

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: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 12/1/2014 10:48 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 12/1/2014 Time: 10:48 am
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 ALEXIAN BROTHERS MEDICAL CENTER ( 140258 ) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	843,556	264,473	2,261,714	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-22,302	574		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	821,254	265,047	2,261,714	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 12/1/2014 10:48 am		
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1.00	Hospital and Hospital Health Care Complex Address:	2.00	PO Box:	3.00	Zip Code: 60007-3397	4.00	County: COOK	1.00
2.00	Street: 800 BIESTERFIELD ROAD	City: ELK GROVE VILLAGE	State: IL					2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ALEXIAN BROTHERS MEDICAL CENTER	140258	16980	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ALEXIAN REHABILITATION UNIT	14T258	16980	5	01/01/1980	N	P	O	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	ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16980		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ALEXIAN BROTHERS HOSPICE	141632	16980		01/01/1976				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)						07/01/2013		06/30/2014		20.00
21.00 Type of Control (see instructions)								1		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
								1.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	9,138	1,305	24	0	1,384	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	617	118	0	0	116		25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<b>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.</b>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 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)			N	N	0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00

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		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	
<b>Rural Providers</b>						
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			109.00	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
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:	5,456,451	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	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
<b>Transplant Center Information</b>						
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	

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		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	149019	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: ALEXIAN BROTHERS HOSPITAL NETWORK	Contractor's Name: WPS		Contractor's Number: 52280	
142.00	Street: 3040 SALT CREEK LANE	PO Box:		142.00	
143.00	City: ARLINGTON HEIGHTS	State: IL		Zip Code: 60005	
				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.	Y		145.00	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
				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	
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	
				1.00	
				2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2014 09/30/2014	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 12/11/2014 10:48 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		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	Type	Date
			1.00	2.00	3.00
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.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N	Legal Oper.	
			1.00	2.00	
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
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	11/12/2014	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part II Date/Time Prepared: 12/1/2014 10:48 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
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
<b>Interest Expense</b>							
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
<b>Purchased Services</b>							
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
<b>Provider-Based Physicians</b>							
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
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
<b>Cost Report Preparer Contact Information</b>							
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.	TONY		LEONE			41.00
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT&CONSULTING, INC					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM			43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	11/12/2014	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	
<b>Cost Report Preparer Contact Information</b>			
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.	CONSULTANT	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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	285	104,025	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)		285	104,025	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		321	117,165	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		393				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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	35,694	5,880	64,583			1.00
2.00 HMO and other (see instructions)	3,775	2,713				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	234				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	35,694	5,880	64,583			7.00
8.00 INTENSIVE CARE UNIT	3,933	493	7,588			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,765	5,043			13.00
14.00 Total (see instructions)	39,627	9,138	77,214	0.00	1,721.76	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	15,373	617	21,673	0.00	108.17	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	48,311	0	65,458	0.00	67.86	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	46.50	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,944.29	27.00
28.00 Observation Bed Days		0	4,673			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	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,467	2,287	16,025	1.00
2.00 HMO and other (see instructions)				702	304		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		7,467	2,287	16,025	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		1,071	44	1,525	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 12/1/2014 10:48 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	132,916,988	0	132,916,988	4,112,454.00	32.32	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		179,328	0	179,328	780.00	229.91	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		1,534,406	0	1,534,406	8,080.00	189.90	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		16,452,898	0	16,452,898	503,827.00	32.66	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		2,457,774	0	2,457,774	38,004.00	64.67	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		4,182,383	0	4,182,383	25,186.00	166.06	13.00
14.00	Home office salaries & wage-related costs		38,280,006	0	38,280,006	671,209.00	57.03	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		28,055,990	0	28,055,990			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,983,944	0	3,983,944			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,394	0	1,394	15.00	92.93	26.00
27.00	Administrative & General	5.00	10,120,407	-522,007	9,598,400	323,077.00	29.71	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	856,022	0	856,022	53,390.00	16.03	29.00
30.00	Operation of Plant	7.00	1,388,651	0	1,388,651	48,652.00	28.54	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	322	0	322	8.00	40.25	32.00
33.00	Housekeeping under contract (see instructions)		3,779,081	0	3,779,081	198,850.00	19.00	33.00
34.00	Dietary	10.00	72,781	-29,131	43,650	1,176.00	37.12	34.00
35.00	Dietary under contract (see instructions)		5,638,851	0	5,638,851	208,077.00	27.10	35.00
36.00	Cafeteria	11.00	0	29,131	29,131	784.00	37.16	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,131,305	0	2,131,305	42,219.00	50.48	38.00
39.00	Central Services and Supply	14.00	767,359	0	767,359	44,132.00	17.39	39.00
40.00	Pharmacy	15.00	4,267,074	0	4,267,074	104,427.00	40.86	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 3,010,070	0	3,010,070	109,548.00	27.48	41.00
42.00	Social Service	17.00 1,760,159	522,007	2,282,166	46,948.00	48.61	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-3  
Part III  
Date/Time Prepared:  
12/1/2014 10:48 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	140,800,514	0	140,800,514	4,511,301.00	31.21	1.00
2.00	Excluded area salaries (see instructions)	16,452,898	0	16,452,898	503,827.00	32.66	2.00
3.00	Subtotal salaries (line 1 minus line 2)	124,347,616	0	124,347,616	4,007,474.00	31.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,920,163	0	44,920,163	734,399.00	61.17	4.00
5.00	Subtotal wage-related costs (see inst.)	28,055,990	0	28,055,990	0.00	22.56	5.00
6.00	Total (sum of lines 3 thru 5)	197,323,769	0	197,323,769	4,741,873.00	41.61	6.00
7.00	Total overhead cost (see instructions)	33,793,476	0	33,793,476	1,181,303.00	28.61	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 12/1/2014 10:48 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,764,912 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			3,421,109 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			13,788,240 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			929,783 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			317,183 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)			621,481 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			946,254 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			9,606,610 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			269,680 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			374,682 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>32,039,934 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	<b>OTHER WAGE RELATED COST</b>			<b>0 25.00</b>

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		2,457,774	32,039,934
2.00	Hospital		2,457,774	28,055,990
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	1,697,114
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	1,234,513
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice		0	733,525
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	318,792

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140258 Component CCN: 147583		Period: From 07/01/2013 To 06/30/2014		Worksheet S-4 Date/Time Prepared: 12/1/2014 10:48 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	COOK				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	4,009	0	359	4,368	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,942.00	0.00	1,428.00	3,370.00	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)	0.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				0.00	0.00	0.00	5.00
6.00	Direct Nursing Service				11.35	0.00	11.35	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				8.61	0.00	8.61	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				2.30	0.00	2.30	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.41	0.00	0.41	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.35	0.00	0.35	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				2.17	0.00	2.17	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974						20.00
20.01		29404						20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	23,610	699	856	256	25,421	21.00	
22.00	Skilled Nursing Visit Charges	3,704,318	114,920	104,722	37,910	3,961,870	22.00	
23.00	Physical Therapy Visits	12,353	221	267	219	13,060	23.00	
24.00	Physical Therapy Visit Charges	2,291,402	41,990	39,901	39,710	2,413,003	24.00	
25.00	Occupational Therapy Visits	3,248	128	25	57	3,458	25.00	
26.00	Occupational Therapy Visit Charges	612,370	24,320	4,370	10,640	651,700	26.00	
27.00	Speech Pathology Visits	619	64	1	4	688	27.00	
28.00	Speech Pathology Visit Charges	115,900	12,160	190	570	128,820	28.00	
29.00	Medical Social Service Visits	456	30	11	6	503	29.00	
30.00	Medical Social Service Visit Charges	94,500	6,300	2,100	1,260	104,160	30.00	
31.00	Home Health Aide Visits	4,837	285	19	40	5,181	31.00	
32.00	Home Health Aide Visit Charges	573,481	34,200	1,800	4,800	614,281	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	45,123	1,427	1,179	582	48,311	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)	7,391,971	233,890	153,083	94,890	7,873,834	35.00	
36.00	Total Number of Episodes (standard/non outlier)	2,450		317	47	2,814	36.00	
37.00	Total Number of Outlier Episodes		30		1	31	37.00	
38.00	Total Non-Routine Medical Supply Charges	197,888	13,761	11,085	278	223,012	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140258  
Component CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
12/1/2014 10:48 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART I - ENROLLMENT DAYS</b>								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	20,874	735	3,745	233	1,040	22,649	
3.00	Inpatient Respite Care	138	5	136	5	5	148	
4.00	General Inpatient Care	1,797	64	1,509	52	335	2,196	
5.00	Total Hospice Days	22,809	804	5,390	290	1,380	24,993	
<b>Part II - CENSUS DATA</b>								
6.00	Number of Patients Receiving Hospice Care	715	28	409	19	87	830	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	31.90	28.71	13.18	15.26	15.86	30.11	
9.00	Unduplicated Census Count	701	27	381	18	35	763	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 12/1/2014 10:48 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.222041		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		36,947,103		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		178,498,257		6.00
7.00	Medicaid cost (line 1 times line 6)		39,633,931		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,686,828		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
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)		2,686,828		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	45,145,248	5,281,706	50,426,954	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,024,096	1,172,755	11,196,851	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)	10,024,096	1,172,755	11,196,851	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)		14,543,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,274,258		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,268,742		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,946,205		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,143,056		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,829,884		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet A	
Date/Time Prepared: 12/1/2014 10:48 am							
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		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT		15,118,331	15,118,331	-9,766	15,108,565	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0	0	7,619,902	7,619,902	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,394	21,267,626	21,269,020	-53	21,268,967	4.00
5.01 00540	NONPATIENT PHONES	535,546	291,775	827,321	-96	827,225	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03 00560	PURCHASING	0	-354,359	-354,359	-13,656	-368,015	5.03
5.04 00570	ADMINISTRATIVE	1,777,679	172,925	1,950,604	-4,907	1,945,697	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	857,506	72,637	930,143	-28	930,115	5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	6,949,676	97,187,535	104,137,211	-277,470	103,859,741	5.06
6.00 00600	MAINTENANCE & REPAIRS	856,022	658,233	1,514,255	-242	1,514,013	6.00
7.00 00700	OPERATION OF PLANT	1,388,651	5,216,470	6,605,121	-416	6,604,705	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	1,240,954	1,240,954	8.00
9.00 00900	HOUSEKEEPING	322	5,967,860	5,968,182	-1,241,947	4,726,235	9.00
10.00 01000	DIETARY	72,781	6,625,913	6,698,694	-2,259,081	4,439,613	10.00
11.00 01100	CAFETERIA	0	709,149	709,149	2,252,866	2,962,015	11.00
13.00 01300	NURSING ADMINISTRATION	2,131,305	266,887	2,398,192	-547	2,397,645	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	767,359	2,493,370	3,260,729	-1,253,102	2,007,627	14.00
15.00 01500	PHARMACY	4,267,074	18,212,042	22,479,116	-17,044,555	5,434,561	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,010,070	1,230,096	4,240,166	-224	4,239,942	16.00
17.00 01700	SOCIAL SERVICE	1,760,159	466,086	2,226,245	267,210	2,493,455	17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	134,005	237,579	371,584	0	371,584	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	30,508,528	6,661,796	37,170,324	-1,105,260	36,065,064	30.00
31.00 03100	INTENSIVE CARE UNIT	6,799,006	1,678,642	8,477,648	-840,660	7,636,988	31.00
41.00 04100	SUBPROVIDER - IIRF	6,213,368	8,802,111	15,015,479	-383,604	14,631,875	41.00
43.00 04300	NURSERY	1,131,142	1,693,895	2,825,037	-126,996	2,698,041	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	7,671,785	13,977,550	21,649,335	-8,493,684	13,155,651	50.00
50.01 05001	GAMMA KNIFE	340,676	1,928,945	2,269,621	-2,903	2,266,718	50.01
50.02 03330	ENDOSCOPY	1,778,162	1,981,318	3,759,480	-1,210,873	2,548,607	50.02
51.00 05100	RECOVERY ROOM	1,544,443	219,455	1,763,898	-75,349	1,688,549	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,527,928	577,880	3,105,808	-345,050	2,760,758	52.00
53.00 05300	ANESTHESIOLOGY	0	1,066,127	1,066,127	-533,504	532,623	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,037,908	473,377	2,511,285	-77,334	2,433,951	54.00
54.01 03630	ULTRASOUND	1,149,772	136,068	1,285,840	-33,552	1,252,288	54.01
54.02 05401	PET SCAN	113,643	349,831	463,474	-194,880	268,594	54.02
54.03 03480	RADIATION ONCOLOGY	1,182,419	414,195	1,596,614	-228,239	1,368,375	54.03
54.04 03440	MAMMOGRAPHY	922,311	419,079	1,341,390	-111,323	1,230,067	54.04
56.00 05600	RADIOISOTOPE	413,563	997,553	1,411,116	-938,267	472,849	56.00
57.00 05700	CT SCAN	1,200,184	326,227	1,526,411	-189,010	1,337,401	57.00
58.00 05800	MRI	848,989	511,109	1,360,098	-137,519	1,222,579	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,928,159	17,714,140	21,642,299	-15,954,111	5,688,188	59.00
60.00 06000	LABORATORY	6,284,816	7,320,381	13,605,197	0	13,605,197	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	547,971	1,779,639	2,327,610	0	2,327,610	63.00
64.00 06400	INTRAVENOUS THERAPY	858,281	483,614	1,341,895	-414,652	927,243	64.00
65.00 06500	RESPIRATORY THERAPY	2,530,865	748,448	3,279,313	0	3,279,313	65.00
66.00 06600	PHYSICAL THERAPY	2,910,582	414,040	3,324,622	-18,379	3,306,243	66.00
66.01 06601	REHAB OUTPATIENT	1,752,266	233,850	1,986,116	-27,769	1,958,347	66.01
66.02 06602	REHAB MED SURGICAL	1,588,382	182,129	1,770,511	-6,310	1,764,201	66.02
69.00 06900	ELECTROCARDIOLOGY	654,969	192,672	847,641	-19,054	828,587	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	124,245	147,703	271,948	-10,939	261,009	70.00
70.01 07001	NEUROLOG	0	-39,053	-39,053	-238,136	-277,189	70.01
70.02 07002	SLEEP LAB	541,983	110,350	652,333	-39,646	612,687	70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	26,505,261	26,505,261	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,087,690	14,087,690	9,763,958	23,851,648	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,675,128	16,675,128	73.00
74.00 07400	RENAL DIALYSIS	38,774	1,087,932	1,126,706	-12,342	1,114,364	74.00
76.97 07697	CARDIAC REHABILITATION	480,874	75,380	556,254	-10,299	545,955	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699	LITHIOTRIpsy	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	1,299,668	668,911	1,968,579	-519,170	1,449,409	90.00
90.01 09001	DAY REHAB	764,816	135,616	900,432	-7,348	893,084	90.01
90.02 09002	IMAGING CENTERS	739,005	628,910	1,367,915	-41,334	1,326,581	90.02
90.03 09003	COUMADIN CLINIC	154,845	53,474	208,319	-36,363	171,956	90.03
90.04 09004	WOUND CLINIC	637,151	1,056,593	1,693,744	-865,659	828,085	90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	1,163,811	913,973	2,077,784	-227,026	1,850,758	90.05
91.00 09100	EMERGENCY	4,916,624	2,977,315	7,893,939	-1,106,565	6,787,374	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet A	
Date/Time Prepared: 12/1/2014 10:48 am							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,247,966	1,423,615	7,671,581	-153,695	7,517,886 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		7,372,000	7,372,000	-7,372,000	0 113.00
116.00	11600	HOSPICE	2,725,030	1,990,462	4,715,492	-82,729	4,632,763 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	131,784,459	279,815,097	411,599,556	27,656	411,627,212 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137,412	236,317	373,729	0	373,729 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	995,117	9,630,909	10,626,026	-27,656	10,598,370 192.00
200.00		TOTAL (SUM OF LINES 118-199)	132,916,988	289,682,323	422,599,311	0	422,599,311 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,537,433	18,645,998	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,277,551	2,342,351	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	53,507	21,322,474	4.00
5.01	00540	NONPATIENT PHONES	-273,482	553,743	5.01
5.02	00550	DATA PROCESSING	30,306,790	30,306,790	5.02
5.03	00560	PURCHASING	4,577,022	4,209,007	5.03
5.04	00570	ADMINITTING	0	1,945,697	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,705,622	4,635,737	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-35,886,975	67,972,766	5.06
6.00	00600	MAINTENANCE & REPAIRS	-89,787	1,424,226	6.00
7.00	00700	OPERATION OF PLANT	1,089,613	7,694,318	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,240,954	8.00
9.00	00900	HOUSEKEEPING	0	4,726,235	9.00
10.00	01000	DIETARY	-12,758	4,426,855	10.00
11.00	01100	CAFETERIA	-1,379,998	1,582,017	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,397,645	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,007,627	14.00
15.00	01500	PHARMACY	0	5,434,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	98,338	4,338,280	16.00
17.00	01700	SOCIAL SERVICE	0	2,493,455	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	-7,433	364,151	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-138,440	35,926,624	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,636,988	31.00
41.00	04100	SUBPROVIDER - IIRF	-194,892	14,436,983	41.00
43.00	04300	NURSERY	-1,467,934	1,230,107	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-756,043	12,399,608	50.00
50.01	05001	GAMMA KNIFE	-10,575	2,256,143	50.01
50.02	03330	ENDOSCOPY	0	2,548,607	50.02
51.00	05100	RECOVERY ROOM	0	1,688,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,447	2,756,311	52.00
53.00	05300	ANESTHESIOLOGY	0	532,623	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,187	2,423,764	54.00
54.01	03630	ULTRASOUND	0	1,252,288	54.01
54.02	05401	PET SCAN	0	268,594	54.02
54.03	03480	RADIATION ONCOLOGY	-5	1,368,370	54.03
54.04	03440	MAMMOGRAPHY	0	1,230,067	54.04
56.00	05600	RADIOISOTOPE	0	472,849	56.00
57.00	05700	CT SCAN	0	1,337,401	57.00
58.00	05800	MRI	0	1,222,579	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,881,077	3,807,111	59.00
60.00	06000	LABORATORY	-2,193,367	11,411,830	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,327,610	63.00
64.00	06400	INTRAVENOUS THERAPY	0	927,243	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,279,313	65.00
66.00	06600	PHYSICAL THERAPY	0	3,306,243	66.00
66.01	06601	REHAB OUTPATIENT	-1,841	1,956,506	66.01
66.02	06602	REHAB MED SURGICAL	0	1,764,201	66.02
69.00	06900	ELECTROCARDIOLOGY	0	828,587	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-27,010	233,999	70.00
70.01	07001	NEUROMEG	605,078	327,889	70.01
70.02	07002	SLEEP LAB	0	612,687	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,505,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	23,851,648	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-11,776	16,663,352	73.00
74.00	07400	RENAL DIALYSIS	0	1,114,364	74.00
76.97	07697	CARDIAC REHABILITATION	-590	545,365	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	1,449,409	90.00
90.01	09001	DAY REHAB	0	893,084	90.01
90.02	09002	IMAGING CENTERS	0	1,326,581	90.02
90.03	09003	COMBINATION CLINIC	0	171,956	90.03
90.04	09004	WOUND CLINIC	-31,668	796,417	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	1,850,758	90.05
91.00	09100	EMERGENCY	-152,054	6,635,320	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	
			-768	7,517,118	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	4,632,763	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-5,837,255	405,789,957	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	373,729	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-7,573,496	3,024,874	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-13,410,751	409,188,560	200.00

RECLASSIFICATIONS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-6  
Date/Time Prepared:  
12/1/2014 10:48 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,675,128	1.00
	TOTALS		0	16,675,128	
<b>B - BED RENTALS</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	788,580	1.00
	TOTALS		0	788,580	
<b>C - LAUNDRY</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,240,954	1.00
	TOTALS		0	1,240,954	
<b>D - PASTORAL CARE</b>					
1.00	SOCIAL SERVICE	17.00	522,007	59,677	1.00
	TOTALS		522,007	59,677	
<b>E - SHARED DIETARY</b>					
1.00	CAFETERIA	11.00	29,131	2,224,751	1.00
	TOTALS		29,131	2,224,751	
<b>F - EQUIPMENT DEPRECIATION</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,381,766	1.00
	TOTALS		0	7,381,766	
<b>G - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	23,854,368	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	170	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
	TOTALS		0	23,854,538	
<b>H - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,505,261	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-6

Date/Time Prepared:  
12/1/2014 10:48 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
53.00		0.00	0	0		53.00
54.00		0.00	0	0		54.00
55.00		0.00	0	0		55.00
56.00		0.00	0	0		56.00
57.00		0.00	0	0		57.00
	TOTALS		0	26,505,261		
I - NEUROMEG CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	238,136		1.00
	TOTALS		0	238,136		
J - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,372,000		1.00
	TOTALS		0	7,372,000		
K - E H R FEES						
1.00	ADMINISTRATIVE AND GENERAL	5.06	0	314,302		1.00
	TOTALS		0	314,302		
500.00	Grand Total : Increases		551,138	86,655,093		500.00

RECLASSIFICATIONS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-6  
Date/Time Prepared:  
12/1/2014 10:48 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	16,675,128	0	1.00
	TOTALS		0	16,675,128		
<b>B - BED RENTALS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	788,580	0	1.00
	TOTALS		0	788,580		
<b>C - LAUNDRY</b>						
1.00	HOUSEKEEPING	9.00	0	1,240,954	0	1.00
	TOTALS		0	1,240,954		
<b>D - PASTORAL CARE</b>						
1.00	ADMINISTRATIVE AND GENERAL	5.06	522,007	59,677	0	1.00
	TOTALS		522,007	59,677		
<b>E - SHARED DIETARY</b>						
1.00	DIETARY	10.00	29,131	2,224,751	0	1.00
	TOTALS		29,131	2,224,751		
<b>F - EQUIPMENT DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,381,766	9	1.00
	TOTALS		0	7,381,766		
<b>G - IMPLANTS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,550	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	290	0	2.00
3.00	OPERATING ROOM	50.00	0	263,547	0	3.00
4.00	ENDOSCOPY	50.02	0	64,653	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	8,822,262	0	5.00
6.00		0.00	0	0	0	6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	84	0	7.00
8.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,960,964	0	8.00
9.00	CLINIC	90.00	0	50,114	0	9.00
10.00	WOUND CLINIC	90.04	0	678,849	0	10.00
11.00	PURCHASING	5.03	0	9,225	0	11.00
	TOTALS		0	23,854,538		
<b>H - SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53	0	1.00
2.00	NONPATIENT PHONES	5.01	0	96	0	2.00
3.00	PURCHASING	5.03	0	4,431	0	3.00
4.00	ADMINISTRATIVE	5.04	0	4,907	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	28	0	5.00
6.00	ADMINISTRATIVE AND GENERAL	5.06	0	10,088	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	242	0	7.00
8.00	OPERATION OF PLANT	7.00	0	416	0	8.00
9.00	HOUSEKEEPING	9.00	0	993	0	9.00
10.00	DIETARY	10.00	0	5,199	0	10.00
11.00	CAFETERIA	11.00	0	1,016	0	11.00
12.00	NURSING ADMINISTRATION	13.00	0	547	0	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	459,972	0	13.00
14.00	PHARMACY	15.00	0	369,427	0	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	224	0	15.00
16.00	SOCIAL SERVICE	17.00	0	172	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	1,893,550	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	840,660	0	18.00
19.00	SUBPROVIDER - IRF	41.00	0	383,604	0	19.00
20.00	NURSERY	43.00	0	126,996	0	20.00
21.00	OPERATING ROOM	50.00	0	8,230,137	0	21.00
22.00	GAMMA KNIFE	50.01	0	2,903	0	22.00
23.00	ENDOSCOPY	50.02	0	1,146,220	0	23.00
24.00	RECOVERY ROOM	51.00	0	75,349	0	24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	0	345,050	0	25.00
26.00	ANESTHESIOLOGY	53.00	0	533,504	0	26.00
27.00	RADIOLOGY-DIAGNOSTIC	54.00	0	77,334	0	27.00
28.00	ULTRASOUND	54.01	0	33,552	0	28.00
29.00	PET SCAN	54.02	0	194,880	0	29.00
30.00	RADIATION ONCOLOGY	54.03	0	228,239	0	30.00
31.00	MAMMOGRAPHY	54.04	0	111,323	0	31.00
32.00	RADIOISOTOPE	56.00	0	938,267	0	32.00
33.00	CT SCAN	57.00	0	189,010	0	33.00
34.00	MRI	58.00	0	137,519	0	34.00
35.00	CARDIAC CATHETERIZATION	59.00	0	7,131,849	0	35.00
38.00	INTRAVENOUS THERAPY	64.00	0	414,652	0	38.00
39.00	PHYSICAL THERAPY	66.00	0	18,549	0	39.00
40.00	REHAB OUTPATIENT	66.01	0	27,769	0	40.00
41.00	REHAB MED SURGICAL	66.02	0	6,310	0	41.00
42.00	ELECTROCARDIOLOGY	69.00	0	19,054	0	42.00

RECLASSIFICATIONS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-6

Date/Time Prepared:  
12/1/2014 10:48 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
43.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,855	0		43.00
44.00	SLEEP LAB	70.02	0	39,646	0		44.00
45.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	129,446	0		45.00
46.00	RENAL DIALYSIS	74.00	0	12,342	0		46.00
47.00	CARDIAC REHABILITATION	76.97	0	10,299	0		47.00
48.00	CLINIC	90.00	0	469,056	0		48.00
49.00	DAY REHAB	90.01	0	7,348	0		49.00
50.00	IMAGING CENTERS	90.02	0	41,334	0		50.00
51.00	COUMADIN CLINIC	90.03	0	36,363	0		51.00
52.00	WOUND CLINIC	90.04	0	186,810	0		52.00
53.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	227,026	0		53.00
54.00	EMERGENCY	91.00	0	1,106,565	0		54.00
55.00	HOME HEALTH AGENCY	101.00	0	153,695	0		55.00
56.00	HOSPICE	116.00	0	82,729	0		56.00
57.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	27,656	0		57.00
	TOTALS		0	26,505,261			
<b>I - NEUROMEG CAPITAL</b>							
1.00	NEUROMEG	70.01	0	238,136	9		1.00
	TOTALS		0	238,136			
<b>J - INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	7,372,000	11		1.00
	TOTALS		0	7,372,000			
<b>K - E H R FEES</b>							
1.00	SOCIAL SERVICE	17.00	0	314,302	0		1.00
	TOTALS		0	314,302			
500.00	Grand Total: Decreases		551,138	86,655,093			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0	0	0	0	1.00
2.00	Land Improvements	50,000	224,494	0	224,494	0	2.00
3.00	Buildings and Fixtures	173,149,000	7,505,412	0	7,505,412	0	3.00
4.00	Building Improvements	5,466,000	4,896,980	0	4,896,980	0	4.00
5.00	Fixed Equipment	1,112,000	766,132	0	766,132	0	5.00
6.00	Movable Equipment	37,579,000	7,065,347	0	7,065,347	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	227,456,000	20,458,365	0	20,458,365	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	227,456,000	20,458,365	0	20,458,365	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	10,100,000	0				1.00
2.00	Land Improvements	274,494	0				2.00
3.00	Buildings and Fixtures	180,654,412	0				3.00
4.00	Building Improvements	10,362,980	0				4.00
5.00	Fixed Equipment	1,878,132	0				5.00
6.00	Movable Equipment	44,644,347	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	247,914,365	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	247,914,365	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	15,118,331	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,118,331	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	15,118,331				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	15,118,331				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	189,877,000	0	189,877,000	0.834786	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	37,579,000	0	37,579,000	0.165214	0	2.00
3.00	Total (sum of lines 1-2)	227,456,000	0	227,456,000	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	18,877,634	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,342,351	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,219,985	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-231,636	0	0	0	18,645,998	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,342,351	2.00
3.00	Total (sum of lines 1-2)	-231,636	0	0	0	20,988,349	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,603,636	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)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,608,308				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	15,685,042				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,379,998	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-5,864	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		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	A	2,224,130	CAP REL COSTS-BLDG & FIXT		1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-5,277,551	CAP REL COSTS-MVBLE EQUIP		2.00	9 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** 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 NEUROMEG OPERATING	A	366,942	NEUROMEG		70.01	0 33.00
33.01 NEUROMEG CRC	A	238,136	NEUROMEG		70.01	9 33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.02
33.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.03
33.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.04
34.01 PHYSICIAN APPLICATION FEES	B	-47,050	ADMINISTRATIVE AND GENERAL		5.06	0 34.01
34.02 DAY CARE CENTER	A	-287	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.02
34.03 WEIGHT MANAGEMENT	A	-132,715	ADMINISTRATIVE AND GENERAL		5.06	0 34.03
34.05 NON ALLOW PATIENT TRANSPORTATIO	A	-89,787	MAINTENANCE & REPAIRS		6.00	0 34.05
35.00 ALCOHOL	A	-5,250	ADMINISTRATIVE AND GENERAL		5.06	0 35.00
36.00 REAL ESTATE TAXES	A	-139,420	ADMINISTRATIVE AND GENERAL		5.06	0 36.00
36.01 REAL ESTATE TAXES	A	-48,686	OPERATION OF PLANT		7.00	0 36.01
36.02 REAL ESTATE TAXES	A	-259,713	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.02
36.03 REAL ESTATE TAXES	A	-113,386	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.03
36.04 REAL ESTATE TAXES	A	-94,874	PHYSICIANS' PRIVATE OFFICES		192.00	0 36.04
37.00 MISC INCOME	B	-1,243	OPERATION OF PLANT		7.00	0 37.00
38.00 MISC INCOME	B	-1,117,845	ADMINISTRATIVE AND GENERAL		5.06	0 38.00
38.01 MISC INCOME	B	-333,786	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 38.01
38.02 MISC INCOME	B	-5,371	OPERATION OF PLANT		7.00	0 38.02
38.03 MISC INCOME	B	-12,758	DIETARY		10.00	0 38.03
38.04 MISC INCOME	B	-16,534	ADULTS & PEDIATRICS		30.00	0 38.04
38.05 MISC INCOME	B	-4,293	CARDIAC CATHETERIZATION		59.00	0 38.05
38.06 MISC INCOME	B	-9,424	WOUND CLINIC		90.04	0 38.06
38.07 MISC INCOME	B	-9,624	RADIOLOGY-DIAGNOSTIC		54.00	0 38.07
38.08 MISC INCOME	B	-945	LABORATORY		60.00	0 38.08
38.09 MISC INCOME	B	-590	CARDIAC REHABILITATION		76.97	0 38.09
38.10 DRUG PREVENTION	B	-11,776	DRUGS CHARGED TO PATIENTS		73.00	0 38.10
38.11 INTERCOMPANY LAB	B	-2,189,548	LABORATORY		60.00	0 38.11
38.12		0			0.00	0 38.12
38.13 MISC INCOME	B	-4,447	DELIVERY ROOM & LABOR ROOM		52.00	0 38.13
38.14 MISC INCOME	B	-5	RADIATION ONCOLOGY		54.03	0 38.14
38.15 MISC INCOME	B	-1,841	REHAB OUTPATIENT		66.01	0 38.15
38.16 MISC INCOME	B	-768	HOME HEALTH AGENCY		101.00	0 38.16
38.17 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 38.17
38.18 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 38.18
39.00 PHYSICIAN PART B	A	-7,105,523	PHYSICIANS' PRIVATE OFFICES		192.00	0 39.00
39.01 PHYSICIAN PART B	A	-801,562	ADMINISTRATIVE AND GENERAL		5.06	0 39.01
40.00 ANSWERING SERVICE	A	-273,482	NONPATIENT PHONES		5.01	0 40.00
41.00 RENTAL INCOME	B	-92,958	CAP REL COSTS-BLDG & FIXT		1.00	9 41.00
42.00 SATELLITE DISH	B	-91,249	OPERATION OF PLANT		7.00	0 42.00
43.00 CLINICAL PASTORAL EDUCATION INC	B	-7,433	PARAMED ED PRGM-(SPECIFY)		23.00	0 43.00
44.00 LOBBYING PORTION OF DUES	A	-19,565	ADMINISTRATIVE AND GENERAL		5.06	0 44.00
45.00 NONALLOWABLE	A	-5,906	ADMINISTRATIVE AND GENERAL		5.06	0 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,410,751				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:  
12/1/2014 10:48 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	ADMINISTRATIVE AND GENERAL	ABHN NON CAPITAL	24,149,117	57,998,415 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	ABHN CAPITAL	9,009,897	0 2.00
3.00	5.03	PURCHASING	LOGISTICS	4,577,022	0 3.00
3.01	5.06	ADMINISTRATIVE AND GENERAL	EXECUTIVE SALARIES	1,534,406	1,534,406 3.01
3.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	EXECUTIVE BENEFITS	307,650	253,856 3.02
3.03	5.02	DATA PROCESSING	ABHN INFO SERVICES	30,306,790	0 3.03
3.04	30.00	ADULTS & PEDIATRICS	ABHN ADULT AND PEDS	0	2,473 3.04
3.05	41.00	SUBPROVIDER - IRF	ABHN ARH	146	0 3.05
3.06	90.04	WOUND CLINIC	ABMP RENT	38,118	60,362 3.06
3.07	5.05	CASHIERING/ACCOUNTS RECEIVAB	ABHN PFS	4,039,408	0 3.07
3.08	7.00	OPERATION OF PLANT	CLINICAL ENGINEERING	5,957,538	4,721,376 3.08
3.09	16.00	MEDICAL RECORDS & LIBRARY	ICD 10 TRAINING	104,202	0 3.09
4.00	5.06	ADMINISTRATIVE AND GENERAL	INTEREST EXPENSE	231,636	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			80,255,930	64,570,888 5.00

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

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

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

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

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8-1

Date/Time Prepared:  
12/1/2014 10:48 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-33,849,298	0		1.00
2.00	9,009,897	9		2.00
3.00	4,577,022	0		3.00
3.01	0	0		3.01
3.02	53,794	0		3.02
3.03	30,306,790	0		3.03
3.04	-2,473	0		3.04
3.05	146	0		3.05
3.06	-22,244	0		3.06
3.07	4,039,408	0		3.07
3.08	1,236,162	0		3.08
3.09	104,202	0		3.09
4.00	231,636	0		4.00
5.00	15,685,042			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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet A-8-2

Date/Time Prepared:  
12/1/2014 10:48 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	165,181	84,577	80,604	177,200	537	1.00
2.00	41.00	SUBPROVIDER - IRF	372,238	0	372,238	177,200	2,080	2.00
3.00	43.00	NURSERY	1,467,934	1,467,934	0	0	0	3.00
4.00	50.00	OPERATING ROOM	1,632,043	149,879	1,482,164	208,000	8,760	4.00
5.00	50.01	GAMMA KNIFE	66,375	0	66,375	208,000	558	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,971	0	1,971	225,300	13	6.00
7.00	59.00	CARDIAC CATHETERIZATION	1,876,784	1,876,784	0	0	0	7.00
8.00	60.00	LABORATORY	9,200	0	9,200	215,700	61	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	27,010	27,010	0	225,300	75	9.00
10.00	91.00	EMERGENCY	352,000	0	352,000	177,200	2,347	10.00
200.00			5,970,736	3,606,184	2,364,552		14,431	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	45,748	2,287	0	0	0	1.00
2.00	41.00	SUBPROVIDER - IRF	177,200	8,860	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	876,000	43,800	0	0	0	4.00
5.00	50.01	GAMMA KNIFE	55,800	2,790	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,408	70	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	6,326	316	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	8,124	406	0	0	0	9.00
10.00	91.00	EMERGENCY	199,946	9,997	0	0	0	10.00
200.00			1,370,552	68,526	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	45,748	34,856	119,433	1.00
2.00	41.00	SUBPROVIDER - IRF	0	177,200	195,038	195,038	2.00
3.00	43.00	NURSERY	0	0	0	1,467,934	3.00
4.00	50.00	OPERATING ROOM	0	876,000	606,164	756,043	4.00
5.00	50.01	GAMMA KNIFE	0	55,800	10,575	10,575	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,408	563	563	6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	0	0	1,876,784	7.00
8.00	60.00	LABORATORY	0	6,326	2,874	2,874	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	8,124	0	27,010	9.00
10.00	91.00	EMERGENCY	0	199,946	152,054	152,054	10.00
200.00			0	1,370,552	1,002,124	4,608,308	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	18,645,998	18,645,998			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,342,351		2,342,351		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,322,474	91,897	8,331	21,422,702	4.00
5.01 00540	NONPATIENT PHONES	553,743	40,012	18,736	86,317	698,808 5.01
5.02 00550	DATA PROCESSING	30,306,790	11,798	0	0	56,052 5.02
5.03 00560	PURCHASING	4,209,007	0	281	0	11,432 5.03
5.04 00570	ADMINISTRATIVE	1,945,697	108,537	903	286,517	20,282 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	4,635,737	0	2,634	138,209	26,551 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	67,972,766	804,542	86,664	1,035,980	101,411 5.06
6.00 00600	MAINTENANCE & REPAIRS	1,424,226	50,220	67,050	137,969	23,601 6.00
7.00 00700	OPERATION OF PLANT	7,694,318	4,459,320	97,554	223,816	2,581 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,240,954	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	4,726,235	103,495	10,416	52	6,638 9.00
10.00 01000	DIETARY	4,426,855	319,254	6,398	7,035	17,332 10.00
11.00 01100	CAFETERIA	1,582,017	360,235	6,416	4,695	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,397,645	18,479	71,817	343,513	7,007 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,007,627	400,694	45,517	123,679	4,425 14.00
15.00 01500	PHARMACY	5,434,561	146,563	3,371	687,746	12,169 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,338,280	279,564	4,992	485,148	29,870 16.00
17.00 01700	SOCIAL SERVICE	2,493,455	19,323	0	367,828	4,425 17.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	364,151	22,924	0	21,598	5,900 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	35,926,624	3,711,183	263,235	4,917,245	65,640 30.00
31.00 03100	INTENSIVE CARE UNIT	7,636,988	680,706	99,853	1,095,830	21,757 31.00
41.00 04100	SUBPROVIDER - I/R	14,436,983	1,082,815	92,506	1,001,440	18,438 41.00
43.00 04300	NURSERY	1,230,107	67,109	0	182,312	7,375 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,399,608	1,001,425	330,518	1,236,500	21,757 50.00
50.01 05001	GAMMA KNIFE	2,256,143	91,648	26,637	54,908	369 50.01
50.02 03330	ENDOSCOPY	2,548,607	172,989	2,704	286,595	1,844 50.02
51.00 05100	RECOVERY ROOM	1,688,549	152,325	13,386	248,926	4,794 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,756,311	489,163	0	407,439	8,850 52.00
53.00 05300	ANESTHESIOLOGY	532,623	11,301	29,233	0	738 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,423,764	218,788	138,291	328,460	40,195 54.00
54.01 03630	ULTRASOUND	1,252,288	113,803	29,751	185,315	738 54.01
54.02 05401	PET SCAN	268,594	34,697	6,792	18,316	0 54.02
54.03 03480	RADIATION ONCOLOGY	1,368,370	245,985	82,496	190,576	0 54.03
54.04 03440	MAMMOGRAPHY	1,230,067	147,531	45,999	148,653	0 54.04
56.00 05600	RADIOISOTOPE	472,849	143,806	22,700	66,656	4,794 56.00
57.00 05700	CT SCAN	1,337,401	110,102	17,146	193,440	738 57.00
58.00 05800	MRI	1,222,579	163,874	21,612	136,836	6,638 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,807,111	397,888	136,336	633,121	7,375 59.00
60.00 06000	LABORATORY	11,411,830	463,109	56,622	1,012,955	32,082 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,327,610	21,633	744	88,319	1,844 63.00
64.00 06400	INTRAVENOUS THERAPY	927,243	12,245	6,153	138,333	0 64.00
65.00 06500	RESPIRATORY THERAPY	3,279,313	55,908	30,229	407,912	5,900 65.00
66.00 06600	PHYSICAL THERAPY	3,306,243	206,445	1,939	469,113	5,531 66.00
66.01 06601	REHAB OUTPATIENT	1,956,506	161,117	843	282,421	5,531 66.01
66.02 06602	REHAB MED SURGICAL	1,764,201	21,136	418	256,007	4,056 66.02
69.00 06900	ELECTROCARDIOLOGY	828,587	82,161	13,960	105,565	5,900 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	233,999	60,875	1,605	20,025	5,531 70.00
70.01 07001	NEUROMEG	327,889	13,015	163,666	0	369 70.01
70.02 07002	SLEEP LAB	612,687	146,886	27,176	87,354	369 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,505,261	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,851,648	11,177	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	16,663,352	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,114,364	23,943	2,192	6,249	0 74.00
76.97 07697	CARDIAC REHABILITATION	545,365	103,992	0	77,505	2,581 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	1,449,409	244,420	11,629	209,474	7,375 90.00
90.01 09001	DAY REHAB	893,084	51,785	1,546	123,269	369 90.01
90.02 09002	IMAGING CENTERS	1,326,581	0	87,425	119,109	3,688 90.02
90.03 09003	COUMADIN CLINIC	171,956	14,381	0	24,957	369 90.03
90.04 09004	WOUND CLINIC	796,417	151,158	3,203	102,693	1,106 90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	1,850,758	0	0	187,577	369 90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
91.00 09100 EMERGENCY	6,635,320	357,801	33,757	792,437	36,508	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	7,517,118	0	2,101	1,007,016	36,139	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	4,632,763	0	2,783	439,207	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	405,789,957	18,477,182	2,238,266	21,240,167	697,333	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	373,729	52,629	0	22,147	1,475	190.00
191.00 19100 RESEARCH	0	75,430	1,993	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,024,874	40,757	102,092	160,388	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	409,188,560	18,645,998	2,342,351	21,422,702	698,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550	30,374,640					5.02
5.03	00560	947,689	5,168,409				5.03
5.04	00570		2,681	2,364,617			5.04
5.05	00580		471		27,888,328		5.05
5.06	00590	23,084,726	12,094			76,355,682	5.06
6.00	00600	6,342,225	1,472			1,704,538	6.00
7.00	00700		3,385			12,480,974	7.00
8.00	00800					1,240,954	8.00
9.00	00900		4,452			4,851,288	9.00
10.00	01000		5,452			4,782,326	10.00
11.00	01100		261			1,953,624	11.00
13.00	01300		1,888			2,840,349	13.00
14.00	01400		4,998			2,586,940	14.00
15.00	01500		1,191,047			7,475,457	15.00
16.00	01600		2,255			5,140,109	16.00
17.00	01700		336			2,885,367	17.00
23.00	02300		969			415,542	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		22,916	218,506	2,551,955	47,677,304	30.00
31.00	03100		4,039	42,675	498,407	10,080,255	31.00
41.00	04100		9,839	58,276	680,613	17,380,910	41.00
43.00	04300		716	10,593	123,719	1,621,931	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		120,557	202,231	2,361,881	17,674,477	50.00
50.01	05001		504	15,223	177,786	2,623,218	50.01
50.02	03330		1,404	77,945	910,323	4,002,411	50.02
51.00	05100		627	33,712	393,725	2,536,044	51.00
52.00	05200		918	16,978	198,286	3,877,945	52.00
53.00	05300		37,795	47,518	554,970	1,214,178	53.00
54.00	05400		1,892	47,102	550,105	3,748,597	54.00
54.01	03630		254	35,269	411,909	2,029,327	54.01
54.02	05401		53	12,523	146,260	487,235	54.02
54.03	03480		1,311	51,354	599,770	2,539,862	54.03
54.04	03440		1,036	17,996	210,174	1,801,456	54.04
56.00	05600		169	27,401	320,023	1,058,398	56.00
57.00	05700		577	117,183	1,368,596	3,145,183	57.00
58.00	05800		290	51,690	603,692	2,207,211	58.00
59.00	05900		4,975	125,236	1,462,648	6,574,690	59.00
60.00	06000		311,825	315,998	3,688,119	17,292,540	60.00
62.30	06250		0	0	0	0	62.30
63.00	06300		122,945	11,506	134,380	2,708,981	63.00
64.00	06400		220	3,788	44,244	1,132,226	64.00
65.00	06500		1,953	56,022	654,284	4,491,521	65.00
66.00	06600		686	38,970	455,129	4,484,056	66.00
66.01	06601		1,484	14,934	174,410	2,597,246	66.01
66.02	06602		278	18,593	217,146	2,281,835	66.02
69.00	06900		4,788	45,031	525,925	1,611,917	69.00
70.00	07000		411	5,791	67,631	395,868	70.00
70.01	07001		0	1,115	13,027	519,081	70.01
70.02	07002		493	8,615	100,619	984,199	70.02
71.00	07100		1,541,693	134,880	1,575,276	29,757,110	71.00
72.00	07200		1,697,205	58,075	678,269	26,296,374	72.00
73.00	07300		0	192,690	2,250,450	19,106,492	73.00
74.00	07400		50	8,120	94,829	1,249,747	74.00
76.97	07697		1,082	2,092	24,437	757,054	76.97
76.98	07698		0	0	0	0	76.98
76.99	07699		0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000		2,125	17,126	200,017	2,141,575	90.00
90.01	09001		149	8,108	94,693	1,173,003	90.01
90.02	09002		666	22,819	266,508	1,826,796	90.02
90.03	09003		131	1,640	19,152	232,586	90.03
90.04	09004		5,098	22,838	266,727	1,349,240	90.04
90.05	09005		3,086	50,655	591,605	2,684,050	90.05
91.00	09100		5,052	115,800	1,352,443	9,329,118	91.00
92.00	09200					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400		0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
101.00	10100	HOME HEALTH AGENCY	0	3,948	0	183,695	8,750,017	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	19,575	0	90,471	5,184,799	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,374,640	5,166,576	2,364,617	27,888,328	405,331,213	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	80	0	0	450,060	190.00
191.00	19100	RESEARCH	0	0	0	0	77,423	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,753	0	0	3,329,864	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,374,640	5,168,409	2,364,617	27,888,328	409,188,560	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part I Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	76,355,682					5.06
6.00	00600	MAINTENANCE & REPAIRS	391,040	2,095,578				6.00
7.00	00700	OPERATION OF PLANT	2,863,273	532,808	15,877,055			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	284,688	0	0	1,525,642		8.00
9.00	00900	HOUSEKEEPING	1,112,939	12,366	125,630	0	6,102,223	9.00
10.00	01000	DIETARY	1,097,118	38,145	387,533	0	150,133	10.00
11.00	01100	CAFETERIA	448,183	43,041	437,279	0	169,405	11.00
13.00	01300	NURSING ADMINISTRATION	651,607	2,208	22,431	0	8,690	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	593,472	47,875	486,392	0	188,432	14.00
15.00	01500	PHARMACY	1,714,952	17,511	177,908	0	68,923	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,179,198	33,403	339,356	0	131,469	16.00
17.00	01700	SOCIAL SERVICE	661,935	2,309	23,456	0	9,087	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	95,330	2,739	27,827	0	10,781	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	10,937,860	443,416	4,504,906	789,049	1,745,232	30.00
31.00	03100	INTENSIVE CARE UNIT	2,312,521	81,331	826,290	63,698	320,111	31.00
41.00	04100	SUBPROVIDER - I/R	3,987,372	129,376	1,314,400	207,453	509,209	41.00
43.00	04300	NURSERY	372,089	8,018	81,462	0	31,559	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,054,719	119,651	1,215,602	164,603	470,934	50.00
50.01	05001	GAMMA KNIFE	601,795	10,950	111,249	0	43,099	50.01
50.02	03330	ENDOSCOPY	918,197	20,669	209,987	56,455	81,351	50.02
51.00	05100	RECOVERY ROOM	581,796	18,200	184,903	29,068	71,633	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	889,643	58,446	593,782	48,038	230,036	52.00
53.00	05300	ANESTHESIOLOGY	278,546	1,350	13,718	0	5,314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	859,969	26,141	265,581	0	102,888	54.00
54.01	03630	ULTRASOUND	465,550	13,597	138,142	33,014	53,517	54.01
54.02	05401	PET SCAN	111,777	4,146	42,118	0	16,317	54.02
54.03	03480	RADIATION ONCOLOGY	582,672	29,391	298,594	0	115,678	54.03
54.04	03440	MAMMOGRAPHY	413,274	17,627	179,084	0	69,379	54.04
56.00	05600	RADIOISOTOPE	242,808	17,182	174,562	0	67,627	56.00
57.00	05700	CT SCAN	721,540	13,155	133,650	0	51,777	57.00
58.00	05800	MRI	506,358	19,580	198,922	0	77,064	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,508,306	47,540	482,985	0	187,112	59.00
60.00	06000	LABORATORY	3,967,099	55,333	562,156	0	217,783	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	621,470	2,585	26,260	0	10,173	63.00
64.00	06400	INTRAVENOUS THERAPY	259,745	1,463	14,863	0	5,758	64.00
65.00	06500	RESPIRATORY THERAPY	1,030,404	6,680	67,865	0	26,291	65.00
66.00	06600	PHYSICAL THERAPY	1,028,692	24,666	250,597	0	97,083	66.00
66.01	06601	REHAB OUTPATIENT	595,837	19,250	195,576	0	75,768	66.01
66.02	06602	REHAB MED SURGICAL	523,478	2,525	25,657	0	9,940	66.02
69.00	06900	ELECTROCARDIOLOGY	369,791	9,817	99,732	0	38,637	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,816	7,273	73,895	0	28,627	70.00
70.01	07001	NEUROLOG	119,083	1,555	15,798	0	6,120	70.01
70.02	07002	SLEEP LAB	225,786	17,550	178,300	0	69,075	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,826,608	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,032,677	1,335	13,567	0	5,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,383,239	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	286,706	2,861	29,064	0	11,259	74.00
76.97	07697	CARDIAC REHABILITATION	173,677	12,425	126,233	0	48,904	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	491,301	29,204	296,695	0	114,942	90.00
90.01	09001	DAY REHAB	269,100	6,187	62,860	0	24,353	90.01
90.02	09002	IMAGING CENTERS	419,087	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	53,358	1,718	17,456	0	6,763	90.03
90.04	09004	WOUND CLINIC	309,530	18,060	183,486	0	71,084	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	615,751	0	0	0	0	90.05
91.00	09100	EMERGENCY	2,140,202	42,750	434,325	134,264	168,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	2,007,350	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,189,450	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,470,764	2,075,408	15,672,134	1,525,642	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	103,249	6,288	63,885	0	190.00
191.00	19100	RESEARCH	17,762	9,012	91,562	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	763,907	4,870	49,474	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	76,355,682	2,095,578	15,877,055	1,525,642	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	6,455,255					10.00
11.00	01100	0	3,051,532				11.00
13.00	01300	0	34,621	3,559,906			13.00
14.00	01400	0	37,026	0	3,940,137		14.00
15.00	01500	0	85,665	0	0	9,540,416	15.00
16.00	01600	0	92,675	0	0	0	16.00
17.00	01700	0	38,492	0	0	0	17.00
23.00	02300	0	3,309	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	4,442,477	822,494	1,737,496	0	0	30.00
31.00	03100	521,956	151,871	320,824	0	0	31.00
41.00	04100	1,490,822	198,806	419,972	0	0	41.00
43.00	04300	0	27,594	58,292	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	187,720	396,554	0	0	50.00
50.01	05001	0	5,150	10,880	0	0	50.01
50.02	03330	0	44,427	93,851	0	0	50.02
51.00	05100	0	29,368	62,039	0	0	51.00
52.00	05200	0	58,276	123,106	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	60,271	0	0	0	54.00
54.01	03630	0	20,841	0	0	0	54.01
54.02	05401	0	2,251	0	0	0	54.02
54.03	03480	0	20,960	0	0	0	54.03
54.04	03440	0	20,841	0	0	0	54.04
56.00	05600	0	7,777	0	0	0	56.00
57.00	05700	0	26,349	0	0	0	57.00
58.00	05800	0	17,481	0	0	0	58.00
59.00	05900	0	79,253	0	0	0	59.00
60.00	06000	0	208,066	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	13,320	0	0	0	63.00
64.00	06400	0	15,776	0	0	0	64.00
65.00	06500	0	68,747	0	0	0	65.00
66.00	06600	0	71,237	0	0	0	66.00
66.01	06601	0	41,937	0	0	0	66.01
66.02	06602	0	34,160	0	0	0	66.02
69.00	06900	0	16,714	0	0	0	69.00
70.00	07000	0	4,110	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
70.02	07002	0	15,434	0	0	0	70.02
71.00	07100	0	0	0	3,940,137	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	9,540,416	73.00
74.00	07400	0	716	0	0	0	74.00
76.97	07697	0	10,625	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	29,846	63,048	0	0	90.00
90.01	09001	0	18,317	0	0	0	90.01
90.02	09002	0	18,521	0	0	0	90.02
90.03	09003	0	3,462	0	0	0	90.03
90.04	09004	0	17,174	0	0	0	90.04
90.05	09005	0	31,739	0	0	0	90.05
91.00	09100	0	129,632	273,844	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
101.00	10100	HOME HEALTH AGENCY	0	115,869	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	82,323	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,455,255	3,021,243	3,559,906	3,940,137	9,540,416	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,400	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,889	0	0	0	192.00
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)	6,455,255	3,051,532	3,559,906	3,940,137	9,540,416	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT PHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,916,210				16.00
17.00	01700	SOCIAL SERVICE	0	3,620,646			17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	555,528		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,759,703	2,491,711	382,311	80,733,959	0 30.00
31.00	03100	INTENSIVE CARE UNIT	559,228	292,757	44,919	15,575,761	0 31.00
41.00	04100	SUBPROVIDER - I RF	1,597,279	836,178	128,298	28,200,075	0 41.00
43.00	04300	NURSERY	0	0	0	2,200,945	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	24,284,260	0 50.00
50.01	05001	GAMMA KNIFE	0	0	0	3,406,341	0 50.01
50.02	03330	ENDOSCOPY	0	0	0	5,427,348	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	3,513,051	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,879,272	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,513,106	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	5,063,447	0 54.00
54.01	03630	ULTRASOUND	0	0	0	2,753,988	0 54.01
54.02	05401	PET SCAN	0	0	0	663,844	0 54.02
54.03	03480	RADIATION ONCOLOGY	0	0	0	3,587,157	0 54.03
54.04	03440	MAMMOGRAPHY	0	0	0	2,501,661	0 54.04
56.00	05600	RADIOISOTOPE	0	0	0	1,568,354	0 56.00
57.00	05700	CT SCAN	0	0	0	4,091,654	0 57.00
58.00	05800	MRI	0	0	0	3,026,616	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	8,879,886	0 59.00
60.00	06000	LABORATORY	0	0	0	22,302,977	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	3,382,789	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,429,831	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,691,508	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	5,956,331	0 66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	3,525,614	0 66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	2,877,595	0 66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	2,146,608	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	600,589	0 70.00
70.01	07001	NEUROMEG	0	0	0	661,637	0 70.01
70.02	07002	SLEEP LAB	0	0	0	1,490,344	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	40,523,855	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,349,209	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	33,030,147	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,580,353	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,128,918	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	3,166,611	0 90.00
90.01	09001	DAY REHAB	0	0	0	1,553,820	0 90.01
90.02	09002	IMAGING CENTERS	0	0	0	2,264,404	0 90.02
90.03	09003	COUMADIN CLINIC	0	0	0	315,343	0 90.03
90.04	09004	WOUND CLINIC	0	0	0	1,948,574	0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	3,331,540	0 90.05
91.00	09100	EMERGENCY	0	0	0	12,652,396	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	10,873,236	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	6,456,572	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,916,210	3,620,646	555,528	404,111,526	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	652,632	0	190.00
191.00	19100	RESEARCH	0	0	231,231	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,193,171	0	192.00
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,916,210	3,620,646	555,528	409,188,560	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT PHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	GAMMA KNIFE	50.01
50.02	03330	ENDOSCOPY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRASOUND	54.01
54.02	05401	PET SCAN	54.02
54.03	03480	RADIATION ONCOLOGY	54.03
54.04	03440	MAMMOGRAPHY	54.04
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	REHAB OUTPATIENT	66.01
66.02	06602	REHAB MED SURGICAL	66.02
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	NEUROLOG	70.01
70.02	07002	SLEEP LAB	70.02
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
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	09001	DAY REHAB	90.01
90.02	09002	IMAGING CENTERS	90.02
90.03	09003	COUMADIN CLINIC	90.03
90.04	09004	WOUND CLINIC	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	90.05
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	91,897	8,331	100,228	100,228 4.00
5.01 00540	NONPATIENT PHONES	0	40,012	18,736	58,748	404 5.01
5.02 00550	DATA PROCESSING	0	11,798	0	11,798	0 5.02
5.03 00560	PURCHASING	0	0	281	281	0 5.03
5.04 00570	ADMINISTRATIVE	0	108,537	903	109,440	1,340 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,634	2,634	647 5.05
5.06 00590	ADMINISTRATIVE AND GENERAL	0	804,542	86,664	891,206	4,846 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	50,220	67,050	117,270	645 6.00
7.00 00700	OPERATION OF PLANT	0	4,459,320	97,554	4,556,874	1,047 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	0	103,495	10,416	113,911	0 9.00
10.00 01000	DIETARY	0	319,254	6,398	325,652	33 10.00
11.00 01100	CAFETERIA	0	360,235	6,416	366,651	22 11.00
13.00 01300	NURSING ADMINISTRATION	0	18,479	71,817	90,296	1,607 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	400,694	45,517	446,211	579 14.00
15.00 01500	PHARMACY	0	146,563	3,371	149,934	3,217 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	279,564	4,992	284,556	2,270 16.00
17.00 01700	SOCIAL SERVICE	0	19,323	0	19,323	1,721 17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	22,924	0	22,924	101 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	3,711,183	263,235	3,974,418	23,009 30.00
31.00 03100	INTENSIVE CARE UNIT	0	680,706	99,853	780,559	5,126 31.00
41.00 04100	SUBPROVIDER - IIRF	0	1,082,815	92,506	1,175,321	4,685 41.00
43.00 04300	NURSERY	0	67,109	0	67,109	853 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	1,001,425	330,518	1,331,943	5,785 50.00
50.01 05001	GAMMA KNIFE	0	91,648	26,637	118,285	257 50.01
50.02 03330	ENDOSCOPY	0	172,989	2,704	175,693	1,341 50.02
51.00 05100	RECOVERY ROOM	0	152,325	13,386	165,711	1,165 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	489,163	0	489,163	1,906 52.00
53.00 05300	ANESTHESIOLOGY	0	11,301	29,233	40,534	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	218,788	138,291	357,079	1,537 54.00
54.01 03630	ULTRASOUND	0	113,803	29,751	143,554	867 54.01
54.02 05401	PET SCAN	0	34,697	6,792	41,489	86 54.02
54.03 03480	RADIATION ONCOLOGY	0	245,985	82,496	328,481	892 54.03
54.04 03440	MAMMOGRAPHY	0	147,531	45,999	193,530	695 54.04
56.00 05600	RADIOISOTOPE	0	143,806	22,700	166,506	312 56.00
57.00 05700	CT SCAN	0	110,102	17,146	127,248	905 57.00
58.00 05800	MRI	0	163,874	21,612	185,486	640 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	397,888	136,336	534,224	2,962 59.00
60.00 06000	LABORATORY	0	463,109	56,622	519,731	4,739 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	21,633	744	22,377	413 63.00
64.00 06400	INTRAVENOUS THERAPY	0	12,245	6,153	18,398	647 64.00
65.00 06500	RESPIRATORY THERAPY	0	55,908	30,229	86,137	1,908 65.00
66.00 06600	PHYSICAL THERAPY	0	206,445	1,939	208,384	2,195 66.00
66.01 06601	REHAB OUTPATIENT	0	161,117	843	161,960	1,321 66.01
66.02 06602	REHAB MED SURGICAL	0	21,136	418	21,554	1,198 66.02
69.00 06900	ELECTROCARDIOLOGY	0	82,161	13,960	96,121	494 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	60,875	1,605	62,480	94 70.00
70.01 07001	NEUROMEG	0	13,015	163,666	176,681	0 70.01
70.02 07002	SLEEP LAB	0	146,886	27,176	174,062	409 70.02
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,177	0	11,177	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	23,943	2,192	26,135	29 74.00
76.97 07697	CARDIAC REHABILITATION	0	103,992	0	103,992	363 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	244,420	11,629	256,049	980 90.00
90.01 09001	DAY REHAB	0	51,785	1,546	53,331	577 90.01
90.02 09002	IMAGING CENTERS	0	0	87,425	87,425	557 90.02
90.03 09003	COUMADIN CLINIC	0	14,381	0	14,381	117 90.03
90.04 09004	WOUND CLINIC	0	151,158	3,203	154,361	480 90.04
90.05 09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	878 90.05
91.00 09100	EMERGENCY	0	357,801	33,757	391,558	3,707 91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)	0	1.00	2.00	2A	4.00	92.00
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00 10100 HOME HEALTH AGENCY	0	0	2,101	2,101	4,711	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	2,783	2,783	2,055	116.00
118.00						118.00
SUBTOTALS (SUM OF LINES 1-117)						
	0	18,477,182	2,238,266	20,715,448	99,374	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	52,629	0	52,629	104	190.00
191.00 19100 RESEARCH	0	75,430	1,993	77,423	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	40,757	102,092	142,849	750	192.00
200.00				0		200.00
201.00				0		201.00
202.00				0		202.00
Cross Foot Adjustments						
Negative Cost Centers						
TOTAL (sum lines 118-201)						
	0	18,645,998	2,342,351	20,988,349	100,228	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			NONPATIENT PHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES	59,152					5.01
5.02	00550	DATA PROCESSING	4,745	16,543				5.02
5.03	00560	PURCHASING	968	516	1,765			5.03
5.04	00570	ADMINISTRATIVE	1,717	0	1	112,498		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,247	12,573	0	0	18,101	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	8,587	3,454	4	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,998	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	219	0	1	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	562	0	2	0	0	9.00
10.00	01000	DIETARY	1,467	0	2	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	593	0	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	375	0	2	0	0	14.00
15.00	01500	PHARMACY	1,030	0	401	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,528	0	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	375	0	0	0	0	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	499	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,556	0	8	10,326	1,665	30.00
31.00	03100	INTENSIVE CARE UNIT	1,842	0	1	2,017	325	31.00
41.00	04100	SUBPROVIDER - IIRF	1,561	0	3	2,754	444	41.00
43.00	04300	NURSERY	624	0	0	501	81	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,842	0	41	9,557	1,541	50.00
50.01	05001	GAMMA KNIFE	31	0	0	719	116	50.01
50.02	03330	ENDOSCOPY	156	0	0	3,683	594	50.02
51.00	05100	RECOVERY ROOM	406	0	0	1,593	257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	749	0	0	802	129	52.00
53.00	05300	ANESTHESIOLOGY	62	0	13	2,246	362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,402	0	1	2,226	359	54.00
54.01	03630	ULTRASOUND	62	0	0	1,667	269	54.01
54.02	05401	PET SCAN	0	0	0	592	95	54.02
54.03	03480	RADIATION ONCOLOGY	0	0	0	2,427	391	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	850	137	54.04
56.00	05600	RADIOISOTOPE	406	0	0	1,295	209	56.00
57.00	05700	CT SCAN	62	0	0	5,538	893	57.00
58.00	05800	MRI	562	0	0	2,443	394	58.00
59.00	05900	CARDIAC CATHETERIZATION	624	0	2	5,918	955	59.00
60.00	06000	LABORATORY	2,716	0	105	15,686	2,307	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	156	0	41	544	88	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	179	29	64.00
65.00	06500	RESPIRATORY THERAPY	499	0	1	2,647	427	65.00
66.00	06600	PHYSICAL THERAPY	468	0	0	1,842	297	66.00
66.01	06601	REHAB OUTPATIENT	468	0	0	706	114	66.01
66.02	06602	REHAB MED SURGICAL	343	0	0	879	142	66.02
69.00	06900	ELECTROCARDIOLOGY	499	0	2	2,128	343	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	468	0	0	274	44	70.00
70.01	07001	NEUROMEG	31	0	0	53	9	70.01
70.02	07002	SLEEP LAB	31	0	0	407	66	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	519	6,374	1,028	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	598	2,744	443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,106	1,469	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	384	62	74.00
76.97	07697	CARDIAC REHABILITATION	219	0	0	99	16	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	624	0	1	809	131	90.00
90.01	09001	DAY REHAB	31	0	0	383	62	90.01
90.02	09002	IMAGING CENTERS	312	0	0	1,078	174	90.02
90.03	09003	COUMADIN CLINIC	31	0	0	77	12	90.03
90.04	09004	WOUND CLINIC	94	0	2	1,079	174	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	31	0	1	2,394	386	90.05
91.00	09100	EMERGENCY	3,090	0	2	5,472	883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			NONPATIENT PHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
101.00	10100	HOME HEALTH AGENCY	3,059	0	1	0	120	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	7	0	59	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,027	16,543	1,764	112,498	18,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	125	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
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)	59,152	16,543	1,765	112,498	18,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	908,097					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,650	124,563				6.00
7.00	00700	OPERATION OF PLANT	34,048	31,672	4,623,861			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,385	0	0	3,385		8.00
9.00	00900	HOUSEKEEPING	13,234	735	36,587	0	165,031	9.00
10.00	01000	DIETARY	13,046	2,267	112,861	0	4,060	10.00
11.00	01100	CAFETERIA	5,329	2,558	127,348	0	4,581	11.00
13.00	01300	NURSING ADMINISTRATION	7,748	131	6,532	0	235	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,057	2,846	141,651	0	5,096	14.00
15.00	01500	PHARMACY	20,393	1,041	51,812	0	1,864	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,022	1,985	98,830	0	3,556	16.00
17.00	01700	SOCIAL SERVICE	7,871	137	6,831	0	246	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,134	163	8,104	0	292	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	130,196	26,357	1,311,961	1,752	47,199	30.00
31.00	03100	INTENSIVE CARE UNIT	27,499	4,834	240,640	141	8,657	31.00
41.00	04100	SUBPROVIDER - IRRF	47,415	7,690	382,792	460	13,771	41.00
43.00	04300	NURSERY	4,425	477	23,724	0	853	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	48,216	7,112	354,019	365	12,736	50.00
50.01	05001	GAMMA KNIFE	7,156	651	32,399	0	1,166	50.01
50.02	03330	ENDOSCOPY	10,919	1,229	61,154	125	2,200	50.02
51.00	05100	RECOVERY ROOM	6,918	1,082	53,849	64	1,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,579	3,474	172,927	107	6,221	52.00
53.00	05300	ANESTHESIOLOGY	3,312	80	3,995	0	144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,226	1,554	77,345	0	2,783	54.00
54.01	03630	ULTRASOUND	5,536	808	40,231	73	1,447	54.01
54.02	05401	PET SCAN	1,329	246	12,266	0	441	54.02
54.03	03480	RADIATION ONCOLOGY	6,929	1,747	86,959	0	3,128	54.03
54.04	03440	MAMMOGRAPHY	4,914	1,048	52,155	0	1,876	54.04
56.00	05600	RADIOISOTOPE	2,887	1,021	50,838	0	1,829	56.00
57.00	05700	CT SCAN	8,580	782	38,923	0	1,400	57.00
58.00	05800	MRI	6,021	1,164	57,932	0	2,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,936	2,826	140,659	0	5,060	59.00
60.00	06000	LABORATORY	47,174	3,289	163,716	0	5,890	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,390	154	7,648	0	275	63.00
64.00	06400	INTRAVENOUS THERAPY	3,089	87	4,329	0	156	64.00
65.00	06500	RESPIRATORY THERAPY	12,253	397	19,764	0	711	65.00
66.00	06600	PHYSICAL THERAPY	12,233	1,466	72,981	0	2,626	66.00
66.01	06601	REHAB OUTPATIENT	7,085	1,144	56,957	0	2,049	66.01
66.02	06602	REHAB MED SURGICAL	6,225	150	7,472	0	269	66.02
69.00	06900	ELECTROCARDIOLOGY	4,397	584	29,045	0	1,045	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,080	432	21,520	0	774	70.00
70.01	07001	NEUROLOG	1,416	92	4,601	0	166	70.01
70.02	07002	SLEEP LAB	2,685	1,043	51,926	0	1,868	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	81,177	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	71,737	79	3,951	0	142	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,123	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,409	170	8,464	0	305	74.00
76.97	07697	CARDIAC REHABILITATION	2,065	739	36,763	0	1,323	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	5,842	1,736	86,406	0	3,109	90.00
90.01	09001	DAY REHAB	3,200	368	18,307	0	659	90.01
90.02	09002	IMAGING CENTERS	4,983	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	634	102	5,084	0	183	90.03
90.04	09004	WOUND CLINIC	3,681	1,074	53,436	0	1,922	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	7,322	0	0	0	0	90.05
91.00	09100	EMERGENCY	25,450	2,541	126,488	298	4,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	23,870	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	14,144	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	897,574	123,364	4,564,182	3,385	162,885	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,228	374	18,605	0	669	190.00
191.00	19100	RESEARCH	211	536	26,666	0	959	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,084	289	14,408	0	518	192.00
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)	908,097	124,563	4,623,861	3,385	165,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
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	459,388					10.00
11.00	01100	CAFETERIA	0	506,489				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,746	112,889			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,145	0	609,962		14.00
15.00	01500	PHARMACY	0	14,219	0	0	243,911	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	15,382	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,389	0	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	549	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	316,149	136,515	55,098	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	37,145	25,207	10,174	0	0	31.00
41.00	04100	SUBPROVIDER - IIRF	106,094	32,997	13,318	0	0	41.00
43.00	04300	NURSERY	0	4,580	1,849	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	31,158	12,575	0	0	50.00
50.01	05001	GAMMA KNIFE	0	855	345	0	0	50.01
50.02	03330	ENDOSCOPY	0	7,374	2,976	0	0	50.02
51.00	05100	RECOVERY ROOM	0	4,874	1,967	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,673	3,904	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,004	0	0	0	54.00
54.01	03630	ULTRASOUND	0	3,459	0	0	0	54.01
54.02	05401	PET SCAN	0	374	0	0	0	54.02
54.03	03480	RADIATION ONCOLOGY	0	3,479	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	3,459	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	1,291	0	0	0	56.00
57.00	05700	CT SCAN	0	4,373	0	0	0	57.00
58.00	05800	MRI	0	2,901	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,154	0	0	0	59.00
60.00	06000	LABORATORY	0	34,535	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,211	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,618	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,411	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	11,824	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	6,961	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	5,670	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	2,774	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	682	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	2,562	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	609,962	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	243,911	73.00
74.00	07400	RENAL DIALYSIS	0	119	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,764	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	4,954	1,999	0	0	90.00
90.01	09001	DAY REHAB	0	3,040	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	3,074	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	575	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	2,851	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	5,268	0	0	0	90.05
91.00	09100	EMERGENCY	0	21,516	8,684	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
101.00	10100 HOME HEALTH AGENCY	0	19,232	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	13,664	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	459,388	501,462	112,889	609,962	243,911	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	730	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,297	0	0	0	192.00
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)	459,388	506,489	112,889	609,962	243,911	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	423,130					16.00
17.00	01700	SOCIAL SERVICE	0	42,893				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	33,766			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	291,196	29,519		6,360,924	0	30.00
31.00	03100	INTENSIVE CARE UNIT	34,213	3,468		1,181,848	0	31.00
41.00	04100	SUBPROVIDER - I RF	97,721	9,906		1,896,932	0	41.00
43.00	04300	NURSERY	0	0		105,076	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0		1,816,890	0	50.00
50.01	05001	GAMMA KNIFE	0	0		161,980	0	50.01
50.02	03330	ENDOSCOPY	0	0		267,444	0	50.02
51.00	05100	RECOVERY ROOM	0	0		239,823	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		699,634	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0		50,748	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		466,516	0	54.00
54.01	03630	ULTRASOUND	0	0		197,973	0	54.01
54.02	05401	PET SCAN	0	0		56,918	0	54.02
54.03	03480	RADIATION ONCOLOGY	0	0		434,433	0	54.03
54.04	03440	MAMMOGRAPHY	0	0		258,664	0	54.04
56.00	05600	RADIOISOTOPE	0	0		226,594	0	56.00
57.00	05700	CT SCAN	0	0		188,704	0	57.00
58.00	05800	MRI	0	0		259,627	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		724,320	0	59.00
60.00	06000	LABORATORY	0	0		799,888	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		41,297	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		29,532	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		136,155	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0		314,316	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0		238,765	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0		43,902	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0		137,432	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		87,848	0	70.00
70.01	07001	NEUROMEG	0	0		183,049	0	70.01
70.02	07002	SLEEP LAB	0	0		235,059	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		699,060	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		90,871	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		306,609	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		39,077	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		147,343	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	0	76.98
76.99	07699	LITHOTRIPSY	0	0		0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0		362,640	0	90.00
90.01	09001	DAY REHAB	0	0		79,958	0	90.01
90.02	09002	IMAGING CENTERS	0	0		97,603	0	90.02
90.03	09003	COUMADIN CLINIC	0	0		21,196	0	90.03
90.04	09004	WOUND CLINIC	0	0		219,154	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0		16,280	0	90.05
91.00	09100	EMERGENCY	0	0		594,240	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	53,094	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	32,712	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	423,130	42,893	0	20,602,128	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	74,464	0	190.00
191.00	19100	RESEARCH	0	0	105,795	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	172,196	0	192.00
200.00		Cross Foot Adjustments			33,766	33,766	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	423,130	42,893	33,766	20,988,349	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT PHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING		5.03
5.04	00570	ADMINISTRATIVE		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	6,360,924	30.00
31.00	03100	INTENSIVE CARE UNIT	1,181,848	31.00
41.00	04100	SUBPROVIDER - IRF	1,896,932	41.00
43.00	04300	NURSERY	105,076	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	1,816,890	50.00
50.01	05001	GAMMA KNIFE	161,980	50.01
50.02	03330	ENDOSCOPY	267,444	50.02
51.00	05100	RECOVERY ROOM	239,823	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,634	52.00
53.00	05300	ANESTHESIOLOGY	50,748	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	466,516	54.00
54.01	03630	ULTRASOUND	197,973	54.01
54.02	05401	PET SCAN	56,918	54.02
54.03	03480	RADIATION ONCOLOGY	434,433	54.03
54.04	03440	MAMMOGRAPHY	258,664	54.04
56.00	05600	RADIOISOTOPE	226,594	56.00
57.00	05700	CT SCAN	188,704	57.00
58.00	05800	MRI	259,627	58.00
59.00	05900	CARDIAC CATHETERIZATION	724,320	59.00
60.00	06000	LABORATORY	799,888	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,297	63.00
64.00	06400	INTRAVENOUS THERAPY	29,532	64.00
65.00	06500	RESPIRATORY THERAPY	136,155	65.00
66.00	06600	PHYSICAL THERAPY	314,316	66.00
66.01	06601	REHAB OUTPATIENT	238,765	66.01
66.02	06602	REHAB MED SURGICAL	43,902	66.02
69.00	06900	ELECTROCARDIOLOGY	137,432	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,848	70.00
70.01	07001	NEUROLOG	183,049	70.01
70.02	07002	SLEEP LAB	235,059	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	699,060	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	306,609	73.00
74.00	07400	RENAL DIALYSIS	39,077	74.00
76.97	07697	CARDIAC REHABILITATION	147,343	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	362,640	90.00
90.01	09001	DAY REHAB	79,958	90.01
90.02	09002	IMAGING CENTERS	97,603	90.02
90.03	09003	COUMADIN CLINIC	21,196	90.03
90.04	09004	WOUND CLINIC	219,154	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	16,280	90.05
91.00	09100	EMERGENCY	594,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
101.00	10100	HOME HEALTH AGENCY	53,094	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/1/2014 10:48 am
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Cost Center Description		Total	
		26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	32,712	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	20,602,128	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	74,464	190.00
191.00	19100 RESEARCH	105,795	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	172,196	192.00
200.00	Cross Foot Adjustments	33,766	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	20,988,349	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	750,737				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,429,073			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	12,196	132,915,594		4.00
5.01	00540	NONPATIENT PHONES	1,611	27,428	535,546	1,895	5.01
5.02	00550	DATA PROCESSING	475	0	0	152	5.02
5.03	00560	PURCHASING	0	411	0	31	5.03
5.04	00570	ADMINISTRATIVE	4,370	1,322	1,777,679	55	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,856	857,506	72	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	32,393	126,872	6,427,669	275	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,022	98,157	856,022	64	6.00
7.00	00700	OPERATION OF PLANT	179,544	142,814	1,388,651	7	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,167	15,248	322	18	9.00
10.00	01000	DIETARY	12,854	9,367	43,650	47	10.00
11.00	01100	CAFETERIA	14,504	9,392	29,131	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	105,136	2,131,305	19	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	66,634	767,359	12	14.00
15.00	01500	PHARMACY	5,901	4,935	4,267,074	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	7,308	3,010,070	81	16.00
17.00	01700	SOCIAL SERVICE	778	0	2,282,166	12	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	923	0	134,005	16	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	149,422	385,361	30,508,528	178	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	146,179	6,799,006	59	31.00
41.00	04100	SUBPROVIDER - IIRF	43,597	135,423	6,213,368	50	41.00
43.00	04300	NURSERY	2,702	0	1,131,142	20	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	40,320	483,864	7,671,785	59	50.00
50.01	05001	GAMMA KNIFE	3,690	38,995	340,676	1	50.01
50.02	03330	ENDOSCOPY	6,965	3,959	1,778,162	5	50.02
51.00	05100	RECOVERY ROOM	6,133	19,597	1,544,443	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	0	2,527,928	24	52.00
53.00	05300	ANESTHESIOLOGY	455	42,795	0	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	202,451	2,037,908	109	54.00
54.01	03630	ULTRASOUND	4,582	43,554	1,149,772	2	54.01
54.02	05401	PET SCAN	1,397	9,943	113,643	0	54.02
54.03	03480	RADIATION ONCOLOGY	9,904	120,769	1,182,419	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	67,340	922,311	0	54.04
56.00	05600	RADIOISOTOPE	5,790	33,232	413,563	13	56.00
57.00	05700	CT SCAN	4,433	25,101	1,200,184	2	57.00
58.00	05800	MRI	6,598	31,639	848,989	18	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	199,588	3,928,159	20	59.00
60.00	06000	LABORATORY	18,646	82,892	6,284,816	87	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	1,089	547,971	5	63.00
64.00	06400	INTRAVENOUS THERAPY	493	9,007	858,281	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	44,254	2,530,865	16	65.00
66.00	06600	PHYSICAL THERAPY	8,312	2,839	2,910,582	15	66.00
66.01	06601	REHAB OUTPATIENT	6,487	1,234	1,752,266	15	66.01
66.02	06602	REHAB MED SURGICAL	851	612	1,588,382	11	66.02
69.00	06900	ELECTROCARDIOLOGY	3,308	20,436	654,969	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	2,350	124,245	15	70.00
70.01	07001	NEUROMEG	524	239,598	0	1	70.01
70.02	07002	SLEEP LAB	5,914	39,784	541,983	1	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	450	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	964	3,209	38,774	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	0	480,874	7	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	9,841	17,024	1,299,668	20	90.00
90.01	09001	DAY REHAB	2,085	2,263	764,816	1	90.01
90.02	09002	IMAGING CENTERS	0	127,985	739,005	10	90.02
90.03	09003	COUMADIN CLINIC	579	0	154,845	1	90.03
90.04	09004	WOUND CLINIC	6,086	4,689	637,151	3	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	1,163,811	1	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
			1.00	2.00	4.00	5.01	5.02	
91.00	09100	EMERGENCY	14,406	49,418	4,916,624	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	3,076	6,247,966	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,074	2,725,030	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	743,940	3,276,699	131,783,065	1,891	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	0	137,412	4	0	190.00
191.00	19100	RESEARCH	3,037	2,917	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	149,457	995,117	0	0	192.00
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)	18,645,998	2,342,351	21,422,702	698,808	30,374,640	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.836924	0.683086	0.161175	368.764116	3,037.464000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			100,228	59,152	16,543	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000754	31.214776	1.654300	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description			PURCHASING (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT PHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING	72,561,283					5.03
5.04	00570	ADMITTING	37,634	1,802,090,274				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,614	0	1,819,982,693			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	169,790	0	0	-76,355,682	332,832,878	5.06
6.00	00600	MAINTENANCE & REPAIRS	20,662	0	0	0	1,704,538	6.00
7.00	00700	OPERATION OF PLANT	47,519	0	0	0	12,480,974	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,240,954	8.00
9.00	00900	HOUSEKEEPING	62,502	0	0	0	4,851,288	9.00
10.00	01000	DIETARY	76,543	0	0	0	4,782,326	10.00
11.00	01100	CAFETERIA	3,660	0	0	0	1,953,624	11.00
13.00	01300	NURSING ADMINISTRATION	26,510	0	0	0	2,840,349	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	70,173	0	0	0	2,586,940	14.00
15.00	01500	PHARMACY	16,721,613	0	0	0	7,475,457	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,658	0	0	0	5,140,109	16.00
17.00	01700	SOCIAL SERVICE	4,722	0	0	0	2,885,367	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	13,609	0	0	0	415,542	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	321,727	166,544,109	166,544,109	0	47,677,304	30.00
31.00	03100	INTENSIVE CARE UNIT	56,700	32,526,731	32,526,731	0	10,080,255	31.00
41.00	04100	SUBPROVIDER - I RF	138,139	44,417,750	44,417,750	0	17,380,910	41.00
43.00	04300	NURSERY	10,053	8,074,077	8,074,077	0	1,621,931	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,692,550	154,139,599	154,139,599	0	17,674,477	50.00
50.01	05001	GAMMA KNIFE	7,075	11,602,572	11,602,572	0	2,623,218	50.01
50.02	03330	ENDOSCOPY	19,716	59,408,960	59,408,960	0	4,002,411	50.02
51.00	05100	RECOVERY ROOM	8,799	25,695,043	25,695,043	0	2,536,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,892	12,940,388	12,940,388	0	3,877,945	52.00
53.00	05300	ANESTHESIOLOGY	530,617	36,218,118	36,218,118	0	1,214,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,563	35,900,638	35,900,638	0	3,748,597	54.00
54.01	03630	ULTRASOUND	3,569	26,881,756	26,881,756	0	2,029,327	54.01
54.02	05401	PET SCAN	749	9,545,111	9,545,111	0	487,235	54.02
54.03	03480	RADIATION ONCOLOGY	18,406	39,141,843	39,141,843	0	2,539,862	54.03
54.04	03440	MAMMOGRAPHY	14,539	13,716,255	13,716,255	0	1,801,456	54.04
56.00	05600	RADIO SOTOPE	2,366	20,885,117	20,885,117	0	1,058,398	56.00
57.00	05700	CT SCAN	8,106	89,316,466	89,316,466	0	3,145,183	57.00
58.00	05800	MRI	4,065	39,397,752	39,397,752	0	2,207,211	58.00
59.00	05900	CARDIAC CATHETERIZATION	69,843	95,454,421	95,454,421	0	6,574,690	59.00
60.00	06000	LABORATORY	4,377,844	240,643,676	240,643,676	0	17,292,540	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,726,074	8,769,837	8,769,837	0	2,708,981	63.00
64.00	06400	INTRAVENOUS THERAPY	3,091	2,887,405	2,887,405	0	1,132,226	64.00
65.00	06500	RESPIRATORY THERAPY	27,414	42,699,458	42,699,458	0	4,491,521	65.00
66.00	06600	PHYSICAL THERAPY	9,628	29,702,365	29,702,365	0	4,484,056	66.00
66.01	06601	REHAB OUTPATIENT	20,833	11,382,257	11,382,257	0	2,597,246	66.01
66.02	06602	REHAB MED SURGICAL	3,909	14,171,259	14,171,259	0	2,281,835	66.02
69.00	06900	ELECTROCARDIOLOGY	67,216	34,322,581	34,322,581	0	1,611,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,774	4,413,708	4,413,708	0	395,868	70.00
70.01	07001	NEUROMEG	0	850,139	850,139	0	519,081	70.01
70.02	07002	SLEEP LAB	6,922	6,566,537	6,566,537	0	984,199	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,644,485	102,804,646	102,804,646	0	29,757,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,827,566	44,264,767	44,264,767	0	26,296,374	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	146,867,470	146,867,470	0	19,106,492	73.00
74.00	07400	RENAL DIALYSIS	708	6,188,673	6,188,673	0	1,249,747	74.00
76.97	07697	CARDIAC REHABILITATION	15,195	1,594,798	1,594,798	0	757,054	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	29,839	13,053,352	13,053,352	0	2,141,575	90.00
90.01	09001	DAY REHAB	2,097	6,179,813	6,179,813	0	1,173,003	90.01
90.02	09002	IMAGING CENTERS	9,354	17,392,693	17,392,693	0	1,826,796	90.02
90.03	09003	COUMADIN CLINIC	1,843	1,249,897	1,249,897	0	232,586	90.03
90.04	09004	WOUND CLINIC	71,578	17,406,947	17,406,947	0	1,349,240	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	43,330	38,608,979	38,608,979	0	2,684,050	90.05
91.00	09100	EMERGENCY	70,921	88,262,311	88,262,311	0	9,329,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		PURCHASING (PURCHASING)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	55,430	0	11,988,189	8,750,017	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	274,817	0	5,904,230	5,184,799	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,535,551	1,802,090,274	1,819,982,693	328,975,531	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,127	0	0	450,060	190.00
191.00	19100	RESEARCH	0	0	0	77,423	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,605	0	0	3,329,864	192.00
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)	5,168,409	2,364,617	27,888,328	76,355,682	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.071228	0.001312	0.015323	0.229411	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,765	112,498	18,101	908,097	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000024	0.000062	0.000010	0.002728	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	706,166					6.00
7.00	00700	179,544	526,622				7.00
8.00	00800	0	0	2,241,118			8.00
9.00	00900	4,167	4,167	0	522,455		9.00
10.00	01000	12,854	12,854	0	12,854	93,844	10.00
11.00	01100	14,504	14,504	0	14,504	0	11.00
13.00	01300	744	744	0	744	0	13.00
14.00	01400	16,133	16,133	0	16,133	0	14.00
15.00	01500	5,901	5,901	0	5,901	0	15.00
16.00	01600	11,256	11,256	0	11,256	0	16.00
17.00	01700	778	778	0	778	0	17.00
23.00	02300	923	923	0	923	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	149,422	149,422	1,159,085	149,422	64,583	30.00
31.00	03100	27,407	27,407	93,571	27,407	7,588	31.00
41.00	04100	43,597	43,597	304,742	43,597	21,673	41.00
43.00	04300	2,702	2,702	0	2,702	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,320	40,320	241,796	40,320	0	50.00
50.01	05001	3,690	3,690	0	3,690	0	50.01
50.02	03330	6,965	6,965	82,930	6,965	0	50.02
51.00	05100	6,133	6,133	42,700	6,133	0	51.00
52.00	05200	19,695	19,695	70,567	19,695	0	52.00
53.00	05300	455	455	0	455	0	53.00
54.00	05400	8,809	8,809	0	8,809	0	54.00
54.01	03630	4,582	4,582	48,497	4,582	0	54.01
54.02	05401	1,397	1,397	0	1,397	0	54.02
54.03	03480	9,904	9,904	0	9,904	0	54.03
54.04	03440	5,940	5,940	0	5,940	0	54.04
56.00	05600	5,790	5,790	0	5,790	0	56.00
57.00	05700	4,433	4,433	0	4,433	0	57.00
58.00	05800	6,598	6,598	0	6,598	0	58.00
59.00	05900	16,020	16,020	0	16,020	0	59.00
60.00	06000	18,646	18,646	0	18,646	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	871	871	0	871	0	63.00
64.00	06400	493	493	0	493	0	64.00
65.00	06500	2,251	2,251	0	2,251	0	65.00
66.00	06600	8,312	8,312	0	8,312	0	66.00
66.01	06601	6,487	6,487	0	6,487	0	66.01
66.02	06602	851	851	0	851	0	66.02
69.00	06900	3,308	3,308	0	3,308	0	69.00
70.00	07000	2,451	2,451	0	2,451	0	70.00
70.01	07001	524	524	0	524	0	70.01
70.02	07002	5,914	5,914	0	5,914	0	70.02
71.00	07100	0	0	0	0	0	71.00
72.00	07200	450	450	0	450	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	964	964	0	964	0	74.00
76.97	07697	4,187	4,187	0	4,187	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	9,841	9,841	0	9,841	0	90.00
90.01	09001	2,085	2,085	0	2,085	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	579	579	0	579	0	90.03
90.04	09004	6,086	6,086	0	6,086	0	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	14,406	14,406	197,230	14,406	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQ. FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	699,369	519,825	2,241,118	515,658	93,844
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	192.00
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)	2,095,578	15,877,055	1,525,642	6,102,223	6,455,255
203.00		Unit cost multiplier (Wkst. B, Part I)	2.967543	30.148864	0.680750	11.679902	68.787083
204.00		Cost to be allocated (per Wkst. B, Part II)	124,563	4,623,861	3,385	165,031	459,388
205.00		Unit cost multiplier (Wkst. B, Part II)	0.176393	8.780228	0.001510	0.315876	4.895230

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
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	178,927					11.00
13.00	01300	2,030	98,811				13.00
14.00	01400	2,171	0	10,000			14.00
15.00	01500	5,023	0	0	10,000		15.00
16.00	01600	5,434	0	0	0	93,844	16.00
17.00	01700	2,257	0	0	0	0	17.00
23.00	02300	194	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	48,227	48,227	0	0	64,583	30.00
31.00	03100	8,905	8,905	0	0	7,588	31.00
41.00	04100	11,657	11,657	0	0	21,673	41.00
43.00	04300	1,618	1,618	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	11,007	11,007	0	0	0	50.00
50.01	05001	302	302	0	0	0	50.01
50.02	03330	2,605	2,605	0	0	0	50.02
51.00	05100	1,722	1,722	0	0	0	51.00
52.00	05200	3,417	3,417	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	3,534	0	0	0	0	54.00
54.01	03630	1,222	0	0	0	0	54.01
54.02	05401	132	0	0	0	0	54.02
54.03	03480	1,229	0	0	0	0	54.03
54.04	03440	1,222	0	0	0	0	54.04
56.00	05600	456	0	0	0	0	56.00
57.00	05700	1,545	0	0	0	0	57.00
58.00	05800	1,025	0	0	0	0	58.00
59.00	05900	4,647	0	0	0	0	59.00
60.00	06000	12,200	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	781	0	0	0	0	63.00
64.00	06400	925	0	0	0	0	64.00
65.00	06500	4,031	0	0	0	0	65.00
66.00	06600	4,177	0	0	0	0	66.00
66.01	06601	2,459	0	0	0	0	66.01
66.02	06602	2,003	0	0	0	0	66.02
69.00	06900	980	0	0	0	0	69.00
70.00	07000	241	0	0	0	0	70.00
70.01	07001	0	0	0	0	0	70.01
70.02	07002	905	0	0	0	0	70.02
71.00	07100	0	0	10,000	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	10,000	0	73.00
74.00	07400	42	0	0	0	0	74.00
76.97	07697	623	0	0	0	0	76.97
76.98	07698	0	0	0	0	0	76.98
76.99	07699	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,750	1,750	0	0	0	90.00
90.01	09001	1,074	0	0	0	0	90.01
90.02	09002	1,086	0	0	0	0	90.02
90.03	09003	203	0	0	0	0	90.03
90.04	09004	1,007	0	0	0	0	90.04
90.05	09005	1,861	0	0	0	0	90.05
91.00	09100	7,601	7,601	0	0	0	91.00
92.00	09200						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,794	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,827	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	177,151	98,811	10,000	10,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	258	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,518	0	0	0	192.00
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)	3,051,532	3,559,906	3,940,137	9,540,416	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.054620	36.027426	394.013700	954.041600	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	506,489	112,889	609,962	243,911	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.830702	1.142474	60.996200	24.391100	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS) 17.00	PARAMED PRGM (PATIENT DAYS) 23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00540			5.01
5.02	00550			5.02
5.03	00560			5.03
5.04	00570			5.04
5.05	00580			5.05
5.06	00590			5.06
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
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	93,844		17.00
23.00	02300	0	93,844	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	64,583	64,583	30.00
31.00	03100	7,588	7,588	31.00
41.00	04100	21,673	21,673	41.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
50.01	05001	0	0	50.01
50.02	03330	0	0	50.02
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03630	0	0	54.01
54.02	05401	0	0	54.02
54.03	03480	0	0	54.03
54.04	03440	0	0	54.04
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
62.30	06250	0	0	62.30
63.00	06300	0	0	63.00
64.00	06400	0	0	64.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
66.01	06601	0	0	66.01
66.02	06602	0	0	66.02
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
70.01	07001	0	0	70.01
70.02	07002	0	0	70.02
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
76.97	07697	0	0	76.97
76.98	07698	0	0	76.98
76.99	07699	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03
90.04	09004	0	0	90.04
90.05	09005	0	0	90.05
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet B-1

Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		SOCIAL SERVICE (PATIENT DAYS)	PARAMED PRGM (PATIENT DAYS)	
		17.00	23.00	
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	93,844	93,844	118.00
	NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
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)	3,620,646	555,528	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	38.581540	5.919697	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,893	33,766	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.457067	0.359810	205.00

Provider CCN: 140258

Period:  
 From 07/01/2013  
 To 06/30/2014

Worksheet B-2  
 Date/Time Prepared:  
 12/1/2014 10:48 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		80,733,959	34,856	80,768,815	30.00	
31.00	03100 INTENSIVE CARE UNIT		15,575,761	0	15,575,761	31.00	
41.00	04100 SUBPROVIDER - I RF		28,200,075	195,038	28,395,113	41.00	
43.00	04300 NURSERY		2,200,945	0	2,200,945	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		24,284,260	606,164	24,890,424	50.00	
50.01	05001 GAMMA KNIFE		3,406,341	10,575	3,416,916	50.01	
50.02	03330 ENDOSCOPY		5,427,348	0	5,427,348	50.02	
51.00	05100 RECOVERY ROOM		3,513,051	0	3,513,051	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,879,272	0	5,879,272	52.00	
53.00	05300 ANESTHESIOLOGY		1,513,106	0	1,513,106	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,063,447	563	5,064,010	54.00	
54.01	03630 ULTRASOUND		2,753,988	0	2,753,988	54.01	
54.02	05401 PET SCAN		663,844	0	663,844	54.02	
54.03	03480 RADIATION ONCOLOGY		3,587,157	0	3,587,157	54.03	
54.04	03440 MAMMOGRAPHY		2,501,661	0	2,501,661	54.04	
56.00	05600 RADIOISOTOPE		1,568,354	0	1,568,354	56.00	
57.00	05700 CT SCAN		4,091,654	0	4,091,654	57.00	
58.00	05800 MRI		3,026,616	0	3,026,616	58.00	
59.00	05900 CARDIAC CATHETERIZATION		8,879,886	0	8,879,886	59.00	
60.00	06000 LABORATORY		22,302,977	2,874	22,305,851	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,382,789	0	3,382,789	63.00	
64.00	06400 INTRAVENOUS THERAPY		1,429,831	0	1,429,831	64.00	
65.00	06500 RESPIRATORY THERAPY	0	5,691,508	0	5,691,508	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,956,331	0	5,956,331	66.00	
66.01	06601 REHAB OUTPATIENT	0	3,525,614	0	3,525,614	66.01	
66.02	06602 REHAB MED SURGICAL	0	2,877,595	0	2,877,595	66.02	
69.00	06900 ELECTROCARDIOLOGY		2,146,608	0	2,146,608	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		600,589	0	600,589	70.00	
70.01	07001 NEUROMEG		661,637	0	661,637	70.01	
70.02	07002 SLEEP LAB		1,490,344	0	1,490,344	70.02	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		40,523,855	0	40,523,855	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		32,349,209	0	32,349,209	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		33,030,147	0	33,030,147	73.00	
74.00	07400 RENAL DIALYSIS		1,580,353	0	1,580,353	74.00	
76.97	07697 CARDIAC REHABILITATION		1,128,918	0	1,128,918	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		3,166,611	0	3,166,611	90.00	
90.01	09001 DAY REHAB		1,553,820	0	1,553,820	90.01	
90.02	09002 IMAGING CENTERS		2,264,404	0	2,264,404	90.02	
90.03	09003 COUMADIN CLINIC		315,343	0	315,343	90.03	
90.04	09004 WOUND CLINIC		1,948,574	0	1,948,574	90.04	
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,331,540	0	3,331,540	90.05	
91.00	09100 EMERGENCY		12,652,396	152,054	12,804,450	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,449,840	0	5,449,840	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
101.00	10100 HOME HEALTH AGENCY		10,873,236	0	10,873,236	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,456,572		6,456,572	116.00	
200.00	Subtotal (see instructions)		409,561,366	1,002,124	410,563,490	200.00	
201.00	Less Observation Beds		5,449,840		5,449,840	201.00	
202.00	Total (see instructions)		404,111,526	1,002,124	405,113,650	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am	
			Title XVII I	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	156,786,377		156,786,377	30.00
31.00	03100	INTENSIVE CARE UNIT	32,526,731		32,526,731	31.00
41.00	04100	SUBPROVIDER - IRF	44,417,750		44,417,750	41.00
43.00	04300	NURSERY	8,074,077		8,074,077	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	77,419,201	76,720,398	154,139,599	0.157547 50.00
50.01	05001	GAMMA KNIFE	64,940	11,537,632	11,602,572	0.293585 50.01
50.02	03330	ENDOSCOPY	10,547,746	48,861,214	59,408,960	0.091356 50.02
51.00	05100	RECOVERY ROOM	12,916,682	12,778,361	25,695,043	0.136721 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,887,215	3,053,173	12,940,388	0.454335 52.00
53.00	05300	ANESTHESIOLOGY	17,696,059	18,522,059	36,218,118	0.041778 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,792,357	22,108,281	35,900,638	0.141041 54.00
54.01	03630	ULTRASOUND	9,115,970	17,765,786	26,881,756	0.102448 54.01
54.02	05401	PET SCAN	39,076	9,506,035	9,545,111	0.069548 54.02
54.03	03480	RADIATION ONCOLOGY	1,963,454	37,178,389	39,141,843	0.091645 54.03
54.04	03440	MAMMOGRAPHY	26,365	13,689,890	13,716,255	0.182387 54.04
56.00	05600	RADIOISOTOPE	7,161,880	13,723,237	20,885,117	0.075094 56.00
57.00	05700	CT SCAN	29,223,733	60,092,733	89,316,466	0.045811 57.00
58.00	05800	MRI	12,601,935	26,795,817	39,397,752	0.076822 58.00
59.00	05900	CARDIAC CATHETERIZATION	47,814,595	47,639,826	95,454,421	0.093027 59.00
60.00	06000	LABORATORY	97,674,108	142,969,568	240,643,676	0.092681 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,712,975	2,056,862	8,769,837	0.385730 63.00
64.00	06400	INTRAVENOUS THERAPY	2,731,223	156,182	2,887,405	0.495196 64.00
65.00	06500	RESPIRATORY THERAPY	39,817,921	2,881,537	42,699,458	0.133292 65.00
66.00	06600	PHYSICAL THERAPY	29,702,365	0	29,702,365	0.200534 66.00
66.01	06601	REHAB OUTPATIENT	1,510	11,380,747	11,382,257	0.309746 66.01
66.02	06602	REHAB MED SURGICAL	13,655,071	516,188	14,171,259	0.203059 66.02
69.00	06900	ELECTROCARDIOLOGY	18,557,017	15,765,564	34,322,581	0.062542 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,000,112	3,413,596	4,413,708	0.136074 70.00
70.01	07001	NEUROMEG	0	850,139	850,139	0.778269 70.01
70.02	07002	SLEEP LAB	2,873	6,563,664	6,566,537	0.226960 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,019,626	42,785,020	102,804,646	0.394183 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,422,904	15,841,863	44,264,767	0.730812 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,129,425	51,738,045	146,867,470	0.224898 73.00
74.00	07400	RENAL DIALYSIS	5,213,632	975,041	6,188,673	0.255362 74.00
76.97	07697	CARDIAC REHABILITATION	217,078	1,377,720	1,594,798	0.707875 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	309,737	12,743,615	13,053,352	0.242590 90.00
90.01	09001	DAY REHAB	0	6,179,813	6,179,813	0.251435 90.01
90.02	09002	IMAGING CENTERS	144,289	17,248,404	17,392,693	0.130193 90.02
90.03	09003	COUMADIN CLINIC	1,300	1,248,597	1,249,897	0.252295 90.03
90.04	09004	WOUND CLINIC	52,456	17,354,491	17,406,947	0.111942 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	281,152	38,327,827	38,608,979	0.086289 90.05
91.00	09100	EMERGENCY	26,168,098	62,094,213	88,262,311	0.143350 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,757,732	9,757,732	0.558515 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000 94.00
101.00	10100	HOME HEALTH AGENCY	0	11,988,189	11,988,189	
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	5,904,230	5,904,230	116.00
200.00		Subtotal (see instructions)	917,891,015	902,091,678	1,819,982,693	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	917,891,015	902,091,678	1,819,982,693	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.161480		50.00
50.01	05001 GAMMA KNIFE	0.294496		50.01
50.02	03330 ENDOSCOPY	0.091356		50.02
51.00	05100 RECOVERY ROOM	0.136721		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454335		52.00
53.00	05300 ANESTHESIOLOGY	0.041778		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141056		54.00
54.01	03630 ULTRASOUND	0.102448		54.01
54.02	05401 PET SCAN	0.069548		54.02
54.03	03480 RADIOLOGY ONCOLOGY	0.091645		54.03
54.04	03440 MAMMOGRAPHY	0.182387		54.04
56.00	05600 RADIOISOTOPE	0.075094		56.00
57.00	05700 CT SCAN	0.045811		57.00
58.00	05800 MRI	0.076822		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093027		59.00
60.00	06000 LABORATORY	0.092692		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.385730		63.00
64.00	06400 INTRAVENOUS THERAPY	0.495196		64.00
65.00	06500 RESPIRATORY THERAPY	0.133292		65.00
66.00	06600 PHYSICAL THERAPY	0.200534		66.00
66.01	06601 REHAB OUTPATIENT	0.309746		66.01
66.02	06602 REHAB MED SURGICAL	0.203059		66.02
69.00	06900 ELECTROCARDIOLOGY	0.062542		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.136074		70.00
70.01	07001 NEUROLOG	0.778269		70.01
70.02	07002 SLEEP LAB	0.226960		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.394183		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.730812		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.224898		73.00
74.00	07400 RENAL DIALYSIS	0.255362		74.00
76.97	07697 CARDIAC REHABILITATION	0.707875		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.242590		90.00
90.01	09001 DAY REHAB	0.251435		90.01
90.02	09002 IMAGING CENTERS	0.130193		90.02
90.03	09003 COUMADIN CLINIC	0.252295		90.03
90.04	09004 WOUND CLINIC	0.111942		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.086289		90.05
91.00	09100 EMERGENCY	0.145073		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.558515		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		80,733,959	34,856	80,768,815	30.00	
31.00	03100 INTENSIVE CARE UNIT		15,575,761	0	15,575,761	31.00	
41.00	04100 SUBPROVIDER - I RF		28,200,075	195,038	28,395,113	41.00	
43.00	04300 NURSERY		2,200,945	0	2,200,945	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		24,284,260	606,164	24,890,424	50.00	
50.01	05001 GAMMA KNIFE		3,406,341	10,575	3,416,916	50.01	
50.02	03330 ENDOSCOPY		5,427,348	0	5,427,348	50.02	
51.00	05100 RECOVERY ROOM		3,513,051	0	3,513,051	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,879,272	0	5,879,272	52.00	
53.00	05300 ANESTHESIOLOGY		1,513,106	0	1,513,106	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,063,447	563	5,064,010	54.00	
54.01	03630 ULTRASOUND		2,753,988	0	2,753,988	54.01	
54.02	05401 PET SCAN		663,844	0	663,844	54.02	
54.03	03480 RADIATION ONCOLOGY		3,587,157	0	3,587,157	54.03	
54.04	03440 MAMMOGRAPHY		2,501,661	0	2,501,661	54.04	
56.00	05600 RADIOISOTOPE		1,568,354	0	1,568,354	56.00	
57.00	05700 CT SCAN		4,091,654	0	4,091,654	57.00	
58.00	05800 MRI		3,026,616	0	3,026,616	58.00	
59.00	05900 CARDIAC CATHETERIZATION		8,879,886	0	8,879,886	59.00	
60.00	06000 LABORATORY		22,302,977	2,874	22,305,851	60.00	
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	62.30	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		3,382,789	0	3,382,789	63.00	
64.00	06400 INTRAVENOUS THERAPY		1,429,831	0	1,429,831	64.00	
65.00	06500 RESPIRATORY THERAPY	0	5,691,508	0	5,691,508	65.00	
66.00	06600 PHYSICAL THERAPY	0	5,956,331	0	5,956,331	66.00	
66.01	06601 REHAB OUTPATIENT	0	3,525,614	0	3,525,614	66.01	
66.02	06602 REHAB MED SURGICAL	0	2,877,595	0	2,877,595	66.02	
69.00	06900 ELECTROCARDIOLOGY		2,146,608	0	2,146,608	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		600,589	0	600,589	70.00	
70.01	07001 NEUROMEG		661,637	0	661,637	70.01	
70.02	07002 SLEEP LAB		1,490,344	0	1,490,344	70.02	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		40,523,855	0	40,523,855	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		32,349,209	0	32,349,209	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		33,030,147	0	33,030,147	73.00	
74.00	07400 RENAL DIALYSIS		1,580,353	0	1,580,353	74.00	
76.97	07697 CARDIAC REHABILITATION		1,128,918	0	1,128,918	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY		0	0	0	76.98	
76.99	07699 LI THOTRI PSY		0	0	0	76.99	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC		3,166,611	0	3,166,611	90.00	
90.01	09001 DAY REHAB		1,553,820	0	1,553,820	90.01	
90.02	09002 IMAGING CENTERS		2,264,404	0	2,264,404	90.02	
90.03	09003 COUMADIN CLINIC		315,343	0	315,343	90.03	
90.04	09004 WOUND CLINIC		1,948,574	0	1,948,574	90.04	
90.05	09005 CARDIOVASCULAR IMAGING CENTERS		3,331,540	0	3,331,540	90.05	
91.00	09100 EMERGENCY		12,652,396	152,054	12,804,450	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		5,449,840	0	5,449,840	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
101.00	10100 HOME HEALTH AGENCY		10,873,236	0	10,873,236	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,456,572		6,456,572	116.00	
200.00	Subtotal (see instructions)		409,561,366	1,002,124	410,563,490	200.00	
201.00	Less Observation Beds		5,449,840		5,449,840	201.00	
202.00	Total (see instructions)		404,111,526	1,002,124	405,113,650	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	156,786,377		156,786,377			30.00
31.00	03100	INTENSIVE CARE UNIT	32,526,731		32,526,731			31.00
41.00	04100	SUBPROVIDER - IRF	44,417,750		44,417,750			41.00
43.00	04300	NURSERY	8,074,077		8,074,077			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	77,419,201	76,720,398	154,139,599	0.157547	0.000000	50.00
50.01	05001	GAMMA KNIFE	64,940	11,537,632	11,602,572	0.293585	0.000000	50.01
50.02	03330	ENDOSCOPY	10,547,746	48,861,214	59,408,960	0.091356	0.000000	50.02
51.00	05100	RECOVERY ROOM	12,916,682	12,778,361	25,695,043	0.136721	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,887,215	3,053,173	12,940,388	0.454335	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	17,696,059	18,522,059	36,218,118	0.041778	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,792,357	22,108,281	35,900,638	0.141041	0.000000	54.00
54.01	03630	ULTRASOUND	9,115,970	17,765,786	26,881,756	0.102448	0.000000	54.01
54.02	05401	PET SCAN	39,076	9,506,035	9,545,111	0.069548	0.000000	54.02
54.03	03480	RADIATION ONCOLOGY	1,963,454	37,178,389	39,141,843	0.091645	0.000000	54.03
54.04	03440	MAMMOGRAPHY	26,365	13,689,890	13,716,255	0.182387	0.000000	54.04
56.00	05600	RADIOISOTOPE	7,161,880	13,723,237	20,885,117	0.075094	0.000000	56.00
57.00	05700	CT SCAN	29,223,733	60,092,733	89,316,466	0.045811	0.000000	57.00
58.00	05800	MRI	12,601,935	26,795,817	39,397,752	0.076822	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,814,595	47,639,826	95,454,421	0.093027	0.000000	59.00
60.00	06000	LABORATORY	97,674,108	142,969,568	240,643,676	0.092681	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,712,975	2,056,862	8,769,837	0.385730	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,731,223	156,182	2,887,405	0.495196	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	39,817,921	2,881,537	42,699,458	0.133292	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	29,702,365	0	29,702,365	0.200534	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	1,510	11,380,747	11,382,257	0.309746	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	13,655,071	516,188	14,171,259	0.203059	0.000000	66.02
69.00	06900	ELECTROCARDIOLOGY	18,557,017	15,765,564	34,322,581	0.062542	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,000,112	3,413,596	4,413,708	0.136074	0.000000	70.00
70.01	07001	NEUROMEG	0	850,139	850,139	0.778269	0.000000	70.01
70.02	07002	SLEEP LAB	2,873	6,563,664	6,566,537	0.226960	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	60,019,626	42,785,020	102,804,646	0.394183	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,422,904	15,841,863	44,264,767	0.730812	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,129,425	51,738,045	146,867,470	0.224898	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,213,632	975,041	6,188,673	0.255362	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	217,078	1,377,720	1,594,798	0.707875	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	309,737	12,743,615	13,053,352	0.242590	0.000000	90.00
90.01	09001	DAY REHAB	0	6,179,813	6,179,813	0.251435	0.000000	90.01
90.02	09002	IMAGING CENTERS	144,289	17,248,404	17,392,693	0.130193	0.000000	90.02
90.03	09003	COUMADIN CLINIC	1,300	1,248,597	1,249,897	0.252295	0.000000	90.03
90.04	09004	WOUND CLINIC	52,456	17,354,491	17,406,947	0.111942	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	281,152	38,327,827	38,608,979	0.086289	0.000000	90.05
91.00	09100	EMERGENCY	26,168,098	62,094,213	88,262,311	0.143350	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,757,732	9,757,732	0.558515	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	11,988,189	11,988,189			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	5,904,230	5,904,230			116.00
200.00		Subtotal (see instructions)	917,891,015	902,091,678	1,819,982,693			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	917,891,015	902,091,678	1,819,982,693			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 GAMMA KNIFE	0.000000		50.01
50.02	03330 ENDOSCOPY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
54.02	05401 PET SCAN	0.000000		54.02
54.03	03480 RADIOLOGY ONCOLOGY	0.000000		54.03
54.04	03440 MAMMOGRAPHY	0.000000		54.04
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 REHAB OUTPATIENT	0.000000		66.01
66.02	06602 REHAB MED SURGICAL	0.000000		66.02
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	07001 NEUROLOG	0.000000		70.01
70.02	07002 SLEEP LAB	0.000000		70.02
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
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 DAY REHAB	0.000000		90.01
90.02	09002 IMAGING CENTERS	0.000000		90.02
90.03	09003 COUMADIN CLINIC	0.000000		90.03
90.04	09004 WOUND CLINIC	0.000000		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 12/1/2014 10:48 am
		Title XVIII	Hospital	PPS

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

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,360,924	0	6,360,924	69,256	91.85 30.00
31.00	INTENSIVE CARE UNIT	1,181,848		1,181,848	7,588	155.75 31.00
41.00	SUBPROVIDER - IRF	1,896,932	0	1,896,932	21,673	87.53 41.00
43.00	NURSERY	105,076		105,076	5,043	20.84 43.00
200.00	Total (lines 30-199)	9,544,780		9,544,780	103,560	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	35,694	3,278,494 30.00
31.00	INTENSIVE CARE UNIT	3,933	612,565 31.00
41.00	SUBPROVIDER - IRF	15,373	1,345,599 41.00
43.00	NURSERY	0	0 43.00
200.00	Total (lines 30-199)	55,000	5,236,658 200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,816,890	154,139,599	0.011787	33,086,164	389,987	50.00
50.01	05001 GAMMA KNIFE	161,980	11,602,572	0.013961	64,940	907	50.01
50.02	03330 ENDOSCOPY	267,444	59,408,960	0.004502	6,443,291	29,008	50.02
51.00	05100 RECOVERY ROOM	239,823	25,695,043	0.009333	5,836,967	54,476	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	699,634	12,940,388	0.054066	7,663	414	52.00
53.00	05300 ANESTHESIOLOGY	50,748	36,218,118	0.001401	7,558,720	10,590	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	466,516	35,900,638	0.012995	7,816,768	101,579	54.00
54.01	03630 ULTRASOUND	197,973	26,881,756	0.007365	4,877,658	35,924	54.01
54.02	05401 PET SCAN	56,918	9,545,111	0.005963	39,076	233	54.02
54.03	03480 RADIATION ONCOLOGY	434,433	39,141,843	0.011099	995,814	11,053	54.03
54.04	03440 MAMMOGRAPHY	258,664	13,716,255	0.018858	23,130	436	54.04
56.00	05600 RADIOISOTOPE	226,594	20,885,117	0.010850	4,462,134	48,414	56.00
57.00	05700 CT SCAN	188,704	89,316,466	0.002113	16,142,098	34,108	57.00
58.00	05800 MRI	259,627	39,397,752	0.006590	6,725,477	44,321	58.00
59.00	05900 CARDIAC CATHETERIZATION	724,320	95,454,421	0.007588	27,106,104	205,681	59.00
60.00	06000 LABORATORY	799,888	240,643,676	0.003324	48,700,501	161,880	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	41,297	8,769,837	0.004709	3,071,117	14,462	63.00
64.00	06400 INTRAVENOUS THERAPY	29,532	2,887,405	0.010228	1,477,488	15,112	64.00
65.00	06500 RESPIRATORY THERAPY	136,155	42,699,458	0.003189	28,224,283	90,007	65.00
66.00	06600 PHYSICAL THERAPY	314,316	29,702,365	0.010582	50,184	531	66.00
66.01	06601 REHAB OUTPATIENT	238,765	11,382,257	0.020977	1,510	32	66.01
66.02	06602 REHAB MED SURGICAL	43,902	14,171,259	0.003098	8,778,803	27,197	66.02
69.00	06900 ELECTROCARDIOLOGY	137,432	34,322,581	0.004004	11,347,559	45,436	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	87,848	4,413,708	0.019903	593,160	11,806	70.00
70.01	07001 NEUROMEG	183,049	850,139	0.215317	0	0	70.01
70.02	07002 SLEEP LAB	235,059	6,566,537	0.035796	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	699,060	102,804,646	0.006800	23,003,579	156,424	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	90,871	44,264,767	0.002053	14,540,869	29,852	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	306,609	146,867,470	0.002088	47,283,230	98,727	73.00
74.00	07400 RENAL DIALYSIS	39,077	6,188,673	0.006314	3,244,377	20,485	74.00
76.97	07697 CARDIAC REHABILITATION	147,343	1,594,798	0.092390	101,789	9,404	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	362,640	13,053,352	0.027781	189,397	5,262	90.00
90.01	09001 DAY REHAB	79,958	6,179,813	0.012939	0	0	90.01
90.02	09002 IMAGING CENTERS	97,603	17,392,693	0.005612	96,640	542	90.02
90.03	09003 COUMADIN CLINIC	21,196	1,249,897	0.016958	1,300	22	90.03
90.04	09004 WOUND CLINIC	219,154	17,406,947	0.012590	52,456	660	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	16,280	38,608,979	0.000422	255,849	108	90.05
91.00	09100 EMERGENCY	594,240	88,262,311	0.006733	14,827,024	99,830	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	429,202	9,757,732	0.043986	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00	Total (lines 50-199)	11,400,744	1,560,285,339		327,027,119	1,754,910	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part III Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	382,311	0	0	382,311	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,919	0	0	44,919	31.00
41.00	04100	SUBPROVIDER - IRF	0	128,298	0	0	128,298	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	555,528	0	0	555,528	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	69,256	5.52	35,694	197,031		30.00
31.00	03100	INTENSIVE CARE UNIT	7,588	5.92	3,933	23,283		31.00
41.00	04100	SUBPROVIDER - IRF	21,673	5.92	15,373	91,008		41.00
43.00	04300	NURSERY	5,043	0.00	0	0		43.00
200.00		Total (lines 30-199)	103,560		55,000	311,322		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	54.01
54.02	05401	PET SCAN	0	0	0	0	54.02
54.03	03480	RADIATION ONCOLOGY	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	66.02
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	25,794	0	25,794
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
200.00		Total (Lines 50-199)	0	0	25,794	0	25,794

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	154,139,599	0.000000	0.000000	33,086,164	50.00
50.01	05001 GAMMA KNIFE	0	11,602,572	0.000000	0.000000	64,940	50.01
50.02	03330 ENDOSCOPY	0	59,408,960	0.000000	0.000000	6,443,291	50.02
51.00	05100 RECOVERY ROOM	0	25,695,043	0.000000	0.000000	5,836,967	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,940,388	0.000000	0.000000	7,663	52.00
53.00	05300 ANESTHESIOLOGY	0	36,218,118	0.000000	0.000000	7,558,720	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	35,900,638	0.000000	0.000000	7,816,768	54.00
54.01	03630 ULTRASOUND	0	26,881,756	0.000000	0.000000	4,877,658	54.01
54.02	05401 PET SCAN	0	9,545,111	0.000000	0.000000	39,076	54.02
54.03	03480 RADIATION ONCOLOGY	0	39,141,843	0.000000	0.000000	995,814	54.03
54.04	03440 MAMMOGRAPHY	0	13,716,255	0.000000	0.000000	23,130	54.04
56.00	05600 RADIOISOTOPE	0	20,885,117	0.000000	0.000000	4,462,134	56.00
57.00	05700 CT SCAN	0	89,316,466	0.000000	0.000000	16,142,098	57.00
58.00	05800 MRI	0	39,397,752	0.000000	0.000000	6,725,477	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	95,454,421	0.000000	0.000000	27,106,104	59.00
60.00	06000 LABORATORY	0	240,643,676	0.000000	0.000000	48,700,501	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,769,837	0.000000	0.000000	3,071,117	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,887,405	0.000000	0.000000	1,477,488	64.00
65.00	06500 RESPIRATORY THERAPY	0	42,699,458	0.000000	0.000000	28,224,283	65.00
66.00	06600 PHYSICAL THERAPY	0	29,702,365	0.000000	0.000000	50,184	66.00
66.01	06601 REHAB OUTPATIENT	0	11,382,257	0.000000	0.000000	1,510	66.01
66.02	06602 REHAB MED SURGICAL	0	14,171,259	0.000000	0.000000	8,778,803	66.02
69.00	06900 ELECTROCARDIOLOGY	0	34,322,581	0.000000	0.000000	11,347,559	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,413,708	0.000000	0.000000	593,160	70.00
70.01	07001 NEUROMEG	0	850,139	0.000000	0.000000	0	70.01
70.02	07002 SLEEP LAB	0	6,566,537	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,804,646	0.000000	0.000000	23,003,579	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	44,264,767	0.000000	0.000000	14,540,869	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	146,867,470	0.000000	0.000000	47,283,230	73.00
74.00	07400 RENAL DIALYSIS	0	6,188,673	0.000000	0.000000	3,244,377	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,594,798	0.000000	0.000000	101,789	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	13,053,352	0.000000	0.000000	189,397	90.00
90.01	09001 DAY REHAB	0	6,179,813	0.000000	0.000000	0	90.01
90.02	09002 IMAGING CENTERS	0	17,392,693	0.000000	0.000000	96,640	90.02
90.03	09003 COUMADIN CLINIC	0	1,249,897	0.000000	0.000000	1,300	90.03
90.04	09004 WOUND CLINIC	0	17,406,947	0.000000	0.000000	52,456	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	38,608,979	0.000000	0.000000	255,849	90.05
91.00	09100 EMERGENCY	0	88,262,311	0.000000	0.000000	14,827,024	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	25,794	9,757,732	0.002643	0.002643	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	25,794	1,560,285,339			327,027,119	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	14,371,376	0	50.00
50.01	05001 GAMMA KNIFE	0	4,697,256	0	50.01
50.02	03330 ENDOSCOPY	0	15,500,635	0	50.02
51.00	05100 RECOVERY ROOM	0	2,569,348	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,031	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,520,934	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,574,820	0	54.00
54.01	03630 ULTRASOUND	0	3,906,309	0	54.01
54.02	05401 PET SCAN	0	5,033,879	0	54.02
54.03	03480 RADIATION ONCOLOGY	0	16,941,921	0	54.03
54.04	03440 MAMMOGRAPHY	0	1,117,355	0	54.04
56.00	05600 RADIOISOTOPE	0	5,951,302	0	56.00
57.00	05700 CT SCAN	0	20,055,182	0	57.00
58.00	05800 MRI	0	8,232,352	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	26,012,570	0	59.00
60.00	06000 LABORATORY	0	13,299,676	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	807,687	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	57,320	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,124,220	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	743	0	66.01
66.02	06602 REHAB MED SURGICAL	0	4,567	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	5,103,645	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	714,329	0	70.00
70.01	07001 NEUROMEG	0	107,703	0	70.01
70.02	07002 SLEEP LAB	0	1,695,889	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,296,899	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,961,747	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	19,058,450	0	73.00
74.00	07400 RENAL DIALYSIS	0	863,794	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	690,211	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	5,360,486	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	5,206,045	0	90.02
90.03	09003 COUMADIN CLINIC	0	870,380	0	90.03
90.04	09004 WOUND CLINIC	0	8,551,970	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	20,108,465	0	90.05
91.00	09100 EMERGENCY	0	12,790,998	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,140,611	8,301	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	255,303,105	8,301	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 10:48 am				
		Title XVIIII	Hospital	PPS				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.157547	14,371,376	0	0	2,264,167	50.00
50.01	05001	GAMMA KNIFE	0.293585	4,697,256	0	0	1,379,044	50.01
50.02	03330	ENDOSCOPY	0.091356	15,500,635	0	0	1,416,076	50.02
51.00	05100	RECOVERY ROOM	0.136721	2,569,348	0	0	351,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454335	2,031	0	0	923	52.00
53.00	05300	ANESTHESIOLOGY	0.041778	3,520,934	0	0	147,098	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141041	6,574,820	0	0	927,319	54.00
54.01	03630	ULTRASOUND	0.102448	3,906,309	0	0	400,194	54.01
54.02	05401	PET SCAN	0.069548	5,033,879	0	0	350,096	54.02
54.03	03480	RADIATION ONCOLOGY	0.091645	16,941,921	0	0	1,552,642	54.03
54.04	03440	MAMMOGRAPHY	0.182387	1,117,355	0	0	203,791	54.04
56.00	05600	RADIOISOTOPE	0.075094	5,951,302	0	0	446,907	56.00
57.00	05700	CT SCAN	0.045811	20,055,182	0	0	918,748	57.00
58.00	05800	MRI	0.076822	8,232,352	0	0	632,426	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093027	26,012,570	0	0	2,419,871	59.00
60.00	06000	LABORATORY	0.092681	13,299,676	17,342	0	1,232,627	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.385730	807,687	0	0	311,549	63.00
64.00	06400	INTRAVENOUS THERAPY	0.495196	57,320	0	0	28,385	64.00
65.00	06500	RESPIRATORY THERAPY	0.133292	1,124,220	0	0	149,850	65.00
66.00	06600	PHYSICAL THERAPY	0.200534	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0.309746	743	0	0	230	66.01
66.02	06602	REHAB MED SURGICAL	0.203059	4,567	0	0	927	66.02
69.00	06900	ELECTROCARDIOLOGY	0.062542	5,103,645	0	0	319,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136074	714,329	0	0	97,202	70.00
70.01	07001	NEUROMEG	0.778269	107,703	0	0	83,822	70.01
70.02	07002	SLEEP LAB	0.226960	1,695,889	0	0	384,899	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.394183	14,296,899	0	0	5,635,595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.730812	6,961,747	0	0	5,087,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224898	19,058,450	0	186,342	4,286,207	73.00
74.00	07400	RENAL DIALYSIS	0.255362	863,794	0	0	220,580	74.00
76.97	07697	CARDIAC REHABILITATION	0.707875	690,211	0	0	488,583	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.242590	5,360,486	0	0	1,300,400	90.00
90.01	09001	DAY REHAB	0.251435	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0.130193	5,206,045	0	0	677,791	90.02
90.03	09003	COUMADIN CLINIC	0.252295	870,380	0	0	219,593	90.03
90.04	09004	WOUND CLINIC	0.111942	8,551,970	0	0	957,325	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.086289	20,108,465	0	0	1,735,139	90.05
91.00	09100	EMERGENCY	0.143350	12,790,998	135,858	0	1,833,590	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.558515	3,140,611	0	0	1,754,078	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00		Subtotal (see instructions)		255,303,105	153,200	186,342	40,215,878	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		255,303,105	153,200	186,342	40,215,878	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 10:48 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 GAMMA KNIFE	0	0		50.01
50.02 03330 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
54.02 05401 PET SCAN	0	0		54.02
54.03 03480 RADIATION ONCOLOGY	0	0		54.03
54.04 03440 MAMMOGRAPHY	0	0		54.04
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,607	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 REHAB OUTPATIENT	0	0		66.01
66.02 06602 REHAB MED SURGICAL	0	0		66.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 NEUROMEG	0	0		70.01
70.02 07002 SLEEP LAB	0	0		70.02
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	41,908		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DAY REHAB	0	0		90.01
90.02 09002 IMAGING CENTERS	0	0		90.02
90.03 09003 COUMADIN CLINIC	0	0		90.03
90.04 09004 WOUND CLINIC	0	0		90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0		90.05
91.00 09100 EMERGENCY	19,475	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00 Subtotal (see instructions)	21,082	41,908		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	21,082	41,908		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 12/1/2014 10:48 am	
		Component CCN: 14T258		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,816,890	154,139,599	0.011787	44,680	527
50.01	05001	GAMMA KNIFE	161,980	11,602,572	0.013961	0	0
50.02	03330	ENDOSCOPY	267,444	59,408,960	0.004502	47,551	214
51.00	05100	RECOVERY ROOM	239,823	25,695,043	0.009333	9,865	92
52.00	05200	DELIVERY ROOM & LABOR ROOM	699,634	12,940,388	0.054066	0	0
53.00	05300	ANESTHESIOLOGY	50,748	36,218,118	0.001401	10,185	14
54.00	05400	RADIOLOGY-DIAGNOSTIC	466,516	35,900,638	0.012995	419,957	5,457
54.01	03630	ULTRASOUND	197,973	26,881,756	0.007365	277,784	2,046
54.02	05401	PET SCAN	56,918	9,545,111	0.005963	0	0
54.03	03480	RADIATION ONCOLOGY	434,433	39,141,843	0.011099	44,869	498
54.04	03440	MAMMOGRAPHY	258,664	13,716,255	0.018858	0	0
56.00	05600	RADIOISOTOPE	226,594	20,885,117	0.010850	74,174	805
57.00	05700	CT SCAN	188,704	89,316,466	0.002113	398,782	843
58.00	05800	MRI	259,627	39,397,752	0.006590	195,074	1,286
59.00	05900	CARDIAC CATHETERIZATION	724,320	95,454,421	0.007588	184,172	1,397
60.00	06000	LABORATORY	799,888	240,643,676	0.003324	6,142,774	20,419
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	41,297	8,769,837	0.004709	47,834	225
64.00	06400	INTRAVENOUS THERAPY	29,532	2,887,405	0.010228	54,434	557
65.00	06500	RESPIRATORY THERAPY	136,155	42,699,458	0.003189	1,789,887	5,708
66.00	06600	PHYSICAL THERAPY	314,316	29,702,365	0.010582	21,016,366	222,395
66.01	06601	REHAB OUTPATIENT	238,765	11,382,257	0.020977	0	0
66.02	06602	REHAB MED SURGICAL	43,902	14,171,259	0.003098	9,254	29
69.00	06900	ELECTROCARDIOLOGY	137,432	34,322,581	0.004004	117,715	471
70.00	07000	ELECTROENCEPHALOGRAPHY	87,848	4,413,708	0.019903	21,776	433
70.01	07001	NEUROMEG	183,049	850,139	0.215317	0	0
70.02	07002	SLEEP LAB	235,059	6,566,537	0.035796	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	699,060	102,804,646	0.006800	72,699	494
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	90,871	44,264,767	0.002053	15,833	33
73.00	07300	DRUGS CHARGED TO PATIENTS	306,609	146,867,470	0.002088	5,313,782	11,095
74.00	07400	RENAL DIALYSIS	39,077	6,188,673	0.006314	653,666	4,127
76.97	07697	CARDIAC REHABILITATION	147,343	1,594,798	0.092390	389	36
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	362,640	13,053,352	0.027781	14,007	389
90.01	09001	DAY REHAB	79,958	6,179,813	0.012939	0	0
90.02	09002	IMAGING CENTERS	97,603	17,392,693	0.005612	0	0
90.03	09003	COUMADIN CLINIC	21,196	1,249,897	0.016958	0	0
90.04	09004	WOUND CLINIC	219,154	17,406,947	0.012590	0	0
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	16,280	38,608,979	0.000422	823	0
91.00	09100	EMERGENCY	594,240	88,262,311	0.006733	54,410	366
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	9,757,732	0.000000	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
200.00		Total (lines 50-199)	10,971,542	1,560,285,339		37,032,742	279,956

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 GAMMA KNIFE	0	0	0	0	0	50.01
50.02 03330 ENDOSCOPY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRASOUND	0	0	0	0	0	54.01
54.02 05401 PET SCAN	0	0	0	0	0	54.02
54.03 03480 RADIATION ONCOLOGY	0	0	0	0	0	54.03
54.04 03440 MAMMOGRAPHY	0	0	0	0	0	54.04
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02 06602 REHAB MED SURGICAL	0	0	0	0	0	66.02
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 NEUROMEG	0	0	0	0	0	70.01
70.02 07002 SLEEP LAB	0	0	0	0	0	70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DAY REHAB	0	0	0	0	0	90.01
90.02 09002 IMAGING CENTERS	0	0	0	0	0	90.02
90.03 09003 COUMADIN CLINIC	0	0	0	0	0	90.03
90.04 09004 WOUND CLINIC	0	0	0	0	0	90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	154,139,599	0.000000	0.000000	44,680	50.00
50.01	05001 GAMMA KNIFE	0	11,602,572	0.000000	0.000000	0	50.01
50.02	03330 ENDOSCOPY	0	59,408,960	0.000000	0.000000	47,551	50.02
51.00	05100 RECOVERY ROOM	0	25,695,043	0.000000	0.000000	9,865	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	12,940,388	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	36,218,118	0.000000	0.000000	10,185	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	35,900,638	0.000000	0.000000	419,957	54.00
54.01	03630 ULTRASOUND	0	26,881,756	0.000000	0.000000	277,784	54.01
54.02	05401 PET SCAN	0	9,545,111	0.000000	0.000000	0	54.02
54.03	03480 RADIATION ONCOLOGY	0	39,141,843	0.000000	0.000000	44,869	54.03
54.04	03440 MAMMOGRAPHY	0	13,716,255	0.000000	0.000000	0	54.04
56.00	05600 RADIOISOTOPE	0	20,885,117	0.000000	0.000000	74,174	56.00
57.00	05700 CT SCAN	0	89,316,466	0.000000	0.000000	398,782	57.00
58.00	05800 MRI	0	39,397,752	0.000000	0.000000	195,074	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	95,454,421	0.000000	0.000000	184,172	59.00
60.00	06000 LABORATORY	0	240,643,676	0.000000	0.000000	6,142,774	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,769,837	0.000000	0.000000	47,834	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,887,405	0.000000	0.000000	54,434	64.00
65.00	06500 RESPIRATORY THERAPY	0	42,699,458	0.000000	0.000000	1,789,887	65.00
66.00	06600 PHYSICAL THERAPY	0	29,702,365	0.000000	0.000000	21,016,366	66.00
66.01	06601 REHAB OUTPATIENT	0	11,382,257	0.000000	0.000000	0	66.01
66.02	06602 REHAB MED SURGICAL	0	14,171,259	0.000000	0.000000	9,254	66.02
69.00	06900 ELECTROCARDIOLOGY	0	34,322,581	0.000000	0.000000	117,715	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,413,708	0.000000	0.000000	21,776	70.00
70.01	07001 NEUROLOG	0	850,139	0.000000	0.000000	0	70.01
70.02	07002 SLEEP LAB	0	6,566,537	0.000000	0.000000	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	102,804,646	0.000000	0.000000	72,699	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	44,264,767	0.000000	0.000000	15,833	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	146,867,470	0.000000	0.000000	5,313,782	73.00
74.00	07400 RENAL DIALYSIS	0	6,188,673	0.000000	0.000000	653,666	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,594,798	0.000000	0.000000	389	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	13,053,352	0.000000	0.000000	14,007	90.00
90.01	09001 DAY REHAB	0	6,179,813	0.000000	0.000000	0	90.01
90.02	09002 IMAGING CENTERS	0	17,392,693	0.000000	0.000000	0	90.02
90.03	09003 COUMADIN CLINIC	0	1,249,897	0.000000	0.000000	0	90.03
90.04	09004 WOUND CLINIC	0	17,406,947	0.000000	0.000000	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	38,608,979	0.000000	0.000000	823	90.05
91.00	09100 EMERGENCY	0	88,262,311	0.000000	0.000000	54,410	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	9,757,732	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
200.00	Total (lines 50-199)	0	1,560,285,339			37,032,742	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/1/2014 10:48 am
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0	0	0	50.01
50.02	03330 ENDOSCOPY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,623	0	54.00
54.01	03630 ULTRASOUND	0	4,072	0	54.01
54.02	05401 PET SCAN	0	0	0	54.02
54.03	03480 RADIATION ONCOLOGY	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0	468	0	54.04
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	10,361	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	66.02
69.00	06900 ELECTROCARDIOLOGY	0	300	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001 NEUROMEG	0	0	0	70.01
70.02	07002 SLEEP LAB	0	0	0	70.02
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	2,470	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DAY REHAB	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	90.03
90.04	09004 WOUND CLINIC	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
200.00	Total (lines 50-199)	0	20,294	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/1/2014 10:48 am		
		Title XVIIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.157547	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.293585	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.091356	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.136721	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454335	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041778	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141041	2,623	0	0	370 54.00
54.01	03630 ULTRASOUND	0.102448	4,072	0	0	417 54.01
54.02	05401 PET SCAN	0.069548	0	0	0	0 54.02
54.03	03480 RADIATION ONCOLOGY	0.091645	0	0	0	0 54.03
54.04	03440 MAMMOGRAPHY	0.182387	468	0	0	85 54.04
56.00	05600 RADIOISOTOPE	0.075094	0	0	0	0 56.00
57.00	05700 CT SCAN	0.045811	0	0	0	0 57.00
58.00	05800 MRI	0.076822	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093027	0	0	0	0 59.00
60.00	06000 LABORATORY	0.092681	10,361	0	0	960 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.385730	0	0	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.495196	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.133292	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.200534	0	0	0	0 66.00
66.01	06601 REHAB OUTPATIENT	0.309746	0	0	0	0 66.01
66.02	06602 REHAB MED SURGICAL	0.203059	0	0	0	0 66.02
69.00	06900 ELECTROCARDIOLOGY	0.062542	300	0	0	19 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.136074	0	0	0	0 70.00
70.01	07001 NEUROMEG	0.778269	0	0	0	0 70.01
70.02	07002 SLEEP LAB	0.226960	0	0	0	0 70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.394183	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.730812	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.224898	2,470	0	2,606	555 73.00
74.00	07400 RENAL DIALYSIS	0.255362	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.707875	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0.242590	0	0	0	0 90.00
90.01	09001 DAY REHAB	0.251435	0	0	0	0 90.01
90.02	09002 IMAGING CENTERS	0.130193	0	0	0	0 90.02
90.03	09003 COUMADIN CLINIC	0.252295	0	0	0	0 90.03
90.04	09004 WOUND CLINIC	0.111942	0	0	0	0 90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.086289	0	0	0	0 90.05
91.00	09100 EMERGENCY	0.143350	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.558515	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00	Subtotal (see instructions)		20,294	0	2,606	2,406 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		20,294	0	2,606	2,406 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140258	Period: From 07/01/2013	Worksheet D Part V Date/Time Prepared: 12/1/2014 10:48 am
	Component CCN: 14T258	To 06/30/2014	
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 GAMMA KNIFE	0	0		50.01
50.02 03330 ENDOSCOPY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRASOUND	0	0		54.01
54.02 05401 PET SCAN	0	0		54.02
54.03 03480 RADIATION ONCOLOGY	0	0		54.03
54.04 03440 MAMMOGRAPHY	0	0		54.04
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 REHAB OUTPATIENT	0	0		66.01
66.02 06602 REHAB MED SURGICAL	0	0		66.02
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 NEUROMEG	0	0		70.01
70.02 07002 SLEEP LAB	0	0		70.02
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	586		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DAY REHAB	0	0		90.01
90.02 09002 IMAGING CENTERS	0	0		90.02
90.03 09003 COUMADIN CLINIC	0	0		90.03
90.04 09004 WOUND CLINIC	0	0		90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00 Subtotal (see instructions)	0	586		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	586		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part III Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	Cost	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	382,311	0	0	382,311	30.00
31.00	03100	INTENSIVE CARE UNIT	0	44,919	0	0	44,919	31.00
41.00	04100	SUBPROVIDER - IRF	0	128,298	0	0	128,298	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	555,528	0	0	555,528	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,256	5.52	5,880	32,458		30.00
31.00	03100	INTENSIVE CARE UNIT	7,588	5.92	493	2,919		31.00
41.00	04100	SUBPROVIDER - IRF	21,673	5.92	617	3,653		41.00
43.00	04300	NURSERY	5,043	0.00	2,765	0		43.00
200.00		Total (lines 30-199)	103,560		9,755	39,030		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		69,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,256	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)		64,583	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)		35,694	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
<b>SWING BED ADJUSTMENT</b>				
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)		80,768,815	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)		80,768,815	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		80,768,815	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,166.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		41,627,771	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)		41,627,771	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Date/Time Prepared: 12/1/2014 10:48 am		Title XVIII		Hospital		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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	15,575,761	7,588	2,052.68	3,933	8,073,190		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					59,123,717		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					108,824,678		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					4,111,373		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,754,910		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,866,283		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					102,958,395		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)					4,673		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,166.24		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					5,449,840		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,360,924	80,768,815	0.078755	5,449,840	429,202	90.00
91.00	Nursing School cost	0	80,768,815	0.000000	5,449,840	0	91.00
92.00	Allied health cost	382,311	80,768,815	0.004733	5,449,840	25,794	92.00
93.00	All other Medical Education	0	80,768,815	0.000000	5,449,840	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14T258		Date/Time Prepared: 12/1/2014 10:48 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,673	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)		21,673	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)		15,373	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
<b>SWING BED ADJUSTMENT</b>				
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)		28,395,113	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)		28,395,113	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		28,395,113	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,310.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,141,090	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)		20,141,090	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T258		Date/Time Prepared: 12/1/2014 10:48 am			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,655,014		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,796,104		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,436,607		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					279,956		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,716,563		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					25,079,541		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140258 Component CCN: 14T258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,896,932	28,395,113	0.066805	0	0	90.00
91.00	Nursing School cost	0	28,395,113	0.000000	0	0	91.00
92.00	Allied health cost	128,298	28,395,113	0.004518	0	0	92.00
93.00	All other Medical Education	0	28,395,113	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		69,256	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		69,256	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)		64,583	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)		5,880	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)		5,043	15.00
16.00	Nursery days (title V or XIX only)		2,765	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		80,733,959	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)		80,733,959	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		80,733,959	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,165.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,854,492	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)		6,854,492	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
Date/Time Prepared: 12/1/2014 10:48 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,200,945	5,043	436.44	2,765	1,206,757		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	15,575,761	7,588	2,052.68	493	1,011,971		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						9,073,220	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						4,673	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,165.73	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						5,447,456	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,360,924	80,733,959	0.078789	5,447,456	429,200	90.00
91.00	Nursing School cost	0	80,733,959	0.000000	5,447,456	0	91.00
92.00	Allied health cost	382,311	80,733,959	0.004735	5,447,456	25,794	92.00
93.00	All other Medical Education	0	80,733,959	0.000000	5,447,456	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			21,673 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			21,673 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)			21,673 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)			617 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)			5,043 15.00
16.00	Nursery days (title V or XIX only)			2,765 16.00
<b>SWING BED ADJUSTMENT</b>				
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)			28,200,075 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)			28,200,075 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)			28,200,075 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,301.16 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			802,816 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)			802,816 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 14T258		Date/Time Prepared: 12/1/2014 10:48 am			
		Title XIX		Subprovider - IRF		Cost	
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	
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					802,816	49.00	
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00	
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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	
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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	
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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	
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140258 Component CCN: 14T258		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/1/2014 10:48 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,896,932	28,200,075	0.067267	0	0	90.00
91.00	Nursing School cost	0	28,200,075	0.000000	0	0	91.00
92.00	Allied health cost	128,298	28,200,075	0.004550	0	0	92.00
93.00	All other Medical Education	0	28,200,075	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 12/1/2014 10:48 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		90,742,142	30.00
31.00	03100	INTENSIVE CARE UNIT		18,103,254	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.161480	33,086,164	50.00
50.01	05001	GAMMA KNIFE	0.294496	64,940	50.01
50.02	03330	ENDOSCOPY	0.091356	6,443,291	50.02
51.00	05100	RECOVERY ROOM	0.136721	5,836,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454335	7,663	52.00
53.00	05300	ANESTHESIOLOGY	0.041778	7,558,720	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141056	7,816,768	54.00
54.01	03630	ULTRASOUND	0.102448	4,877,658	54.01
54.02	05401	PET SCAN	0.069548	39,076	54.02
54.03	03480	RADIATION ONCOLOGY	0.091645	995,814	54.03
54.04	03440	MAMMOGRAPHY	0.182387	23,130	54.04
56.00	05600	RADIOISOTOPE	0.075094	4,462,134	56.00
57.00	05700	CT SCAN	0.045811	16,142,098	57.00
58.00	05800	MRI	0.076822	6,725,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093027	27,106,104	59.00
60.00	06000	LABORATORY	0.092692	48,700,501	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.385730	3,071,117	63.00
64.00	06400	INTRAVENOUS THERAPY	0.495196	1,477,488	64.00
65.00	06500	RESPIRATORY THERAPY	0.133292	28,224,283	65.00
66.00	06600	PHYSICAL THERAPY	0.200534	50,184	66.00
66.01	06601	REHAB OUTPATIENT	0.309746	1,510	66.01
66.02	06602	REHAB MED SURGICAL	0.203059	8,778,803	66.02
69.00	06900	ELECTROCARDIOLOGY	0.062542	11,347,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.136074	593,160	70.00
70.01	07001	NEUROMEG	0.778269	0	70.01
70.02	07002	SLEEP LAB	0.226960	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.394183	23,003,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.730812	14,540,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.224898	47,283,230	73.00
74.00	07400	RENAL DIALYSIS	0.255362	3,244,377	74.00
76.97	07697	CARDIAC REHABILITATION	0.707875	101,789	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.242590	189,397	90.00
90.01	09001	DAY REHAB	0.251435	0	90.01
90.02	09002	IMAGING CENTERS	0.130193	96,640	90.02
90.03	09003	COUMADIN CLINIC	0.252295	1,300	90.03
90.04	09004	WOUND CLINIC	0.111942	52,456	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.086289	255,849	90.05
91.00	09100	EMERGENCY	0.145073	14,827,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.558515	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50-94 and 96-98)		327,027,119	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)		327,027,119	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14T258		Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		31,494,160		41.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.161480	44,680	7,215	50.00
50.01	05001 GAMMA KNIFE	0.294496	0	0	50.01
50.02	03330 ENDOSCOPY	0.091356	47,551	4,344	50.02
51.00	05100 RECOVERY ROOM	0.136721	9,865	1,349	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454335	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041778	10,185	426	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141056	419,957	59,237	54.00
54.01	03630 ULTRASOUND	0.102448	277,784	28,458	54.01
54.02	05401 PET SCAN	0.069548	0	0	54.02
54.03	03480 RADIATION ONCOLOGY	0.091645	44,869	4,112	54.03
54.04	03440 MAMMOGRAPHY	0.182387	0	0	54.04
56.00	05600 RADIOISOTOPE	0.075094	74,174	5,570	56.00
57.00	05700 CT SCAN	0.045811	398,782	18,269	57.00
58.00	05800 MRI	0.076822	195,074	14,986	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093027	184,172	17,133	59.00
60.00	06000 LABORATORY	0.092692	6,142,774	569,386	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.385730	47,834	18,451	63.00
64.00	06400 INTRAVENOUS THERAPY	0.495196	54,434	26,955	64.00
65.00	06500 RESPIRATORY THERAPY	0.133292	1,789,887	238,578	65.00
66.00	06600 PHYSICAL THERAPY	0.200534	21,016,366	4,214,496	66.00
66.01	06601 REHAB OUTPATIENT	0.309746	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.203059	9,254	1,879	66.02
69.00	06900 ELECTROCARDIOLOGY	0.062542	117,715	7,362	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.136074	21,776	2,963	70.00
70.01	07001 NEUROLOG	0.778269	0	0	70.01
70.02	07002 SLEEP LAB	0.226960	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.394183	72,699	28,657	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.730812	15,833	11,571	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.224898	5,313,782	1,195,059	73.00
74.00	07400 RENAL DIALYSIS	0.255362	653,666	166,921	74.00
76.97	07697 CARDIAC REHABILITATION	0.707875	389	275	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.242590	14,007	3,398	90.00
90.01	09001 DAY REHAB	0.251435	0	0	90.01
90.02	09002 IMAGING CENTERS	0.130193	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.252295	0	0	90.03
90.04	09004 WOUND CLINIC	0.111942	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.086289	823	71	90.05
91.00	09100 EMERGENCY	0.145073	54,410	7,893	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.558515	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
200.00	Total (sum of lines 50-94 and 96-98)		37,032,742	6,655,014	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		37,032,742		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
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)		17,658,623		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		49,506,808		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		4,157,925		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		6,543,201		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		308.20		4.00
<b>Indirect Medical Education Adjustment</b>					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.53		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.35		31.00
32.00	Sum of lines 30 and 31		17.88		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		4.37	1.01	
34.00	Disproportionate share adjustment (see instructions)		1,312,544		
		0	Prior to October 1	1.01	On/After October 1
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143
35.01	Factor 3 (see instructions)				0.000393151
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,551,440
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				2,656,282
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,656,282		
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		75,292,182		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		75,292,182		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,707,969		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		9,109		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		220,314		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		81,229,574		
60.00	Primary payer payments		521,438		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		80,708,136		
62.00	Deductibles billed to program beneficiaries		6,374,848		
63.00	Coinurance billed to program beneficiaries		435,600		
64.00	Allowable bad debts (see instructions)		962,355		
65.00	Adjusted reimbursable bad debts (see instructions)		625,531		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		815,653		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		74,523,219		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		150,473		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-286,381		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)		74,387,311		71.00
71.01	Sequestration adjustment (see instructions)		1,487,746		71.01
72.00	Interim payments		72,056,009		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		843,556		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		90,819		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/1/2014 10:48 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		62,990	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		40,207,577	2.00
3.00	PPS payments		39,616,966	3.00
4.00	Outlier payment (see instructions)		128,967	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		8,301	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		62,990	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		339,542	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)		339,542	14.00
<b>Customary charges</b>				
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)		339,542	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		276,552	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)		62,990	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		39,754,234	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		8,104,467	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)		31,712,757	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)		31,712,757	30.00
31.00	Primary payer payments		122,610	31.00
32.00	Subtotal (line 30 minus line 31)		31,590,147	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		998,042	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		648,727	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		829,452	36.00
37.00	Subtotal (see instructions)		32,238,874	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)		32,238,874	40.00
40.01	Sequestration adjustment (see instructions)		644,777	40.01
41.00	Interim payments		31,329,624	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		264,473	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/1/2014 10:48 am
		Component CCN: 14T258	Title XVII I	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		586	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,406	2.00
3.00	PPS payments		2,249	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		586	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		2,606	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)		2,606	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		2,606	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,020	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)		586	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,249	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		217	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)		2,618	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)		2,618	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,618	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		2,618	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)		2,618	40.00
40.01	Sequestration adjustment (see instructions)		52	40.01
41.00	Interim payments		1,992	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		574	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		71,452,293		30,927,980	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		603,716		401,644	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		72,056,009		31,329,624	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		843,556		264,473	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		72,899,565		31,594,097	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: 140258  
Component CCN: 14T258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		20,303,568		1,992	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)		34,200		0	3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	02/05/2014	47,900		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
<b>Provider to Program</b>						
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)		47,900		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)		20,385,668		1,992	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		0		574	6.01
6.02	SETTLEMENT TO PROGRAM		22,302		0	6.02
7.00	Total Medicare program liability (see instructions)		20,363,366		2,566	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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 12/1/2014 10:48 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,025 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			39,627 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,775 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			72,171 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,819,982,693 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			50,426,954 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)			2,307,871 8.00
9.00	Sequestration adjustment amount (see instructions)			46,157 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,261,714 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			2,261,714 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 12/1/2014 10:48 am	
		Title XVII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>					
1.00	Net Federal PPS Payment (see instructions)		4,713,642	14,140,927	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0189		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		124,440	255,951	3.00
4.00	Outlier Payments		1,934,469		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		59.378082		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		21,169,429		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0		16.00
17.00	Subtotal (see instructions)		21,169,429		17.00
18.00	Primary payer payments		39,220		18.00
19.00	Subtotal (line 17 less line 18).		21,130,209		19.00
20.00	Deductibles		63,456		20.00
21.00	Subtotal (line 19 minus line 20)		21,066,753		21.00
22.00	Coinsurance		378,816		22.00
23.00	Subtotal (line 21 minus line 22)		20,687,937		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		26.00
27.00	Subtotal (sum of lines 23 and 25)		20,687,937		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		91,008		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		20,778,945		32.00
32.01	Sequestration adjustment (see instructions)		415,579		32.01
33.00	Interim payments		20,385,668		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-22,302		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		18,813		36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		1,934,469		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 12/1/2014 10:48 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		9,073,220		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		9,073,220	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		9,073,220	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		9,073,220	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		9,073,220	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 Component CCN: 14T258	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 12/1/2014 10:48 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	802,816		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	802,816	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	802,816	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	802,816	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)	802,816	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G

Date/Time Prepared:  
12/1/2014 10:48 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	26,523,433	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,146,586	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	8,536,866	0	0	0	7.00
8.00	Prepaid expenses	400,430	0	0	0	8.00
9.00	Other current assets	641,104	0	0	0	9.00
10.00	Due from other funds	-2,023,606	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	91,224,813	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	274,645	0	0	0	13.00
14.00	Accumulated depreciation	-22,664	0	0	0	14.00
15.00	Buildings	191,016,198	0	0	0	15.00
16.00	Accumulated depreciation	-17,949,058	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,878,958	0	0	0	19.00
20.00	Accumulated depreciation	-296,269	0	0	0	20.00
21.00	Automobiles and trucks	180,060	0	0	0	21.00
22.00	Accumulated depreciation	-106,605	0	0	0	22.00
23.00	Major movable equipment	44,464,502	0	0	0	23.00
24.00	Accumulated depreciation	-20,003,274	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)	209,536,493	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	164,485	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	664,667	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	829,152	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	301,590,458	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	1,957,303	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,016,806	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	4,236,022	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	31,625,682	0	0	0	43.00
44.00	Other current liabilities	42,638,911	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	95,474,724	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,697,535	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,697,535	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	105,172,259	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	196,418,199				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	196,418,199	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	301,590,458	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-1

Date/Time Prepared:  
12/1/2014 10:48 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		178,283,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,042,863			2.00
3.00	Total (sum of line 1 and line 2)		207,325,863		0	3.00
4.00	OTHER DEDUCTIONS	110,103		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		110,103		0	10.00
11.00	Subtotal (line 3 plus line 10)		207,435,966		0	11.00
12.00	CONTRIBUTIONS OF EQUIPMENT	841,052		0		12.00
13.00	TRANSFER TO AFFILIATES	10,000,000		0		13.00
14.00	NON CONTROLLING INTEREST	176,715		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)		11,017,767		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		196,418,199		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	OTHER DEDUCTIONS		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	CONTRIBUTIONS OF EQUIPMENT		0			12.00
13.00	TRANSFER TO AFFILIATES		0			13.00
14.00	NON CONTROLLING INTEREST		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: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	164,860,454		164,860,454	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	44,417,750		44,417,750	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)	209,278,204		209,278,204	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,526,731		32,526,731	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	32,526,731		32,526,731	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	241,804,935		241,804,935	17.00
18.00	Ancillary services	676,086,079		676,086,079	18.00
19.00	Outpatient services	0	884,199,259	884,199,259	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		11,988,189	11,988,189	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	0	5,904,230	5,904,230	26.00
27.00	NEONATOLOGISTS AND OTHER PRO FEES	0	1,339,340	1,339,340	27.00
27.01	PHYSICIAN	0	5,939,553	5,939,553	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	917,891,014	909,370,571	1,827,261,585	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		422,599,311		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	ROUNDING	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		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)		422,599,311		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140258

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet G-3

Date/Time Prepared:  
12/1/2014 10:48 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,827,261,585	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,391,820,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	435,441,585	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	422,599,311	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,842,274	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	1,379,998	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	305,642	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	CAPITATION	812,831	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO	491,384	24.01
24.02	REFERENCE LAB	131,508	24.02
24.03	MEANINGFUL USE	3,653,704	24.03
24.04	POWERHOUSE	1,243	24.04
24.05	INTERCOMPANY LAB	2,190,064	24.05
24.06	INTERCOMPANY RENT	894,917	24.06
24.07	ALPHA READMIT	101,002	24.07
24.08	SATELLITE DISH	91,249	24.08
24.09	REHAB ADMIN	502,596	24.09
24.10	INTEREST INCOME PATIENT ACCT	1,563,632	24.10
24.11	OUTPATIENT PHARMACY	1,307,745	24.11
24.12	MISC INCOME	571,038	24.12
24.13	PHYSICIANS RENTAL INCOME	1,508,342	24.13
24.14	ANSWERING SERVICE	359,908	24.14
24.15	PATIENT CREDIT BALANCE	333,786	24.15
25.00	Total other income (sum of lines 6-24)	16,200,589	25.00
26.00	Total (line 5 plus line 25)	29,042,863	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,042,863	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet H

HHA CCN: 147583

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures		0		324,308	324,308	1.00	
2.00	Capital Related - Movable Equipment		0		0	0	2.00	
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	1,235,110	89,221	228,391	46,011	219,850	1,818,583	5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	2,408,552	173,988	0	0	0	2,582,540	6.00
7.00	Physical Therapy	1,697,585	122,629	0	0	0	1,820,214	7.00
8.00	Occupational Therapy	424,777	30,685	0	0	0	455,462	8.00
9.00	Speech Pathology	220,848	15,953	0	0	0	236,801	9.00
10.00	Medical Social Services	63,328	4,575	0	0	0	67,903	10.00
11.00	Home Health Aide	197,765	14,286	0	0	0	212,051	11.00
12.00	Supplies (see instructions)	0	0	0	0	150,274	150,274	12.00
13.00	Drugs	0	0	0	0	3,443	3,443	13.00
14.00	DME	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,247,965	451,337	228,391	46,011	697,875	7,671,579	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)				
	7.00	8.00	9.00	10.00				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	324,308	0	324,308			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-153,695	1,664,888	-768	1,664,120			5.00
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	0	2,582,540	2	2,582,542			6.00
7.00	Physical Therapy	0	1,820,214	0	1,820,214			7.00
8.00	Occupational Therapy	0	455,462	0	455,462			8.00
9.00	Speech Pathology	0	236,801	0	236,801			9.00
10.00	Medical Social Services	0	67,903	0	67,903			10.00
11.00	Home Health Aide	0	212,051	0	212,051			11.00
12.00	Supplies (see instructions)	0	150,274	0	150,274			12.00
13.00	Drugs	0	3,443	0	3,443			13.00
14.00	DME	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-153,695	7,517,884	-766	7,517,118			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: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet H-1 Part I Date/Time Prepared: 12/1/2014 10:48 am
		HHA CCN: 147583	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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	324,308	324,308			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	1,664,120	324,308	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	2,582,542	0	0	0	2,582,542	6.00
7.00	Physical Therapy	1,820,214	0	0	0	1,820,214	7.00
8.00	Occupational Therapy	455,462	0	0	0	455,462	8.00
9.00	Speech Pathology	236,801	0	0	0	236,801	9.00
10.00	Medical Social Services	67,903	0	0	0	67,903	10.00
11.00	Home Health Aide	212,051	0	0	0	212,051	11.00
12.00	Supplies (see instructions)	150,274	0	0	0	150,274	12.00
13.00	Drugs	3,443	0	0	0	3,443	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,517,118	324,308	0	0	7,517,118	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	1,988,428					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,024,379	3,606,921				6.00
7.00	Physical Therapy	607,548	2,427,762				7.00
8.00	Occupational Therapy	198,353	653,815				8.00
9.00	Speech Pathology	24,822	261,623				9.00
10.00	Medical Social Services	21,894	89,797				10.00
11.00	Home Health Aide	89,623	301,674				11.00
12.00	Supplies (see instructions)	20,473	170,747				12.00
13.00	Drugs	1,336	4,779				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		7,517,118				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140258 HHA CCN: 147583		Period: From 07/01/2013 To 06/30/2014		Worksheet H-1 Part II Date/Time Prepared: 12/1/2014 10:48 am	
				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					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	100				0	1.00
2.00	Capital Related - Movable Equipment		100			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	100	100	0	0	-1,988,428	5,122,683
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	56,511	2,639,053
7.00	Physical Therapy	0	0	0	0	-255,019	1,565,195
8.00	Occupational Therapy	0	0	0	0	55,544	511,006
9.00	Speech Pathology	0	0	0	0	-172,854	63,947
10.00	Medical Social Services	0	0	0	0	-11,498	56,405
11.00	Home Health Aide	0	0	0	0	18,840	230,891
12.00	Supplies (see instructions)	0	0	0	0	-97,531	52,743
13.00	Drugs	0	0	0	0	0	3,443
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
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	0
24.00	Total (sum of lines 1-23)	100	100	0	0	-2,394,435	5,122,683
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	324,308	0	0	0		1,988,428
26.00	Unit Cost Multiplier	3,243.080000	0.000000	0.000000	0.000000		0.388161

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140258  
HHA CCN: 147583

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet H-2  
Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	2,101	199,069	36,139	0	1.00
2.00 Skilled Nursing Care	3,606,921	0	0	388,199	0	0	2.00
3.00 Physical Therapy	2,427,762	0	0	273,608	0	0	3.00
4.00 Occupational Therapy	653,815	0	0	68,463	0	0	4.00
5.00 Speech Pathology	261,623	0	0	35,595	0	0	5.00
6.00 Medical Social Services	89,797	0	0	10,207	0	0	6.00
7.00 Home Health Aide	301,674	0	0	31,875	0	0	7.00
8.00 Supplies (see instructions)	170,747	0	0	0	0	0	8.00
9.00 Drugs	4,779	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)	7,517,118	0	2,101	1,007,016	36,139	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	PURCHASING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	3,948	0	183,695	424,952	78,695	0	1.00
2.00 Skilled Nursing Care	0	0	0	3,995,120	994,705	0	2.00
3.00 Physical Therapy	0	0	0	2,701,370	589,950	0	3.00
4.00 Occupational Therapy	0	0	0	722,278	192,607	0	4.00
5.00 Speech Pathology	0	0	0	297,218	24,103	0	5.00
6.00 Medical Social Services	0	0	0	100,004	21,260	0	6.00
7.00 Home Health Aide	0	0	0	333,549	87,027	0	7.00
8.00 Supplies (see instructions)	0	0	0	170,747	17,882	0	8.00
9.00 Drugs	0	0	0	4,779	1,121	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)	3,948	0	183,695	8,750,017	2,007,350	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.				0.000000			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: 140258  
HHA CCN: 147583

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part I  
Date/Time Prepared: 12/1/2014 10:48 am  
PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	115,869	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	115,869	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		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		14.00	15.00	16.00	17.00	23.00	24.00	
1.00	Administrative and General	0	0	0	0	0	619,516	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	4,989,825	2.00
3.00	Physical Therapy	0	0	0	0	0	3,291,320	3.00
4.00	Occupational Therapy	0	0	0	0	0	914,885	4.00
5.00	Speech Pathology	0	0	0	0	0	321,321	5.00
6.00	Medical Social Services	0	0	0	0	0	121,264	6.00
7.00	Home Health Aide	0	0	0	0	0	420,576	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	188,629	8.00
9.00	Drugs	0	0	0	0	0	5,900	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	10,873,236	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: 140258	Period: From 07/01/2013	Worksheet H-2
		HHA CCN: 147583	To 06/30/2014	Part I
				Date/Time Prepared: 12/1/2014 10:48 am
			Home Health Agency I	PPS

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	619,516				1.00
2.00 Skilled Nursing Care	0	4,989,825	301,477	5,291,302		2.00
3.00 Physical Therapy	0	3,291,320	198,858	3,490,178		3.00
4.00 Occupational Therapy	0	914,885	55,276	970,161		4.00
5.00 Speech Pathology	0	321,321	19,414	340,735		5.00
6.00 Medical Social Services	0	121,264	7,327	128,591		6.00
7.00 Home Health Aide	0	420,576	25,411	445,987		7.00
8.00 Supplies (see instructions)	0	188,629	11,397	200,026		8.00
9.00 Drugs	0	5,900	356	6,256		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	10,873,236	619,516	10,873,236		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.			0.060419			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: 140258  
HHA CCN: 147583

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II  
Date/Time Prepared: 12/1/2014 10:48 am  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	PURCHASING (PURCHASING)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)					
	1.00	2.00					
1.00 Administrative and General	0	3,076	1,235,111	98	0	55,430	1.00
2.00 Skilled Nursing Care	0	0	2,408,552	0	0	0	2.00
3.00 Physical Therapy	0	0	1,697,585	0	0	0	3.00
4.00 Occupational Therapy	0	0	424,777	0	0	0	4.00
5.00 Speech Pathology	0	0	220,848	0	0	0	5.00
6.00 Medical Social Services	0	0	63,328	0	0	0	6.00
7.00 Home Health Aide	0	0	197,765	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	3,076	6,247,966	98	0	55,430	20.00
21.00 Total cost to be allocated	0	2,101	1,007,016	36,139	0	3,948	21.00
22.00 Unit cost multiplier	0.000000	0.683030	0.161175	368.765306	0.000000	0.071225	22.00
Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	11,988,189	-89,387	335,565	0	0	1.00
2.00 Skilled Nursing Care	0	0	246,429	4,241,549	0	0	2.00
3.00 Physical Therapy	0	0	-185,751	2,515,619	0	0	3.00
4.00 Occupational Therapy	0	0	99,023	821,301	0	0	4.00
5.00 Speech Pathology	0	0	-194,441	102,777	0	0	5.00
6.00 Medical Social Services	0	0	-9,348	90,656	0	0	6.00
7.00 Home Health Aide	0	0	37,544	371,093	0	0	7.00
8.00 Supplies (see instructions)	0	0	-94,498	76,249	0	0	8.00
9.00 Drugs	0	0	0	4,779	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	11,988,189		8,559,588	0	0	20.00
21.00 Total cost to be allocated	0	183,695		2,007,350	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.015323		0.234515	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140258  
HHA CCN: 147583

Period: From 07/01/2013 To 06/30/2014

Worksheet H-2 Part II  
Date/Time Prepared: 12/1/2014 10:48 am  
PPS

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	6,794	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	6,794	0	0	20.00
21.00	Total cost to be allocated	0	0	0	115,869	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	17.054607	0.000000	0.000000	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	SOCIAL SERVICE (PATIENT DAYS)	PARAMED PRGM (PATIENT DAYS)			
		15.00	16.00	17.00	23.00			
1.00	Administrative and General	0	0	0	0			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	0	0	0	0			20.00
21.00	Total cost to be allocated	0	0	0	0			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part I Date/Time Prepared: 12/1/2014 10:48 am
		HHA CCN: 147583	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,291,302		5,291,302	33,165	159.54	1.00
2.00	Physical Therapy	3.00	3,490,178	0	3,490,178	19,465	179.31	2.00
3.00	Occupational Therapy	4.00	970,161	0	970,161	4,945	196.19	3.00
4.00	Speech Pathology	5.00	340,735	0	340,735	1,011	337.03	4.00
5.00	Medical Social Services	6.00	128,591		128,591	722	178.10	5.00
6.00	Home Health Aide	7.00	445,987		445,987	6,150	72.52	6.00
7.00	Total (sum of lines 1-6)		10,666,954	0	10,666,954	65,458		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		16974	6,403	18,872		8.00
8.01	Skilled Nursing Care		29404	0	146		8.01
9.00	Physical Therapy		16974	2,993	9,872		9.00
9.01	Physical Therapy		29404	0	195		9.01
10.00	Occupational Therapy		16974	850	2,546		10.00
10.01	Occupational Therapy		29404	0	62		10.01
11.00	Speech Pathology		16974	180	507		11.00
11.01	Speech Pathology		29404	0	1		11.01
12.00	Medical Social Services		16974	106	395		12.00
12.01	Medical Social Services		29404	0	2		12.01
13.00	Home Health Aide		16974	1,047	4,075		13.00
13.01	Home Health Aide		29404	0	59		13.01
14.00	Total (sum of lines 8-13)			11,579	36,732		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	200,026	0	200,026	272,995	0.732709	15.00
16.00	Cost of Drugs	9.00	6,256	0	6,256	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	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	6,403	19,018		1,021,535	3,034,132	1.00
2.00	Physical Therapy	2,993	10,067		536,675	1,805,114	2.00
3.00	Occupational Therapy	850	2,608		166,762	511,664	3.00
4.00	Speech Pathology	180	508		60,665	171,211	4.00
5.00	Medical Social Services	106	397		18,879	70,706	5.00
6.00	Home Health Aide	1,047	4,134		75,928	299,798	6.00
7.00	Total (sum of lines 1-6)	11,579	36,732		1,880,444	5,892,625	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140258	Period: From 07/01/2013	Worksheet H-3
				HHA CCN: 147583	To 06/30/2014	Part I Date/Time Prepared: 12/1/2014 10:48 am
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		50,011	173,002		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	4,055,667					1.00
2.00	Physical Therapy	2,341,789					2.00
3.00	Occupational Therapy	678,426					3.00
4.00	Speech Pathology	231,876					4.00
5.00	Medical Social Services	89,585					5.00
6.00	Home Health Aide	375,726					6.00
7.00	Total (sum of lines 1-6)	7,773,069					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2013 To 06/30/2014	Worksheet H-3 Part II Date/Time Prepared: 12/1/2014 10:48 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.200534	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.309746	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.203059	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies	71.00	0.394183	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.224898	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140258 HHA CCN: 147583	Period: From 07/01/2013 To 06/30/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 12/1/2014 10:48 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	1,968,395	6,128,453	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)	1,968,395	6,128,453	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	1,968,395	6,128,453	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	4,312	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-4,312
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,763,476	5,707,680
12.00	Total PPS Reimbursement - Full Episodes with Outliers		20,306	85,676
13.00	Total PPS Reimbursement - LUPA Episodes		26,600	101,718
14.00	Total PPS Reimbursement - PEP Episodes		5,822	45,491
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,758	13,234
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	462
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,818,962	5,949,949
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,818,962	5,949,949
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		1,818,962	5,949,949
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,818,962	5,949,949
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,818,962	5,949,949
31.01	Sequestration adjustment (see instructions)		36,378	118,999
32.00	Interim payments (see instructions)		1,782,584	5,830,950
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
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: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet H-5
	HHA CCN: 147583	Home Health Agency I	Date/Time Prepared: 12/1/2014 10:48 am PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,782,584		5,830,950	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)		1,782,584		5,830,950	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		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,782,584		5,830,950	7.00
			0	Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	142,351	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	373,960	27,311	0	0	544,347	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,622,086	0	0	791,628	0	10.00
11.00	Nursing Care-Continuous Home Care	0	118,463	0	0	0	11.00
12.00	Physical Therapy	22,007	1,607	0	0	0	12.00
13.00	Occupational Therapy	34,691	2,534	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	176,176	12,866	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	496,110	36,232	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	177,465	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	63,351	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	72,307	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,725,030	199,013	0	791,628	999,821	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	142,351	0	142,351	0	142,351	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	945,618	-82,729	862,889	0	862,889	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,413,714	0	2,413,714	0	2,413,714	10.00
11.00	Nursing Care-Continuous Home Care	118,463	0	118,463	0	118,463	11.00
12.00	Physical Therapy	23,614	0	23,614	0	23,614	12.00
13.00	Occupational Therapy	37,225	0	37,225	0	37,225	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	189,042	0	189,042	0	189,042	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	532,342	0	532,342	0	532,342	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	177,465	0	177,465	0	177,465	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	63,351	0	63,351	0	63,351	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	72,307	0	72,307	0	72,307	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,715,492	-82,729	4,632,763	0	4,632,763	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	157,389	0	167,366	1,297,331	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	176,176	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	157,389	176,176	167,366	1,297,331	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-1

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	373,960	373,960	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,622,086	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	22,007	0	0	22,007	12.00
13.00	Occupational Therapy	34,691	0	0	34,691	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	176,176	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		496,110	0	496,110	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	56,698	496,110	373,960	2,725,030	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140258	Period: From 07/01/2013	Worksheet K-2
		Hospice CCN: 141632	To 06/30/2014	Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	11,494	0	12,223	94,746	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	12,866	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	24,360	0	12,223	94,746	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-2

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	27,311	27,311	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	118,463	11.00
12.00	Physical Therapy	1,607	0	0	1,607	12.00
13.00	Occupational Therapy	2,534	0	0	2,534	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	12,866	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		36,232	0	36,232	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,141	36,232	27,311	199,013	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140258	Period: From 07/01/2013	Worksheet K-3
		Hospice CCN: 141632	To 06/30/2014	Date/Time Prepared: 12/1/2014 10:48 am

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140258	Period:	Worksheet K-3	
		Hospice CCN: 141632	From 07/01/2013 To 06/30/2014	Date/Time Prepared: 12/1/2014 10:48 am	
		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	0	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	791,628	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	791,628	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140258  
 Hospice CCN: 141632

Period:  
 From 07/01/2013  
 To 06/30/2014

Worksheet K-4  
 Part I  
 Date/Time Prepared:  
 12/1/2014 10:48 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	142,351	0	0	142,351		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	862,889	0	0	142,351	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	2,413,714	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	118,463	0	0	0	0	11.00
12.00	Physical Therapy	23,614	0	0	0	0	12.00
13.00	Occupational Therapy	37,225	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	189,042	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	532,342	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	177,465	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	63,351	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	72,307	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,632,763	0	0	142,351	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140258	Period: From 07/01/2013	Worksheet K-4
		Hospice CCN: 141632	To 06/30/2014	Part I Date/Time Prepared: 12/1/2014 10:48 am
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	1,005,240	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	421	9.00
10.00	Nursing Care	0	2,413,714	10.00
11.00	Nursing Care-Continuous Home Care	0	118,463	11.00
12.00	Physical Therapy	0	23,614	12.00
13.00	Occupational Therapy	0	37,225	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	189,042	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	532,342	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	177,465	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	63,351	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	72,307	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	4,632,763	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 141632

To 06/30/2014

Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	100			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	100	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	142,351	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	1,423.510000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-4

Hospice CCN: 141632

To 06/30/2014

Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,005,240	2,516,971	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	1,054	1,054	9.00
10.00	Nursing Care	-650,659	1,763,055	10.00
11.00	Nursing Care-Continuous Home Care	0	118,463	11.00
12.00	Physical Therapy	-18,059	5,555	12.00
13.00	Occupational Therapy	-36,858	367	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	-28,715	160,327	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	-341,688	190,654	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	-10,564	166,901	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	-25,063	38,288	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	72,307	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,005,240	39.00
40.00	Unit Cost Multiplier		0.399385	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

From 07/01/2013  
To 06/30/2014

Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT PHONES	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
1.00	Administrative and General		0	2,783	60,273	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	421	0	0	0	0	4.00
5.00	Nursing Care	3,117,851	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	165,775	0	0	261,440	0	6.00
7.00	Physical Therapy	25,833	0	0	3,547	0	7.00
8.00	Occupational Therapy	37,372	0	0	5,591	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	253,074	0	0	28,395	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	608,486	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	79,961	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	244,123	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	78,643	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	101,185	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,632,763	0	2,783	439,207	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

From 07/01/2013  
To 06/30/2014

Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	19,575	0	90,471	173,102	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	421	4.00
5.00	Nursing Care	0	0	0	0	3,117,851	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	427,215	6.00
7.00	Physical Therapy	0	0	0	0	29,380	7.00
8.00	Occupational Therapy	0	0	0	0	42,963	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	281,469	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	608,486	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	79,961	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	244,123	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	78,643	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	101,185	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	19,575	0	90,471	5,184,799	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

From 07/01/2013  
To 06/30/2014

Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	37,849	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	479	0	0	0	0	4.00
5.00	Nursing Care	800,940	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	42,068	0	0	0	0	6.00
7.00	Physical Therapy	2,814	0	0	0	0	7.00
8.00	Occupational Therapy	186	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	81,229	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,612	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	9,982	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	75,821	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	17,394	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	32,791	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,285	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,189,450	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-5

Hospice CCN: 141632

To 06/30/2014

Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	82,323	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	82,323	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140258

Period:

Worksheet K-5

Hospice CCN: 141632

From 07/01/2013  
To 06/30/2014

Part I  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal (col s. 4A-23)		
		16.00	17.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	293,274	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	900	0	4.00
5.00	Nursing Care	0	0	0	3,918,791	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	469,283	0	6.00
7.00	Physical Therapy	0	0	0	32,194	0	7.00
8.00	Occupational Therapy	0	0	0	43,149	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	362,698	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	695,098	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	89,943	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	319,944	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	96,037	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	133,976	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	1,285	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	6,456,572	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140258	Period: From 07/01/2013	Worksheet K-5
		Hospice CCN: 141632	To 06/30/2014	Part I
				Date/Time Prepared: 12/1/2014 10:48 am

Cost Center Description	Subtotal	Allocated	Total Hospice	Hospice I	
	(col.s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col.s. 26 ± 27)		
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	900	43	943		4.00
5.00 Nursing Care	3,918,791	186,471	4,105,262		5.00
6.00 Nursing Care-Continuous Home Care	469,283	22,330	491,613		6.00
7.00 Physical Therapy	32,194	1,532	33,726		7.00
8.00 Occupational Therapy	43,149	2,053	45,202		8.00
9.00 Speech/ Language Pathology	0	0	0		9.00
10.00 Medical Social Services	362,698	17,259	379,957		10.00
11.00 Spiritual Counseling	0	0	0		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	695,098	33,076	728,174		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	89,943	4,280	94,223		15.00
16.00 Other	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	319,944	15,224	335,168		17.00
18.00 Analgesics	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0		19.00
20.00 Other - Specify	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	96,037	4,570	100,607		21.00
22.00 Patient Transportation	0	0	0		22.00
23.00 Imaging Services	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0		24.00
25.00 Medical Supplies	133,976	6,375	140,351		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00 Radiation Therapy	0	0	0		27.00
28.00 Chemotherapy	0	0	0		28.00
29.00 Other	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		30.00
31.00 Volunteer Program Costs	1,285	61	1,346		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	6,456,572		6,456,572		34.00
35.00 Unit Cost Multiplier (see instructions)		0.047584			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT PHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXPENSE)				
	1.00	2.00				
1.00 Administrative and General	0	51,220	373,960	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	1,622,087	0	0	6.00
7.00 Physical Therapy	0	0	22,007	0	0	7.00
8.00 Occupational Therapy	0	0	34,691	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	176,175	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	496,110	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	51,220	2,725,030	0	0	34.00
35.00 Total cost to be allocated	0	2,783	439,207	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.054334	0.161175	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice I					
		PURCHASING (PURCHASING)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	247,817	0	5,904,230	-56,308	116,794	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	1,057	1,478	4.00
5.00	Nursing Care	0	0	0	-646,342	2,471,509	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	-297,404	129,811	6.00
7.00	Physical Therapy	0	0	0	-20,696	8,684	7.00
8.00	Occupational Therapy	0	0	0	-42,390	573	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	-30,815	250,654	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	-341,221	267,265	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	-49,159	30,802	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	-10,156	233,967	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	-24,970	53,673	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	101,185	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	3,964	3,964	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	247,817	0	5,904,230		3,670,359	34.00
35.00	Total cost to be allocated	19,575	0	90,471		1,189,450	35.00
36.00	Unit Cost Multiplier (see instructions)	0.078990	0.000000	0.015323		0.324069	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

Cost Center Description		Hospice I					
		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	4,827	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,827	0	0	0	0	34.00
35.00	Total cost to be allocated	82,323	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	17.054692	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140258  
Hospice CCN: 141632

Period:  
From 07/01/2013  
To 06/30/2014

Worksheet K-5  
Part II  
Date/Time Prepared:  
12/1/2014 10:48 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140258 Hospice CCN: 141632	Period: From 07/01/2013 To 06/30/2014	Worksheet K-5 Part III Date/Time Prepared: 12/1/2014 10:48 am		
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.200534	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.309746	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.203059	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.224898	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.092692	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.394183	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.97	CARDIAC REHABILITATION	76.97	0.707875	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	10.99
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140258

Period: From 07/01/2013

Worksheet K-6

Hospice CCN: 141632

To 06/30/2014

Date/Time Prepared: 12/1/2014 10:48 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,456,572	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				24,993	2.00
3.00	Average cost per diem (line 1 divided by line 2)				258.34	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	22,809				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	5,892,477				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		804			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		207,705			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	5,390				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,392,453				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		290			10.00
11.00	Aggregate NF cost (line 3 times line 10)		74,919			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,380		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			356,509		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140258	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 12/1/2014 10:48 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		5,360,496	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		149,671	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)		197.73	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.35	8.00
9.00	Sum of lines 7 and 8		17.88	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.69	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		197,802	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		5,707,969	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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