CHILDRENS CLINIC	0	0	0	0	0	90.01	
90.02	09002	DIABETES CLINIC	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	1,586,629	0	1,586,629	91.00	
91.05	09101	AMBULATORY CARE	0	0	0	0	0	91.05	
91.10	09102	PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	1,935,102	0	1,935,102	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/24/2014 4:29 pm
--	----------------------	---------------------------------------	--

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	169,979,615	0.000000	0.000000	28,305,528	50.00
50.20	03340 GASTROENTEROLOGY	0	9,155,454	0.000000	0.000000	1,456,006	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,357,418	0.000000	0.000000	104,449	52.00
53.00	05300 ANESTHESIOLOGY	0	14,495,057	0.000000	0.000000	2,956,865	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	99,836	144,027,340	0.000693	0.000693	22,456,141	54.00
54.10	03480 RADIATION ONCOLOGY	14,703	42,898,643	0.000343	0.000343	387,695	54.10
54.20	05401 CT	0	64,277,066	0.000000	0.000000	7,668,242	54.20
54.30	05402 MRI	0	29,199,284	0.000000	0.000000	2,249,916	54.30
60.00	06000 LABORATORY	233,934	174,875,387	0.001338	0.001338	5,214,607	60.00
60.01	06001 BLOOD	0	11,593,008	0.000000	0.000000	5,179,950	60.01
65.00	06500 RESPIRATORY THERAPY	0	15,093,385	0.000000	0.000000	5,377,962	65.00
66.00	06600 PHYSICAL THERAPY	0	29,711,550	0.000000	0.000000	6,536,983	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,619,779	0.000000	0.000000	2,823,463	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,296,887	0.000000	0.000000	366,393	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,768,137	0.000000	0.000000	24,567,981	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	161,159,425	0.000000	0.000000	48,973,695	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	233,639,454	0.000000	0.000000	42,013,394	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 SLEEP LAB	0	8,134,002	0.000000	0.000000	7,271	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	425,124	0.000000	0.000000	0	75.10
75.20	03951 HEMODIALYSIS	0	2,509,717	0.000000	0.000000	1,578,516	75.20
76.97	07697 CARDIAC REHABILITATION	0	1,932,180	0.000000	0.000000	0	76.97
76.98	07698 WOUND CARE	0	4,072,830	0.000000	0.000000	14,139	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 DIABETES CLINIC	0	381,856	0.000000	0.000000	14,182	90.02
91.00	09100 EMERGENCY	1,586,629	113,024,596	0.014038	0.014038	13,138,162	91.00
91.05	09101 AMBULATORY CARE	0	136,913	0.000000	0.000000	1,270	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	1,011,809	0.000000	0.000000	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,606,416	0.000000	0.000000	69,283	92.00
200.00	Total (lines 50-199)	1,935,102	1,393,382,332			221,462,093	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	18,737,698	0	50.00
50.20	03340 GASTROENTEROLOGY	0	1,584,784	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,658	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,247,573	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,562	25,685,922	17,800	54.00
54.10	03480 RADIATION ONCOLOGY	133	15,787,601	5,415	54.10
54.20	05401 CT	0	14,139,646	0	54.20
54.30	05402 MRI	0	6,118,182	0	54.30
60.00	06000 LABORATORY	6,977	6,860,464	9,179	60.00
60.01	06001 BLOOD	0	857,551	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,842,727	0	65.00
66.00	06600 PHYSICAL THERAPY	0	132,724	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	6,551,446	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	349,669	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,522,676	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,069,639	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	51,127,910	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	2,006,965	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	6,299	0	75.10
75.20	03951 HEMODIALYSIS	0	121,421	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	803,309	0	76.97
76.98	07698 WOUND CARE	0	1,865,152	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	5,211	0	90.02
91.00	09100 EMERGENCY	184,434	15,793,079	221,703	91.00
91.05	09101 AMBULATORY CARE	0	73,197	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,982,682	0	92.00
200.00	Total (lines 50-199)	207,106	196,278,185	254,097	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.164494	18,737,698	48	0	3,082,239
50.20 03340 GASTROENTEROLOGY	0.201813	1,584,784	0	0	319,830
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.271074	4,658	0	0	1,263
53.00 05300 ANESTHESIOLOGY	0.186780	1,247,573	0	0	233,022
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.151154	25,685,922	0	0	3,882,530
54.10 03480 RADIATION ONCOLOGY	0.982932	15,787,601	542	0	15,518,138
54.20 05401 CT	0.052800	14,139,646	0	0	746,573
54.30 05402 MRI	0.073270	6,118,182	0	0	448,279
60.00 06000 LABORATORY	0.086290	6,860,464	3,001	0	591,989
60.01 06001 BLOOD	0.235110	857,551	333	0	201,619
65.00 06500 RESPIRATORY THERAPY	0.332839	1,842,727	0	0	613,331
66.00 06600 PHYSICAL THERAPY	0.253737	132,724	0	0	33,677
69.00 06900 ELECTROCARDIOLOGY	0.106317	6,551,446	0	0	696,530
70.00 07000 ELECTROENCEPHALOGRAPHY	0.144560	349,669	0	0	50,548
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.112993	8,522,676	0	0	963,003
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.122778	12,069,639	0	0	1,481,886
73.00 07300 DRUGS CHARGED TO PATIENTS	0.074036	51,127,910	0	522,856	3,785,306
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 SLEEP LAB	0.163538	2,006,965	0	0	328,215
75.10 03950 NUTRITIONAL SUPPORT	0.274809	6,299	0	0	1,731
75.20 03951 HEMODIALYSIS	0.340167	121,421	0	0	41,303
76.97 07697 CARDIAC REHABILITATION	0.872645	803,309	48	0	701,004
76.98 07698 WOUND CARE	0.453348	1,865,152	0	0	845,563
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0
90.02 09002 DIABETES CLINIC	2.333408	5,211	0	0	12,159
91.00 09100 EMERGENCY	0.168433	15,793,079	1,048	0	2,660,076
91.05 09101 AMBULATORY CARE	2.758781	73,197	0	0	201,934
91.10 09102 PSYCHIATRIC PARTIAL	0.335087	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449038	3,982,682	0	0	1,788,376
200.00	Subtotal (see instructions)	196,278,185	5,020	522,856	39,230,124
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (Line 200 +/- Line 201)	196,278,185	5,020	522,856	39,230,124

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/24/2014 4:29 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	8	0		50.00
50.20 03340 GASTROENTEROLOGY	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03480 RADIATION ONCOLOGY	533	0		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	259	0		60.00
60.01 06001 BLOOD	78	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	38,710		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 SLEEP LAB	0	0		75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0		75.10
75.20 03951 HEMODIALYSIS	0	0		75.20
76.97 07697 CARDIAC REHABILITATION	42	0		76.97
76.98 07698 WOUND CARE	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILDRENS CLINIC	0	0		90.01
90.02 09002 DIABETES CLINIC	0	0		90.02
91.00 09100 EMERGENCY	177	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	1,097	38,710		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (Line 200 +/- Line 201)	1,097	38,710		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part II Date/Time Prepared: 10/24/2014 4:29 pm
		Component CCN: 14S228	Title XVIIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,061,714	169,979,615	0.018012	14,882	268	50.00
50.20	03340 GASTROENTEROLOGY	247,360	9,155,454	0.027018	41	1	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	142,905	24,357,418	0.005867	81	0	52.00
53.00	05300 ANESTHESIOLOGY	70,015	14,495,057	0.004830	8,392	41	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,071,758	144,027,340	0.014384	72,379	1,041	54.00
54.10	03480 RADIATION ONCOLOGY	3,556,831	42,898,643	0.082912	243	20	54.10
54.20	05401 CT	261,713	64,277,066	0.004072	40,552	165	54.20
54.30	05402 MRI	86,003	29,199,284	0.002945	6,837	20	54.30
60.00	06000 LABORATORY	876,731	174,875,387	0.005013	109,391	548	60.00
60.01	06001 BLOOD	118,809	11,593,008	0.010248	75,027	769	60.01
65.00	06500 RESPIRATORY THERAPY	489,514	15,093,385	0.032432	5,120	166	65.00
66.00	06600 PHYSICAL THERAPY	289,505	29,711,550	0.009744	8,467	83	66.00
69.00	06900 ELECTROCARDIOLOGY	286,942	33,619,779	0.008535	69,810	596	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	67,718	2,296,887	0.029483	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	188,231	91,768,137	0.002051	15,297	31	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	356,376	161,159,425	0.002211	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	431,495	233,639,454	0.001847	607,888	1,123	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 SLEEP LAB	62,666	8,134,002	0.007704	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	1,999	425,124	0.004702	0	0	75.10
75.20	03951 HEMODIALYSIS	69,881	2,509,717	0.027844	1,777	49	75.20
76.97	07697 CARDIAC REHABILITATION	43,313	1,932,180	0.022417	0	0	76.97
76.98	07698 WOUND CARE	139,427	4,072,830	0.034233	23	1	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 DIABETES CLINIC	155,538	381,856	0.407321	270	110	90.02
91.00	09100 EMERGENCY	1,222,879	113,024,596	0.010820	489,907	5,301	91.00
91.05	09101 AMBULATORY CARE	155,146	136,913	1.133172	4	5	91.05
91.10	09102 PSYCHIATRIC PARTIAL	7,396	1,011,809	0.007310	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,606,416	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	14,461,865	1,393,382,332		1,526,388	10,338	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140228
Component CCN: 14S228

Period:
From 06/01/2013
To 05/31/2014

Worksheet D
Part IV
Date/Time Prepared:
10/24/2014 4:29 pm

Title XVIII

Subprovider - IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.20	03340 GASTROENTEROLOGY	0	0	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	99,836	0	99,836	54.00
54.10	03480 RADIATION ONCOLOGY	0	0	14,703	0	14,703	54.10
54.20	05401 CT	0	0	0	0	0	54.20
54.30	05402 MRI	0	0	0	0	0	54.30
60.00	06000 LABORATORY	0	0	233,934	0	233,934	60.00
60.01	06001 BLOOD	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 WOUND CARE	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	1,586,629	0	1,586,629	91.00
91.05	09101 AMBULATORY CARE	0	0	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	1,935,102	0	1,935,102	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/24/2014 4:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	169,979,615	0.000000	0.000000	14,882	50.00
50.20	03340 GASTROENTEROLOGY	0	9,155,454	0.000000	0.000000	41	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	24,357,418	0.000000	0.000000	81	52.00
53.00	05300 ANESTHESIOLOGY	0	14,495,057	0.000000	0.000000	8,392	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	99,836	144,027,340	0.000693	0.000693	72,379	54.00
54.10	03480 RADIATION ONCOLOGY	14,703	42,898,643	0.000343	0.000343	243	54.10
54.20	05401 CT	0	64,277,066	0.000000	0.000000	40,552	54.20
54.30	05402 MRI	0	29,199,284	0.000000	0.000000	6,837	54.30
60.00	06000 LABORATORY	233,934	174,875,387	0.001338	0.001338	109,391	60.00
60.01	06001 BLOOD	0	11,593,008	0.000000	0.000000	75,027	60.01
65.00	06500 RESPIRATORY THERAPY	0	15,093,385	0.000000	0.000000	5,120	65.00
66.00	06600 PHYSICAL THERAPY	0	29,711,550	0.000000	0.000000	8,467	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,619,779	0.000000	0.000000	69,810	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,296,887	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	91,768,137	0.000000	0.000000	15,297	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	161,159,425	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	233,639,454	0.000000	0.000000	607,888	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 SLEEP LAB	0	8,134,002	0.000000	0.000000	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	425,124	0.000000	0.000000	0	75.10
75.20	03951 HEMODIALYSIS	0	2,509,717	0.000000	0.000000	1,777	75.20
76.97	07697 CARDIAC REHABILITATION	0	1,932,180	0.000000	0.000000	0	76.97
76.98	07698 WOUND CARE	0	4,072,830	0.000000	0.000000	23	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0.000000	0.000000	0	90.01
90.02	09002 DIABETES CLINIC	0	381,856	0.000000	0.000000	270	90.02
91.00	09100 EMERGENCY	1,586,629	113,024,596	0.014038	0.014038	489,907	91.00
91.05	09101 AMBULATORY CARE	0	136,913	0.000000	0.000000	4	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	1,011,809	0.000000	0.000000	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	9,606,416	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	1,935,102	1,393,382,332			1,526,388	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part IV Date/Time Prepared: 10/24/2014 4:29 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.20	03340 GASTROENTEROLOGY	0	0	0	50.20
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	50	0	0	54.00
54.10	03480 RADIATION ONCOLOGY	0	17	0	54.10
54.20	05401 CT	0	0	0	54.20
54.30	05402 MRI	0	0	0	54.30
60.00	06000 LABORATORY	146	0	0	60.00
60.01	06001 BLOOD	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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	220	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 SLEEP LAB	0	0	0	75.01
75.10	03950 NUTRITIONAL SUPPORT	0	0	0	75.10
75.20	03951 HEMODIALYSIS	0	0	0	75.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 WOUND CARE	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 CHILDRENS CLINIC	0	0	0	90.01
90.02	09002 DIABETES CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	6,877	0	0	91.00
91.05	09101 AMBULATORY CARE	0	0	0	91.05
91.10	09102 PSYCHIATRIC PARTIAL	0	0	0	91.10
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	7,073	237	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/24/2014 4:29 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.164494	0	0	0	0	50.00
50.20 03340 GASTROENTEROLOGY	0.201813	0	0	0	0	50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.271074	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.186780	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.151154	0	0	0	0	54.00
54.10 03480 RADIATION ONCOLOGY	0.982932	17	0	0	17	54.10
54.20 05401 CT	0.052800	0	0	0	0	54.20
54.30 05402 MRI	0.073270	0	0	0	0	54.30
60.00 06000 LABORATORY	0.086290	0	0	0	0	60.00
60.01 06001 BLOOD	0.235110	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.332839	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.253737	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.106317	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.144560	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.112993	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.122778	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.074036	220	0	1,907	16	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 SLEEP LAB	0.163538	0	0	0	0	75.01
75.10 03950 NUTRITIONAL SUPPORT	0.274809	0	0	0	0	75.10
75.20 03951 HEMODIALYSIS	0.340167	0	0	0	0	75.20
76.97 07697 CARDIAC REHABILITATION	0.872645	0	0	0	0	76.97
76.98 07698 WOUND CARE	0.453348	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 CHILDRENS CLINIC	0.000000	0	0	0	0	90.01
90.02 09002 DIABETES CLINIC	2.333408	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.168433	0	0	0	0	91.00
91.05 09101 AMBULATORY CARE	2.758781	0	0	0	0	91.05
91.10 09102 PSYCHIATRIC PARTIAL	0.335087	0	0	0	0	91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449038	0	0	0	0	92.00
200.00	Subtotal (see instructions)		237	0	1,907	33
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		237	0	1,907	33

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140228 Component CCN: 14S228	Period: From 06/01/2013 To 05/31/2014	Worksheet D Part V Date/Time Prepared: 10/24/2014 4:29 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.20 03340 GASTROENTEROLOGY	0	0		50.20
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03480 RADIATION ONCOLOGY	0	0		54.10
54.20 05401 CT	0	0		54.20
54.30 05402 MRI	0	0		54.30
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	141		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 SLEEP LAB	0	0		75.01
75.10 03950 NUTRITIONAL SUPPORT	0	0		75.10
75.20 03951 HEMODIALYSIS	0	0		75.20
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 WOUND CARE	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 CHILDRENS CLINIC	0	0		90.01
90.02 09002 DIABETES CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.05 09101 AMBULATORY CARE	0	0		91.05
91.10 09102 PSYCHIATRIC PARTIAL	0	0		91.10
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	141		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	141		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1 Date/Time Prepared: 10/24/2014 4:29 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		55,014	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		55,014	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)		50,547	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)		20,434	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)		53,125,347	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)		53,125,347	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)		53,125,347	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)		965.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,732,501	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)		19,732,501	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 10/24/2014 4:29 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,668,030	5,347	1,808.12	2,609	4,717,385		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
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)					30,121,731		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,571,617		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)					2,753,749		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,950,160		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,703,909		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,867,708		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)					4,467		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					965.67		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,313,648		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet D-1 Date/Time Prepared: 10/24/2014 4:29 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,157,015	53,125,347	0.115896	4,313,648	499,935	90.00
91.00	Nursing School cost	0	53,125,347	0.000000	4,313,648	0	91.00
92.00	Allied health cost	0	53,125,347	0.000000	4,313,648	0	92.00
93.00	All other Medical Education	0	53,125,347	0.000000	4,313,648	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
		Component CCN: 14S228		Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,196	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,196	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,196	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)		1,411	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,686,924	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,686,924	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,686,924	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)		1,094.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,544,311	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)		1,544,311	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140228		Period: From 06/01/2013 To 05/31/2014		Worksheet D-1	
		Component CCN: 14S228				Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0		43.01
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)					187,406		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,731,717		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)					270,686		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,411		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					288,097		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,443,620		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D-1
		Component CCN: 14S228		Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	996,804	5,686,924	0.175280	0	0	90.00
91.00 Nursing School cost	0	5,686,924	0.000000	0	0	91.00
92.00 Allied health cost	0	5,686,924	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,686,924	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D-3 Date/Time Prepared: 10/24/2014 4:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		50,975,730	30.00
31.00	03100	INTENSIVE CARE UNIT		21,370,016	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		274,050	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165058	28,305,528	50.00
50.20	03340	GASTROENTEROLOGY	0.202726	1,456,006	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.271074	104,449	52.00
53.00	05300	ANESTHESIOLOGY	0.186780	2,956,865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151633	22,456,141	54.00
54.10	03480	RADIATION ONCOLOGY	0.986130	387,695	54.10
54.20	05401	CT	0.052800	7,668,242	54.20
54.30	05402	MRI	0.073270	2,249,916	54.30
60.00	06000	LABORATORY	0.086290	5,214,607	60.00
60.01	06001	BLOOD	0.235110	5,179,950	60.01
65.00	06500	RESPIRATORY THERAPY	0.332839	5,377,962	65.00
66.00	06600	PHYSICAL THERAPY	0.253737	6,536,983	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112020	2,823,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144560	366,393	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.112993	24,567,981	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.122778	48,973,695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074036	42,013,394	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.163983	7,271	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.274809	0	75.10
75.20	03951	HEMODIALYSIS	0.340167	1,578,516	75.20
76.97	07697	CARDIAC REHABILITATION	0.875397	0	76.97
76.98	07698	WOUND CARE	0.455952	14,139	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	2.333408	14,182	90.02
91.00	09100	EMERGENCY	0.168921	13,138,162	91.00
91.05	09101	AMBULATORY CARE	2.758781	1,270	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.335087	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449038	69,283	92.00
200.00		Total (sum of lines 50-94 and 96-98)		221,462,093	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		221,462,093	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet D-3	
		Component CCN: 14S228		Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		2,871,849	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.165058	14,882	50.00
50.20	03340	GASTROENTEROLOGY	0.202726	41	50.20
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.271074	81	52.00
53.00	05300	ANESTHESIOLOGY	0.186780	8,392	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151633	72,379	54.00
54.10	03480	RADIATION ONCOLOGY	0.986130	243	54.10
54.20	05401	CT	0.052800	40,552	54.20
54.30	05402	MRI	0.073270	6,837	54.30
60.00	06000	LABORATORY	0.086290	109,391	60.00
60.01	06001	BLOOD	0.235110	75,027	60.01
65.00	06500	RESPIRATORY THERAPY	0.332839	5,120	65.00
66.00	06600	PHYSICAL THERAPY	0.253737	8,467	66.00
69.00	06900	ELECTROCARDIOLOGY	0.112020	69,810	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.144560	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.112993	15,297	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.122778	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.074036	607,888	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	SLEEP LAB	0.163983	0	75.01
75.10	03950	NUTRITIONAL SUPPORT	0.274809	0	75.10
75.20	03951	HEMODIALYSIS	0.340167	1,777	75.20
76.97	07697	CARDIAC REHABILITATION	0.875397	0	76.97
76.98	07698	WOUND CARE	0.455952	23	76.98
76.99	07699	LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	CHILDRENS CLINIC	0.000000	0	90.01
90.02	09002	DIABETES CLINIC	2.333408	270	90.02
91.00	09100	EMERGENCY	0.168921	489,907	91.00
91.05	09101	AMBULATORY CARE	2.758781	4	91.05
91.10	09102	PSYCHIATRIC PARTIAL	0.335087	0	91.10
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449038	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,526,388	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,526,388	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part A Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		13,572,541		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		27,145,083		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		2,935,671		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		6,735,759		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		280.76		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)		12.38		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		12.38		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		24.22		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		12.38		12.00
13.00	Total allowable FTE count for the prior year.		12.38		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.		12.38		14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.38		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		12.38		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.044095		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.041370		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.041370		21.00
22.00	IME payment adjustment (see instructions)		1,060,441		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		11.84		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,060,441		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.25		30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.01		31.00
32.00	Sum of lines 30 and 31		36.26		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part A Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		19.13	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		3,894,641		34.00
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143 35.00
35.01	Factor 3 (see instructions)				0.000577934 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				5,228,211 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				3,480,697 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,480,697		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		52,089,074		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		52,089,074		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,932,680		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		350,049		52.00
53.00	Nursing and Allied Health Managed Care payment		90,889		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		207,106		58.00
59.00	Total (sum of amounts on lines 49 through 58)		56,669,798		59.00
60.00	Primary payer payments		90,312		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		56,579,486		61.00
62.00	Deductibles billed to program beneficiaries		4,317,280		62.00
63.00	Coinurance billed to program beneficiaries		140,856		63.00
64.00	Allowable bad debts (see instructions)		1,517,868		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		986,614		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,150,746		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		53,107,964		67.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part A Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-7,396		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-103,470		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		52,997,098		71.00
71.01	Sequestration adjustment (see instructions)		1,059,942		71.01
72.00	Interim payments		51,088,370		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		848,786		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		112,377		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part B Date/Time Prepared: 10/24/2014 4: 29 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39,807	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,976,027	2.00
3.00	PPS payments		28,932,752	3.00
4.00	Outlier payment (see instructions)		183,119	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		254,097	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,807	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		527,876	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		527,876	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)		527,876	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		488,069	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)		39,807	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		29,369,968	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,121,518	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		23,288,257	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		244,530	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		23,532,787	30.00
31.00	Primary payer payments		1,861	31.00
32.00	Subtotal (line 30 minus line 31)		23,530,926	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,711,007	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,112,155	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,357,284	36.00
37.00	Subtotal (see instructions)		24,643,081	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-41	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,643,122	40.00
40.01	Sequestration adjustment (see instructions)		492,862	40.01
41.00	Interim payments		24,312,933	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-162,673	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		13,356	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: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E Part B Date/Time Prepared: 10/24/2014 4:29 pm
		Component CCN: 14S228	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		141	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33	2.00
3.00	PPS payments		160	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.851	5.00
6.00	Line 2 times line 5		28	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		141	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,907	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,907	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)		1,907	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,766	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)		141	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		160	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 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		301	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		301	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		301	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		301	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		301	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
41.00	Interim payments		531	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-236	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		7	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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		50,943,070		24,017,633	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	12/30/2013	145,300	12/30/2013	295,300	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)		145,300		295,300	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)		51,088,370		24,312,933	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		848,786		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		162,673	6.02
7.00	Total Medicare program liability (see instructions)		51,937,156		24,150,260	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: 140228
Component CCN: 14S228

Period:
From 06/01/2013
To 05/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
10/24/2014 4:29 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		960,640		531	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	12/30/2013	39,000		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)		39,000		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)		999,640		531	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		3,476		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		236	6.02
7.00	Total Medicare program liability (see instructions)		1,003,116		295	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: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E-1 Part II Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			17,600 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,043 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,792 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			55,894 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,562,373,450 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			41,700,927 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,957,242 8.00
9.00	Sequestration adjustment amount (see instructions)			39,145 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,918,097 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,970,610 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)			-52,513 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E-3 Part II Date/Time Prepared: 10/24/2014 4:29 pm
		Component CCN: 14S228	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,121,365	1.00
2.00	Net IPF PPS Outlier Payments		20,413	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.01	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.41	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.01	8.00
9.00	Average Daily Census (see instructions)		14,235616	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000361	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		405	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,142,183	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,142,183	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,142,183	18.00
19.00	Deductibles		146,944	19.00
20.00	Subtotal (line 18 minus line 19)		995,239	20.00
21.00	Coinsurance		52,360	21.00
22.00	Subtotal (line 20 minus line 21)		942,879	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		113,286	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		73,636	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		97,884	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,016,515	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		7,073	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,023,588	31.00
31.01	Sequestration adjustment (see instructions)		20,472	31.01
32.00	Interim payments		999,640	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		3,476	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		322	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		20,413	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E-4 Date/Time Prepared: 10/24/2014 4:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.05	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.05	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			24.63	6.00
7.00	Enter the lesser of line 5 or line 6			15.05	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	23.71	0.00	23.71	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.49	0.00	14.49	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.49	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	15.05	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	15.05	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.86	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.86	0.00		17.00
18.00	Per resident amount	88,210.63	83,788.40		18.00
19.00	Approved amount for resident costs	1,310,810	0	1,310,810	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			9.58	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,310,810	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	24,454	3,792		26.00
27.00	Total Inpatient Days (see instructions)	61,090	61,090		27.00
28.00	Ratio of inpatient days to total inpatient days	0.400295	0.062072		28.00
29.00	Program direct GME amount	524,711	81,365		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,497		30.00
31.00	Net Program direct GME amount			594,579	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet E-4 Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		56,303,334	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		90,312	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		56,213,022	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,270,105	42.00
43.00	Primary payer payments (see instructions)		1,861	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,268,244	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		95,481,266	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.588734	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.411266	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		594,579	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		350,049	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)		244,530	50.00

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

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet G

Date/Time Prepared:
10/24/2014 4:29 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	29,142,000	0	0	0	1.00
2.00	Temporary investments	4,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	68,412,000	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	7,914,000	0	0	0	7.00
8.00	Prepaid expenses	7,524,000	0	0	0	8.00
9.00	Other current assets	3,300,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	120,292,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,662,975	0	0	0	12.00
13.00	Land improvements	8,089,615	0	0	0	13.00
14.00	Accumulated depreciation	-5,328,732	0	0	0	14.00
15.00	Buildings	150,619,843	0	0	0	15.00
16.00	Accumulated depreciation	-58,214,652	0	0	0	16.00
17.00	Leasehold improvements	101,069,431	0	0	0	17.00
18.00	Accumulated depreciation	-55,069,137	0	0	0	18.00
19.00	Fixed equipment	7,765,826	0	0	0	19.00
20.00	Accumulated depreciation	-5,141,606	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	171,841,424	0	0	0	23.00
24.00	Accumulated depreciation	-128,735,778	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)	194,559,209	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	248,632,791	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	248,632,791	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	563,484,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,734,000	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	0	0	0	0	43.00
44.00	Other current liabilities	77,976,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,710,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	139,419,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	33,939,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	173,358,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	262,068,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	301,416,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	301,416,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	563,484,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-1

Date/Time Prepared:
10/24/2014 4:29 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		270,881,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,681,123			2.00
3.00	Total (sum of line 1 and line 2)		300,562,123		0	3.00
4.00	NET ASSETS RELEASED FROM RESTRICTION	326,000		0		4.00
5.00	TEMPORARILY RESTRICTED NET ASSETS	171,000		0		5.00
6.00	PERMANENTLY RESTRICTED NET ASSETS	332,000		0		6.00
7.00	ROUNDING	24,877		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		853,877		0	10.00
11.00	Subtotal (line 3 plus line 10)		301,416,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		301,416,000		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	NET ASSETS RELEASED FROM RESTRICTION		0			4.00
5.00	TEMPORARILY RESTRICTED NET ASSETS		0			5.00
6.00	PERMANENTLY RESTRICTED NET ASSETS		0			6.00
7.00	ROUNDING		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			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: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
10/24/2014 4:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	121,126,578		121,126,578	1.00
2.00	SUBPROVIDER - IPF	14,576,113		14,576,113	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	135,702,691		135,702,691	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	38,491,073		38,491,073	11.00
11.01	PEDIATRIC ICU	0		0	11.01
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)	38,491,073		38,491,073	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	174,193,764		174,193,764	17.00
18.00	Ancillary services	564,575,691	827,006,969	1,391,582,660	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		5,117,945	5,117,945	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	PHYSICIAN REVENUE	0	154,771,659	154,771,659	27.00
27.01	MISC REVENUE	0	188,842	188,842	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	738,769,455	987,085,415	1,725,854,870	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		433,349,513		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)		433,349,513		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140228

Period:
From 06/01/2013
To 05/31/2014

Worksheet G-3

Date/Time Prepared:
10/24/2014 4:29 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,725,854,870	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,286,224,125	2.00
3.00	Net patient revenues (line 1 minus line 2)	439,630,745	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	433,349,513	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,281,232	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,597,383	7.00
8.00	Revenues from telephone and other miscellaneous communication services	4,555	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	-750	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	12,449	13.00
14.00	Revenue from meals sold to employees and guests	1,389,304	14.00
15.00	Revenue from rental of living quarters	13,815	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	1,200	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	306,371	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	63	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	18,956,535	24.00
25.00	Total other income (sum of lines 6-24)	28,280,925	25.00
26.00	Total (line 5 plus line 25)	34,562,157	26.00
27.00	BAD DEBTS	4,881,034	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	4,881,034	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,681,123	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140228

Period: From 06/01/2013

Worksheet H

HHA CCN: 147448

To 05/31/2014

Date/Time Prepared: 10/24/2014 4:29 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,177,951	393,890	3,128	0	429,107	2,004,076	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,405,070	469,835	153,198	0	19,444	2,047,547	6.00
7.00	665,328	222,476	0	0	0	887,804	7.00
8.00	141,866	47,438	0	0	0	189,304	8.00
9.00	6,441	2,154	0	0	0	8,595	9.00
10.00	59,958	20,049	0	0	0	80,007	10.00
11.00	33,076	11,060	0	0	0	44,136	11.00
12.00	0	0	0	0	76,379	76,379	12.00
13.00	0	0	0	0	1,727	1,727	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	5,889	1,969	0	0	8,744	16,602	23.00
24.00	3,495,579	1,168,871	156,326	0	535,401	5,356,177	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-82,649	1,921,427	-5,650	1,915,777			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,047,547	0	2,047,547			6.00
7.00	0	887,804	0	887,804			7.00
8.00	0	189,304	0	189,304			8.00
9.00	0	8,595	0	8,595			9.00
10.00	0	80,007	0	80,007			10.00
11.00	0	44,136	0	44,136			11.00
12.00	0	76,379	0	76,379			12.00
13.00	0	1,727	0	1,727			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	16,602	0	16,602			23.00
24.00	-82,649	5,273,528	-5,650	5,267,878			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet H-1 Part I Date/Time Prepared: 10/24/2014 4:29 pm
		HHA CCN: 147448	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,915,777	0	0	0	1,915,777	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,047,547	0	0	0	2,047,547	6.00
7.00	Physical Therapy	887,804	0	0	0	887,804	7.00
8.00	Occupational Therapy	189,304	0	0	0	189,304	8.00
9.00	Speech Pathology	8,595	0	0	0	8,595	9.00
10.00	Medical Social Services	80,007	0	0	0	80,007	10.00
11.00	Home Health Aide	44,136	0	0	0	44,136	11.00
12.00	Supplies (see instructions)	76,379	0	0	0	76,379	12.00
13.00	Drugs	1,727	0	0	0	1,727	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	16,602	0	0	0	16,602	23.00
24.00	Total (sum of lines 1-23)	5,267,878	0	0	0	5,267,878	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,915,777					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,170,206	3,217,753				6.00
7.00	Physical Therapy	507,393	1,395,197				7.00
8.00	Occupational Therapy	108,190	297,494				8.00
9.00	Speech Pathology	4,912	13,507				9.00
10.00	Medical Social Services	45,725	125,732				10.00
11.00	Home Health Aide	25,224	69,360				11.00
12.00	Supplies (see instructions)	43,652	120,031				12.00
13.00	Drugs	987	2,714				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	9,488	26,090				23.00
24.00	Total (sum of lines 1-23)		5,267,878				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140228

Period:

Worksheet H-1

HHA CCN: 147448

From 06/01/2013
To 05/31/2014

Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,915,777	3,352,101
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,047,547
7.00	Physical Therapy	0	0	0	0	0	887,804
8.00	Occupational Therapy	0	0	0	0	0	189,304
9.00	Speech Pathology	0	0	0	0	0	8,595
10.00	Medical Social Services	0	0	0	0	0	80,007
11.00	Home Health Aide	0	0	0	0	0	44,136
12.00	Supplies (see instructions)	0	0	0	0	0	76,379
13.00	Drugs	0	0	0	0	0	1,727
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	16,602
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,915,777	3,352,101
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	1,915,777
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.571515

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2013

Worksheet H-2

HHA CCN: 147448

To 05/31/2014

Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	39,879	39,879	9,534	1.00
2.00 Skilled Nursing Care	3,217,753	0	0	23,096	3,240,849	774,807	2.00
3.00 Physical Therapy	1,395,197	0	0	8,713	1,403,910	335,640	3.00
4.00 Occupational Therapy	297,494	0	0	2,644	300,138	71,755	4.00
5.00 Speech Pathology	13,507	0	0	70	13,577	3,246	5.00
6.00 Medical Social Services	125,732	0	0	1,670	127,402	30,459	6.00
7.00 Home Health Aide	69,360	0	0	0	69,360	16,582	7.00
8.00 Supplies (see instructions)	120,031	0	0	0	120,031	28,696	8.00
9.00 Drugs	2,714	0	0	0	2,714	649	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	26,090	0	0	0	26,090	6,237	19.00
20.00 Total (sum of lines 1-19) (2)	5,267,878	0	0	76,072	5,343,950	1,277,605	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2013

Worksheet H-2

HHA CCN: 147448

To 05/31/2014

Part I
Date/Time Prepared: 10/24/2014 4:29 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	13,936	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	13,936	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED PRGM - RADIOLOGY	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		19.00	20.00	21.00	22.00	23.00	23.20	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140228

Period: From 06/01/2013

Worksheet H-2

HHA CCN: 147448

To 05/31/2014

Part I Date/Time Prepared: 10/24/2014 4:29 pm

Home Health Agency I

PPS

Cost Center Description		PARAMED ED - RADIATION ONCOLOGY	PARAMED ED - PARAMEDICAL TECHS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
		23.30	23.40	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	0	49,413	0	49,413		1.00	
2.00	Skilled Nursing Care	0	0	4,029,592	0	4,029,592	30,232	2.00	
3.00	Physical Therapy	0	0	1,739,550	0	1,739,550	13,052	3.00	
4.00	Occupational Therapy	0	0	371,893	0	371,893	2,790	4.00	
5.00	Speech Pathology	0	0	16,823	0	16,823	126	5.00	
6.00	Medical Social Services	0	0	157,861	0	157,861	1,184	6.00	
7.00	Home Health Aide	0	0	85,942	0	85,942	645	7.00	
8.00	Supplies (see instructions)	0	0	148,727	0	148,727	1,116	8.00	
9.00	Drugs	0	0	3,363	0	3,363	25	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	32,327	0	32,327	243	19.00	
20.00	Total (sum of lines 1-19) (2)	0	0	6,635,491	0	6,635,491	49,413	20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.007503	21.00	
Cost Center Description		Total HHA Costs							
		28.00							
1.00	Administrative and General							1.00	
2.00	Skilled Nursing Care	4,059,824						2.00	
3.00	Physical Therapy	1,752,602						3.00	
4.00	Occupational Therapy	374,683						4.00	
5.00	Speech Pathology	16,949						5.00	
6.00	Medical Social Services	159,045						6.00	
7.00	Home Health Aide	86,587						7.00	
8.00	Supplies (see instructions)	149,843						8.00	
9.00	Drugs	3,388						9.00	
10.00	DME	0						10.00	
11.00	Home Dialysis Aide Services	0						11.00	
12.00	Respiratory Therapy	0						12.00	
13.00	Private Duty Nursing	0						13.00	
14.00	Clinic	0						14.00	
15.00	Health Promotion Activities	0						15.00	
16.00	Day Care Program	0						16.00	
17.00	Home Delivered Meals Program	0						17.00	
18.00	Homemaker Service	0						18.00	
19.00	All Others (specify)	32,570						19.00	
20.00	Total (sum of lines 1-19) (2)	6,635,491						20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period: From 06/01/2013 To 05/31/2014

Worksheet H-2
Part II
Date/Time Prepared: 10/24/2014 4:29 pm
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTE'S)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	2,293	0	39,879	0	1.00
2.00 Skilled Nursing Care	0	0	1,328	0	3,240,849	0	2.00
3.00 Physical Therapy	0	0	501	0	1,403,910	0	3.00
4.00 Occupational Therapy	0	0	152	0	300,138	0	4.00
5.00 Speech Pathology	0	0	4	0	13,577	0	5.00
6.00 Medical Social Services	0	0	96	0	127,402	0	6.00
7.00 Home Health Aide	0	0	0	0	69,360	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	120,031	0	8.00
9.00 Drugs	0	0	0	0	2,714	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	26,090	0	19.00
20.00 Total (sum of lines 1-19)	0	0	4,374	0	5,343,950	0	20.00
21.00 Total cost to be allocated	0	0	76,072	0	1,277,605	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	17.391861	0	0.239075	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (COSTED REQUIS.)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period: From 06/01/2013 To 05/31/2014

Worksheet H-2 Part II
Date/Time Prepared: 10/24/2014 4:29 pm
PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)					
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	5,117,945	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	5,117,945	0	0	20.00
21.00 Total cost to be allocated	0	0	0	13,936	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.002723	0.000000	0.000000	22.00

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2013
To 05/31/2014

Worksheet H-2
Part II
Date/Time Prepared:
10/24/2014 4:29 pm
PPS

Cost Center Description		PARAMED - PARAMEDICAL TECHS (ASSIGNED TIME) 23.40		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet H-3 Part I Date/Time Prepared: 10/24/2014 4:29 pm			
				HHA CCN: 147448	Title XVIII		Home Health Agency I		
Cost Center Description				From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
				0	1.00	2.00	3.00	4.00	5.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	4,059,824		4,059,824	15,478	262.30	1.00	
2.00	Physical Therapy	3.00	1,752,602	0	1,752,602	7,129	245.84	2.00	
3.00	Occupational Therapy	4.00	374,683	0	374,683	1,893	197.93	3.00	
4.00	Speech Pathology	5.00	16,949	0	16,949	479	35.38	4.00	
5.00	Medical Social Services	6.00	159,045		159,045	233	682.60	5.00	
6.00	Home Health Aide	7.00	86,587		86,587	1,111	77.94	6.00	
7.00	Total (sum of lines 1-6)		6,449,690	0	6,449,690	26,323		7.00	
Program Visits									
Part B									
Not Subject to Deductibles & Coinsurance									
Subject to Deductibles									
Cost Center Description									
Cost Limits									
CBSA No. (1)									
Part A									
0									
1.00									
2.00									
3.00									
4.00									
5.00									
Limitation Cost Computation									
8.00	Skilled Nursing Care		40420	1,644	5,805			8.00	
8.01	Skilled Nursing Care		99914	400	1,026			8.01	
8.02	Skilled Nursing Care		16974	87	32			8.02	
8.03	Skilled Nursing Care		49740	13	24			8.03	
9.00	Physical Therapy		40420	777	2,878			9.00	
9.01	Physical Therapy		99914	153	355			9.01	
9.02	Physical Therapy		16974	41	14			9.02	
9.03	Physical Therapy		49740	0	9			9.03	
10.00	Occupational Therapy		40420	228	788			10.00	
10.01	Occupational Therapy		99914	23	46			10.01	
10.02	Occupational Therapy		16974	9	2			10.02	
10.03	Occupational Therapy		49740	0	0			10.03	
11.00	Speech Pathology		40420	28	120			11.00	
11.01	Speech Pathology		99914	1	31			11.01	
11.02	Speech Pathology		16974	2	0			11.02	
11.03	Speech Pathology		49740	0	0			11.03	
12.00	Medical Social Services		40420	30	90			12.00	
12.01	Medical Social Services		99914	2	4			12.01	
12.02	Medical Social Services		16974	2	1			12.02	
12.03	Medical Social Services		49740	0	0			12.03	
13.00	Home Health Aide		40420	203	509			13.00	
13.01	Home Health Aide		99914	48	123			13.01	
13.02	Home Health Aide		16974	0	0			13.02	
13.03	Home Health Aide		49740	0	0			13.03	
14.00	Total (sum of lines 8-13)			3,691	11,857			14.00	
Cost Center Description									
From Wkst. H-2 Part I, col. 28, line									
Facility Costs (from Wkst. H-2, Part I)									
Shared Ancillary Costs (from Part II)									
Total HHA Costs (col. 1 + 2)									
Total Charges (from HHA Record)									
Ratio (col. 3 ÷ col. 4)									
0									
1.00									
2.00									
3.00									
4.00									
5.00									
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	149,843	0	149,843	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	3,388	0	3,388	0	0.000000	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2013
To 05/31/2014

Worksheet H-3
Part I
Date/Time Prepared:
10/24/2014 4:29 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description	Program Visits			Cost of Services				
	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,144	6,887		562,371	1,806,460		1.00
2.00	Physical Therapy	971	3,256		238,711	800,455		2.00
3.00	Occupational Therapy	260	836		51,462	165,469		3.00
4.00	Speech Pathology	31	151		1,097	5,342		4.00
5.00	Medical Social Services	34	95		23,208	64,847		5.00
6.00	Home Health Aide	251	632		19,563	49,258		6.00
7.00	Total (sum of lines 1-6)	3,691	11,857		896,412	2,891,831		7.00
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
8.03	Skilled Nursing Care							8.03
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
9.03	Physical Therapy							9.03
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
10.03	Occupational Therapy							10.03
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
11.03	Speech Pathology							11.03
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
12.03	Medical Social Services							12.03
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
13.03	Home Health Aide							13.03
14.00	Total (sum of lines 8-13)							14.00
Program Covered Charges								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies							15.00
16.00	Cost of Drugs		555	0		0	0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228

Period:

Worksheet H-3

HHA CCN: 147448

From 06/01/2013
To 05/31/2014

Part I
Date/Time Prepared:
10/24/2014 4:29 pm

Title XVII I

Home Health
Agency I

PPS

Cost Center Description		Total Program Cost (sum of cols. 9-10)		
		12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION				
Cost Per Visit Computation				
1.00	Skilled Nursing Care	2,368,831		1.00
2.00	Physical Therapy	1,039,166		2.00
3.00	Occupational Therapy	216,931		3.00
4.00	Speech Pathology	6,439		4.00
5.00	Medical Social Services	88,055		5.00
6.00	Home Health Aide	68,821		6.00
7.00	Total (sum of lines 1-6)	3,788,243		7.00
Cost Center Description		12.00		
Limitation Cost Computation				
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
8.02	Skilled Nursing Care			8.02
8.03	Skilled Nursing Care			8.03
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
9.02	Physical Therapy			9.02
9.03	Physical Therapy			9.03
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
10.02	Occupational Therapy			10.02
10.03	Occupational Therapy			10.03
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
11.02	Speech Pathology			11.02
11.03	Speech Pathology			11.03
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
12.02	Medical Social Services			12.02
12.03	Medical Social Services			12.03
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
13.02	Home Health Aide			13.02
13.03	Home Health Aide			13.03
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140228

Period:

Worksheet H-3

HHA CCN: 147448

From 06/01/2013
To 05/31/2014

Part II
Date/Time Prepared:
10/24/2014 4:29 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.253737	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.112993	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.074036	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140228 HHA CCN: 147448	Period: From 06/01/2013 To 05/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		638,965	2,141,984
12.00	Total PPS Reimbursement - Full Episodes with Outliers		5,379	4,271
13.00	Total PPS Reimbursement - LUPA Episodes		11,654	54,703
14.00	Total PPS Reimbursement - PEP Episodes		4,841	6,220
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		676	209
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	61
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		661,515	2,207,448
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		661,515	2,207,448
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		661,515	2,207,448
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		661,515	2,207,448
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		661,515	2,207,448
31.01	Sequestration adjustment (see instructions)		13,231	44,149
32.00	Interim payments (see instructions)		648,286	2,163,842
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		-2	-543
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

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

Provider CCN: 140228
HHA CCN: 147448

Period:
From 06/01/2013
To 05/31/2014

Worksheet H-5
Date/Time Prepared:
10/24/2014 4:29 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		648,286		2,163,842	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		648,286		2,163,842	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		2		543	6.02
7.00	Total Medicare program liability (see instructions)		648,284		2,163,299	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140228	Period: From 06/01/2013 To 05/31/2014	Worksheet L Parts I-III Date/Time Prepared: 10/24/2014 4:29 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,243,611	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		366,979	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)		153.13	3.00
4.00	Number of interns & residents (see instructions)		12.38	4.00
5.00	Indirect medical education percentage (see instructions)		2.31	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		74,927	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.01	8.00
9.00	Sum of lines 7 and 8		36.26	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.62	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		247,163	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,932,680	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

www.mcgladrey.com

McGladrey is the brand under which McGladrey LLP serves clients' business needs.

McGladrey LLP is the U.S. member of the McGladrey International ("McGladrey") network of independent accounting, tax and consulting firms. The member firms of McGladrey collaborate to provide services to global clients, but are separate and distinct legal entities which cannot obligate each other. Each member firm is responsible only for its own acts and omissions, and not those of any other party.

McGladrey, the McGladrey signatures, The McGladrey Classic logo, *The power of being understood*, *Power comes from being understood* and *Experience the power of being understood* are trademarks of McGladrey LLP.



©2012 McGladrey LLP. All Rights Reserved.