

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: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet S Parts I-III Date/Time Prepared: 1/12/2015 8:40 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: 1/12/2015 Time: 8:40 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 THE REHAB. INSTITUTE OF CHICAGO (143026) for the cost reporting period beginning 09/01/2013 and ending 08/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	185,769	100,787	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	185,769	100,787	0	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.

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Encryption Information
ECR: Date: 1/12/2015 Time: 8:40 am
KOLQ.ZvT9FPoj fYWsPvm.I fS45.YwO
I pWfQ0: gj bStt5RFT402mac. BLI Cub
Bodn0gmERI 0bqyZG
PI: Date: 1/12/2015 Time: 8:40 am
zkaeol WOrHbYU9y114Bh5mKOHs7eGO
WJTbh08z. ZI gi PpMLLedvxEUKUGOzi
DE3Q0KNHCPON5: sJ

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

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	185,769	100,787	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	185,769	100,787	0	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: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part I Date/Time Prepared: 1/12/2015 8:40 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 345 SUPERIOR		PO Box:						1.00		
2.00	City: CHICAGO		State: IL		Zip Code: 60611-		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
		6.00	7.00	8.00							
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		THE REHAB. INSTITUTE OF CHICAGO	143026	16974	5	09/01/1967	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
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)					09/01/2013	08/31/2014		20.00		
21.00	Type of Control (see instructions)					2		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N	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)							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	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		0	0	0	0	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.		9,864	1,126	0	0	1,050		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part I Date/Time Prepared: 1/12/2015 8:40 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N			39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-2
Part I
Date/Time Prepared:
1/12/2015 8:40 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 65.00

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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
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. 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	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N 0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
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	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	260,000	691,029	
		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.		N		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part I Date/Time Prepared: 1/12/2015 8:40 am							
		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)			N		140.00							
		1.00		2.00		3.00							
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00					
142.00	Street:		PO Box:					142.00					
143.00	City:		State:		Zip Code:			143.00					
		1.00		2.00		3.00							
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00							
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00							
		1.00		2.00									
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00							
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00							
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00							
		Part A		Part B		Title V		Title XIX					
		1.00		2.00		3.00		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital		N		N		N		155.00				
156.00	Subprovider - IPF		N		N		N		156.00				
157.00	Subprovider - IRF		N		N		N		157.00				
158.00	SUBPROVIDER								158.00				
159.00	SNF		N		N		N		159.00				
160.00	HOME HEALTH AGENCY		N		N		N		160.00				
161.00	CMHC								161.00				
161.10	CORF				N		N		161.10				
		1.00		2.00		3.00		4.00					
Multi campus													
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00							
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5											0.00	
		1.00		2.00		3.00		4.00		5.00			
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.			N		167.00							
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0.00							
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00							
		Beginning		Ending									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part II Date/Time Prepared: 1/12/2015 8:40 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.		N		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.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		Y		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.		N		15.00
			Y/N		
			1.00		
Part A					
		Description	Y/N	Date	Part B 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)		Y	12/29/2014	Y
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)		N		N
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: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet S-2 Part II Date/Time Prepared: 1/12/2015 8:40 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N				21.00	
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00	
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00	
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?					36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00	
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	COLETTE		AI MONE		41.00	
42.00	Enter the employer/company name of the cost report preparer.	REHABILITATION INSTITUTE OF CHICAGO				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(312)238-1296		CAI MONE@R I C. ORG		43.00	

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	12/29/2014		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)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 1/12/2015 8:40 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	182	66,430	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		182	66,430	0.00	0	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)		182	66,430	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		182				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: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/12/2015 8:40 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)	20,439	9,864	59,729			1.00
2.00 HMO and other (see instructions)	1,148	2,176				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,439	9,864	59,729			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)	20,439	9,864	59,729	25.36	1,472.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				25.36	1,472.00	27.00
28.00 Observation Bed Days		0	0			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: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
1/12/2015 8:40 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	1,109	360	2,688	1.00
2.00 HMO and other (see instructions)				58	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,109	360	2,688	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		0	0	0	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet A	
Date/Time Prepared: 1/12/2015 8:40 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	6,853,567	6,853,567	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	7,772,178	7,772,178	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,667,156	1,364,316	3,031,472	23,671,663	4.00
5.01	00561	PURCHASING RECEIVING AND STORES	314,343	487,335	801,678	-256,501	5.01
5.02	00570	ADMINISTRATIVE	2,225,397	649,010	2,874,407	-572,222	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,493,971	1,338,942	2,832,913	-370,359	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	20,250,876	34,902,115	55,152,991	-13,468,828	5.04
7.00	00700	OPERATION OF PLANT	836,370	11,860,409	12,696,779	-4,385,018	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	435,469	8.00
9.00	00900	HOUSEKEEPING	1,077,470	1,722,693	2,800,163	-720,774	9.00
10.00	01000	DIETARY	1,171,290	1,885,709	3,056,999	-1,750,803	10.00
11.00	01100	CAFETERIA	0	0	0	1,421,830	11.00
13.00	01300	NURSING ADMINISTRATION	991,039	559,949	1,550,988	-290,996	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	411,644	362,044	773,688	-118,848	14.00
15.00	01500	PHARMACY	956,201	6,067,782	7,023,983	-5,676,889	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	386,451	264,110	650,561	-59,422	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	225,332	2,049,859	2,275,191	-49,008	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	112,812	41,779	154,591	495,453	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,267,927	10,150,526	27,418,453	-9,716,904	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	353,613	149,384	502,997	1,629,144	54.00
54.01	05401	PSYCHOLOGY	0	0	0	1,563,512	54.01
54.02	05402	PULMONARY	0	0	0	869,292	54.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	269,329	746,153	1,015,482	-66,858	60.00
60.01	06001	VOCATIONAL REHABILITATION	332,129	130,890	463,019	-101,888	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,789	9,789	958,779	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	7,708,286	66.00
66.01	06601	ALLIED HEALTH	15,104,815	4,843,499	19,948,314	-19,948,314	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,533,737	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,881,129	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,496,247	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	5,421,470	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	1,899,434	2,920,361	4,819,795	-1,036,206	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	24,030,025	12,233,265	36,263,290	-2,980,800	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,377,624	94,739,919	186,117,543	5,141,118	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	9,967,684	11,496,658	21,464,342	-2,612,709	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	FOUNDATION	2,115,389	1,381,717	3,497,106	-522,183	192.01
192.02	19202	ACADEMY	422,965	412,678	835,643	-129,548	192.02
192.03	19203	PARTNERSHIP EXPENSE	8,653,123	2,252,242	10,905,365	-1,876,678	192.03
200.00		TOTAL (SUM OF LINES 118-199)	112,536,785	110,283,214	222,819,999	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-2,498,739	4,354,828	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-37,062	7,735,116	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-207	26,702,928	4.00
5.01	00561	PURCHASING RECEIVING AND STORES	0	545,177	5.01
5.02	00570	ADMINISTRATIVE	0	2,302,185	5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,462,554	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,533,171	28,150,992	5.04
7.00	00700	OPERATION OF PLANT	-660,906	7,650,855	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	435,469	8.00
9.00	00900	HOUSEKEEPING	0	2,079,389	9.00
10.00	01000	DIETARY	-8,636	1,297,560	10.00
11.00	01100	CAFETERIA	-837,137	584,693	11.00
13.00	01300	NURSING ADMINISTRATION	-3,141	1,256,851	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	654,840	14.00
15.00	01500	PHARMACY	0	1,347,094	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-67,793	523,346	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-12,541	2,213,642	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	650,044	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,032	17,676,517	30.00
41.00	04100	SUBPROVIDER - IIRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400	RADIOLOGY-DIAGNOSTIC	-485	2,131,656	54.00
54.01	05401	PSYCHOLOGY	-87,856	1,475,656	54.01
54.02	05402	PULMONARY	0	869,292	54.02
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	948,624	60.00
60.01	06001	VOCATIONAL REHABILITATION	-2,700	358,431	60.01
65.00	06500	RESPIRATORY THERAPY	0	968,568	65.00
66.00	06600	PHYSICAL THERAPY	-433,138	7,275,148	66.00
66.01	06601	ALLIED HEALTH	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-254,756	4,278,981	67.00
68.00	06800	SPEECH PATHOLOGY	-105,703	1,775,426	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,496,247	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,421,470	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	-1,403	3,782,186	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-11,701,357	21,581,133	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,271,763	160,986,898	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	18,851,633	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	FOUNDATION	0	2,974,923	192.01
192.02	19202	ACADEMY	0	706,095	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	9,028,687	192.03
200.00		TOTAL (SUM OF LINES 118-199)	-30,271,763	192,548,236	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet Non-CMS W Date/Time Prepared: 1/12/2015 8:40 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01	PURCHASING RECEIVING AND STORES	00561		5.01
5.02	ADMINISTRATIVE	00570		5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	00580		5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	00560		5.04
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMEDICAL PRGM	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
ANCILLARY SERVICE COST CENTERS				
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	PSYCHOLOGY	05401		54.01
54.02	PULMONARY	05402		54.02
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	VOCATIONAL REHABILITATION	06001		60.01
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
66.01	ALLIED HEALTH	06601		66.01
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	PROSTHETICS AND ORTHOTICS	03020		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	FOUNDATION	19201		192.01
192.02	ACADEMY	19202		192.02
192.03	PARTNERSHIP EXPENSE	19203		192.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,800,626	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
0			0	23,800,626	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,119,089	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,735,116	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
0			0	11,854,205	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,498,739	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,062	2.00
0			0	2,535,801	
D - AMORTIZATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	235,739	1.00
0			0	235,739	
E - ALLIED HEALTH					
1.00	OCCUPATIONAL THERAPY	67.00	4,365,572	168,165	1.00
2.00	PSYCHOLOGY	54.01	1,505,518	57,994	2.00
3.00	PHYSICAL THERAPY	66.00	7,422,371	285,915	3.00
4.00	SPEECH PATHOLOGY	68.00	1,811,354	69,775	4.00
0			15,104,815	581,849	
F - NMH SERVICES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,746,608	1.00
2.00	RESPIRATORY THERAPY	65.00	0	965,061	2.00
0			0	2,711,669	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,496,247	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	O		0	1,496,247	
H - TRANSCRIPTION AND PHY PRACTICE					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	39,399	1.00
2.00	CLINIC	90.00	692,890	73,161	2.00
	O		692,890	112,560	
I - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	435,469	1.00
	O		0	435,469	
J - CAFETERIA					
1.00	CAFETERIA	11.00	409,952	1,011,878	1.00
	O		409,952	1,011,878	
K - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,421,470	1.00
	O		0	5,421,470	
L - PULMONARY					
1.00	PULMONARY	54.02	545,364	323,928	1.00
2.00		0.00	0	0	2.00
	O		545,364	323,928	
M - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	516,469	6,000	1.00
	O		516,469	6,000	
500.00	Grand Total: Increases		17,269,490	50,527,441	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-6
Date/Time Prepared:
1/12/2015 8:40 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	PURCHASING RECEIVING AND STORES	5.01	0	79,158	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.02	0	550,393	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	370,359	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4,595,009	0		4.00
5.00	OPERATION OF PLANT	7.00	0	208,634	0		5.00
6.00	HOUSEKEEPING	9.00	0	269,688	0		6.00
7.00	DIETARY	10.00	0	291,838	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	235,567	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	102,081	0		9.00
10.00	PHARMACY	15.00	0	239,967	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	97,646	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	49,008	0		12.00
13.00	PARAMEDICAL PRGM	23.00	0	27,016	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	4,325,218	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	88,149	0		15.00
16.00	LABORATORY	60.00	0	66,858	0		16.00
17.00	VOCATIONAL REHABILITATION	60.01	0	82,367	0		17.00
18.00	ALLIED HEALTH	66.01	0	3,788,586	0		18.00
19.00	PROSTHETICS AND ORTHOTICS	76.00	0	473,968	0		19.00
20.00	CLINICAL	90.00	0	2,987,257	0		20.00
21.00	RESEARCH	191.00	0	2,384,117	0		21.00
22.00	FOUNDATION	192.01	0	510,814	0		22.00
23.00	ACADEMY	192.02	0	105,718	0		23.00
24.00	PARTNERSHIP EXPENSE	192.03	0	1,871,210	0		24.00
	0		0	23,800,626			
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	128,937	9		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	140,281	9		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.02	0	21,829	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	5,324,085	9		4.00
5.00	OPERATION OF PLANT	7.00	0	4,176,384	9		5.00
6.00	HOUSEKEEPING	9.00	0	15,391	9		6.00
7.00	DIETARY	10.00	0	37,135	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	55,429	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,639	9		9.00
10.00	PHARMACY	15.00	0	14,327	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,175	9		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	426,939	9		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,937	9		13.00
14.00	VOCATIONAL REHABILITATION	60.01	0	19,521	9		14.00
15.00	RESPIRATORY THERAPY	65.00	0	6,115	9		15.00
16.00	ALLIED HEALTH	66.01	0	464,023	9		16.00
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	39,528	9		17.00
18.00	CLINICAL	90.00	0	685,453	9		18.00
19.00	RESEARCH	191.00	0	228,523	9		19.00
20.00	FOUNDATION	192.01	0	11,369	9		20.00
21.00	ACADEMY	192.02	0	23,802	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	5,383	9		22.00
	0		0	11,854,205			
C - INTEREST							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	2,498,739	11		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	37,062	11		2.00
	0		0	2,535,801			
D - AMORTIZATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	235,739	9		1.00
	0		0	235,739			
E - ALLIED HEALTH							
1.00	ALLIED HEALTH	66.01	15,104,815	581,849	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		15,104,815	581,849			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
F - NMH SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	2,711,669	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	2,711,669			
G - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	9,806	0		2.00
3.00	HOUSEKEEPING	9.00	0	226	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,128	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,435,772	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,378	0		6.00
7.00	ALLIED HEALTH	66.01	0	9,041	0		7.00
8.00	PROSTHETICS AND ORTHOTICS	76.00	0	241	0		8.00
9.00	CLINIC	90.00	0	22,155	0		9.00
10.00	RESEARCH	191.00	0	69	0		10.00
11.00	ACADEMY	192.02	0	28	0		11.00
12.00	PARTNERSHIP EXPENSE	192.03	0	85	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	167	0		13.00
14.00	PHARMACY	15.00	0	1,125	0		14.00
	0		0	1,496,247			
H - TRANSCRIPTION AND PHY PRACTICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	692,890	112,560	0		1.00
2.00		0.00	0	0	0		2.00
	0		692,890	112,560			
I - LINEN							
1.00	HOUSEKEEPING	9.00	0	435,469	0		1.00
	0		0	435,469			
J - CAFETERIA							
1.00	DIETARY	10.00	409,952	1,011,878	0		1.00
	0		409,952	1,011,878			
K - DRUGS							
1.00	PHARMACY	15.00	0	5,421,470	0		1.00
	0		0	5,421,470			
L - PULMONARY							
1.00	ADULTS & PEDIATRICS	30.00	514,733	302,573	0		1.00
2.00	CLINIC	90.00	30,631	21,355	0		2.00
	0		545,364	323,928			
M - PARAMEDICAL EDUCATION							
1.00	PROSTHETICS AND ORTHOTICS	76.00	516,469	6,000	0		1.00
	0		516,469	6,000			
500.00	Grand Total: Decreases		17,269,490	50,527,441			500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
1/12/2015 8:40 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 PURCHASING RECEIVING AND STORES	5.01	0	1.00
2.00		0.00	0 ADMINISTRATION	5.02	0	2.00
3.00		0.00	0 CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	3.00
4.00		0.00	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4.00
5.00		0.00	0 OPERATION OF PLANT	7.00	0	5.00
6.00		0.00	0 HOUSEKEEPING	9.00	0	6.00
7.00		0.00	0 DIETARY	10.00	0	7.00
8.00		0.00	0 NURSING ADMINISTRATION	13.00	0	8.00
9.00		0.00	0 CENTRAL SERVICES & SUPPLY	14.00	0	9.00
10.00		0.00	0 PHARMACY	15.00	0	10.00
11.00		0.00	0 MEDICAL RECORDS & LIBRARY	16.00	0	11.00
12.00		0.00	0 I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	12.00
13.00		0.00	0 PARAMEDICAL PRGM	23.00	0	13.00
14.00		0.00	0 ADULTS & PEDIATRICS	30.00	0	14.00
15.00		0.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0	15.00
16.00		0.00	0 LABORATORY	60.00	0	16.00
17.00		0.00	0 VOCATIONAL REHABILITATION	60.01	0	17.00
18.00		0.00	0 ALLIED HEALTH	66.01	0	18.00
19.00		0.00	0 PROSTHETICS AND ORTHOTICS	76.00	0	19.00
20.00		0.00	0 CLINIC	90.00	0	20.00
21.00		0.00	0 RESEARCH	191.00	0	21.00
22.00		0.00	0 FOUNDATION	192.01	0	22.00
23.00		0.00	0 ACADEMY	192.02	0	23.00
24.00		0.00	0 PARTNERSHIP EXPENSE	192.03	0	24.00
0			00			0
B - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 PURCHASING RECEIVING AND STORES	5.01	0	2.00
3.00		0.00	0 ADMINISTRATION	5.02	0	3.00
4.00		0.00	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	4.00
5.00		0.00	0 OPERATION OF PLANT	7.00	0	5.00
6.00		0.00	0 HOUSEKEEPING	9.00	0	6.00
7.00		0.00	0 DIETARY	10.00	0	7.00
8.00		0.00	0 NURSING ADMINISTRATION	13.00	0	8.00
9.00		0.00	0 CENTRAL SERVICES & SUPPLY	14.00	0	9.00
10.00		0.00	0 PHARMACY	15.00	0	10.00
11.00		0.00	0 MEDICAL RECORDS & LIBRARY	16.00	0	11.00
12.00		0.00	0 ADULTS & PEDIATRICS	30.00	0	12.00
13.00		0.00	0 RADIOLOGY-DIAGNOSTIC	54.00	0	13.00
14.00		0.00	0 VOCATIONAL REHABILITATION	60.01	0	14.00
15.00		0.00	0 RESPIRATORY THERAPY	65.00	0	15.00
16.00		0.00	0 ALLIED HEALTH	66.01	0	16.00
17.00		0.00	0 PROSTHETICS AND ORTHOTICS	76.00	0	17.00
18.00		0.00	0 CLINIC	90.00	0	18.00
19.00		0.00	0 RESEARCH	191.00	0	19.00
20.00		0.00	0 FOUNDATION	192.01	0	20.00
21.00		0.00	0 ACADEMY	192.02	0	21.00
22.00		0.00	0 PARTNERSHIP EXPENSE	192.03	0	22.00
0			00			0
C - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0 PURCHASING RECEIVING AND STORES	5.01	0	2.00
0			00			0
D - AMORTIZATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 OTHER ADMINISTRATIVE AND GENERAL	5.04	0	1.00
0			00			0
E - ALLIED HEALTH						
1.00	OCCUPATIONAL THERAPY	67.00	4,365,572	ALLIED HEALTH	66.01	15,104,815
2.00	PSYCHOLOGY	54.01	1,505,518		0.00	0
3.00	PHYSICAL THERAPY	66.00	7,422,371		0.00	0
4.00	SPEECH PATHOLOGY	68.00	1,811,354		0.00	0
0			15,104,815	0		15,104,815

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
F - NMH SERVICES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	ADULTS & PEDIATRICS	30.00	0 1.00
2.00	RESPIRATORY THERAPY	65.00	0		0.00	0 2.00
	0		0			0
G - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 1.00
2.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 2.00
3.00		0.00	0	HOUSEKEEPING	9.00	0 3.00
4.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0 4.00
5.00		0.00	0	ADULTS & PEDIATRICS	30.00	0 5.00
6.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0 6.00
7.00		0.00	0	ALLIED HEALTH	66.01	0 7.00
8.00		0.00	0	PROSTHETICS AND ORTHOTICS	76.00	0 8.00
9.00		0.00	0	CLINIC	90.00	0 9.00
10.00		0.00	0	RESEARCH	191.00	0 10.00
11.00		0.00	0	ACADEMY	192.02	0 11.00
12.00		0.00	0	PARTNERSHIP EXPENSE	192.03	0 12.00
13.00		0.00	0	RESPIRATORY THERAPY	65.00	0 13.00
14.00		0.00	0	PHARMACY	15.00	0 14.00
	0		0			0
H - TRANSCRIPTION AND PHY PRACTICE						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.04	692,890 1.00
2.00	CLINIC	90.00	692,890		0.00	0 2.00
	0		692,890			692,890
I - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	HOUSEKEEPING	9.00	0 1.00
	0			0		0
J - CAFETERIA						
1.00	CAFETERIA	11.00	409,952	DIETARY	10.00	409,952 1.00
	0		409,952			409,952
K - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0 1.00
	0			0		0
L - PULMONARY						
1.00	PULMONARY	54.02	545,364	ADULTS & PEDIATRICS	30.00	514,733 1.00
2.00		0.00	0	CLINIC	90.00	30,631 2.00
	0		545,364			545,364
M - PARAMEDICAL EDUCATION						
1.00	PARAMED PRGM	23.00	516,469	PROSTHETICS AND ORTHOTICS	76.00	516,469 1.00
	0		516,469			516,469
500.00	Grand Total: Increases		17,269,490	Grand Total: Decreases		17,269,490 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
1/12/2015 8:40 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	33,117,117	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	111,062,453	941,585	0	941,585	550,656	3.00
4.00	Building Improvements	53,260,847	99,797,739	0	99,797,739	105,864	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	47,608,965	3,678,044	0	3,678,044	1,887,080	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	245,049,382	104,417,368	0	104,417,368	2,543,600	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	245,049,382	104,417,368	0	104,417,368	2,543,600	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	33,117,117	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	111,453,382	0				3.00
4.00	Building Improvements	152,952,722	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	49,399,929	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	346,923,150	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	346,923,150	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
1/12/2015 8:40 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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
1/12/2015 8:40 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	NEW CAP REL COSTS-BLDG & FIXT	119,248,937	0	119,248,937	0.380008	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	194,557,097	0	194,557,097	0.619992	0	2.00
3.00	Total (sum of lines 1-2)	313,806,034	0	313,806,034	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,354,828	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,735,116	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,089,944	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,354,828	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,735,116	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	12,089,944	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8

Date/Time Prepared:
1/12/2015 8:40 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
				Cost Center		Line #		
				1.00	2.00	3.00		4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,498,739	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-37,062	NEW CAP REL COSTS-MVBLE EQUIP		2.00	11	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)	B	-14,980	OPERATION OF PLANT		7.00	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)	B	-598,060	OPERATION OF PLANT		7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,143,922				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	0				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-824,072	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts		0			0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-13,065	CAFETERIA		11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

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	
33.00 RENTAL INCOME	B	-24,967	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 33.00	
35.00 CLINIC RENTAL INCOME	B	-17,640	CLINIC	90.00	0 35.00	
38.00 PRIVATE DUTY NURSING	A	-23,932	ADULTS & PEDIATRICS	30.00	0 38.00	
38.01 PRIVATE DUTY NURSING	A	-3,141	NURSING ADMINISTRATION	13.00	0 38.01	
40.00 PROVIDER TAX	A	-7,445,494	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 40.00	
41.00 INTERNATIONAL RELATIONS	A	-1,341,701	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.00	
41.01 QATAR CONSULTING	A	-1,412,022	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.01	
41.02 REFERRAL DEVELOPMENT	A	-1,068,236	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 41.02	
42.00 MARKETING	A	-293,212	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.00	
42.01 CERNER SUBSCRIPTION SALES EXPENSE	A	-9,973	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.01	
42.02 LOBBYING EXPENSE	A	-320,999	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 42.02	
44.00 OTHER OPERATING REVENUE	B	-2,096	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 44.00	
45.01 OTHER OPERATING REVENUE	B	-207	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.01	
45.02 OTHER OPERATING REVENUE	B	-1,443,689	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.02	
45.03 OTHER OPERATING REVENUE	B	-47,866	OPERATION OF PLANT	7.00	0 45.03	
45.04 OTHER OPERATING REVENUE	B	-8,636	DIETARY	10.00	0 45.04	
45.05 OTHER OPERATING REVENUE	B	-67,793	MEDICAL RECORDS & LIBRARY	16.00	0 45.05	
45.06 OTHER OPERATING REVENUE	B	-12,541	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0 45.06	
45.07 OTHER OPERATING REVENUE	B	-1,100	ADULTS & PEDIATRICS	30.00	0 45.07	
45.08 OTHER OPERATING REVENUE	B	-485	RADIOLOGY-DIAGNOSTIC	54.00	0 45.08	
45.10 OTHER OPERATING REVENUE	B	-2,700	VOCATIONAL REHABILITATION	60.01	0 45.10	
45.11 OTHER OPERATING REVENUE	B	-1,403	PROSTHETICS AND ORTHOTICS	76.00	0 45.11	
45.12 OTHER OPERATING REVENUE	B	-397,607	CLINIC	90.00	0 45.12	
45.13 OTHER OPERATING REVENUE	B	-254,756	OCCUPATIONAL THERAPY	67.00	0 45.13	
45.14 OTHER OPERATING REVENUE	B	-87,856	PSYCHOLOGY	54.01	0 45.14	
45.15 OTHER OPERATING REVENUE	B	-433,138	PHYSICAL THERAPY	66.00	0 45.15	
45.16 OTHER OPERATING REVENUE	B	-105,703	SPEECH PATHOLOGY	68.00	0 45.16	
45.18 DEPOSITION INCOME	B	-170,782	OTHER ADMIN STRATIVE AND GENERAL	5.04	0 45.18	
45.20 DEPOSITION INCOME	B	-142,188	CLINIC	90.00	0 45.20	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,271,763			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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet A-8-2

Date/Time Prepared:
1/12/2015 8:40 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	90.00	AGGREGATE-CLINIC	13,561,370	10,369,358	3,192,012	211,500	22,417	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			13,561,370	10,369,358	3,192,012		22,417	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	90.00	AGGREGATE-CLINIC	2,279,421	113,971	176,768	41,607	409,644	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,279,421	113,971	176,768	41,607	409,644	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	90.00	AGGREGATE-CLINIC	96,420	2,417,448	774,564	11,143,922	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			96,420	2,417,448	774,564	11,143,922	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	4,354,828	4,354,828			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	7,735,116		7,735,116		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,702,928	1,182	128,937	26,833,047	4.00
5.01 00561	PURCHASING RECEIVING AND STORES	545,177	7,093	140,281	76,078	5.01
5.02 00570	ADMITTING	2,302,185	21,041	21,829	538,597	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,462,554	0	0	361,575	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	28,150,992	465,496	5,324,085	4,733,482	5.04
7.00 00700	OPERATION OF PLANT	7,650,855	488,488	57,295	202,421	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	435,469	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,079,389	21,041	15,391	260,773	9.00
10.00 01000	DIETARY	1,297,560	227,316	37,135	184,261	10.00
11.00 01100	CAFETERIA	584,693	0	0	99,218	11.00
13.00 01300	NURSING ADMINISTRATION	1,256,851	31,562	55,429	239,854	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	654,840	84,165	2,639	99,627	14.00
15.00 01500	PHARMACY	1,347,094	16,833	14,327	231,423	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	523,346	15,781	1,175	93,530	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,213,642	42,082	0	54,536	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	650,044	0	0	152,300	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,676,517	1,113,082	426,939	4,179,235	30.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,131,656	31,562	25,937	85,582	54.00
54.01 05401	PSYCHOLOGY	1,475,656	70,240	46,402	364,370	54.01
54.02 05402	PULMONARY	869,292	0	0	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	948,624	16,833	0	65,184	60.00
60.01 06001	VOCATIONAL REHABILITATION	358,431	0	19,521	80,383	60.01
65.00 06500	RESPIRATORY THERAPY	968,568	0	6,115	0	65.00
66.00 06600	PHYSICAL THERAPY	7,275,148	346,318	227,835	1,796,384	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	4,278,981	203,686	134,103	1,056,569	67.00
68.00 06800	SPEECH PATHOLOGY	1,775,426	84,508	55,683	438,389	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,496,247	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	5,421,470	0	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	3,782,186	69,684	39,528	334,709	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	21,581,133	364,794	685,453	5,983,563	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	58,847	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	160,986,898	3,722,787	7,466,039	21,712,043	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	18,851,633	516,314	228,523	2,412,409	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	2,974,923	21,041	11,369	511,973	192.01
192.02 19202	ACADEMY	706,095	94,686	23,802	102,367	192.02
192.03 19203	PARTNERSHIP EXPENSE	9,028,687	0	5,383	2,094,255	192.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	192,548,236	4,354,828	7,735,116	26,833,047	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description			ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
			5.02	5.03	5A.03	5.04	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00561	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMINISTRATIVE	2,891,544					5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,833,050				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	38,792,625	38,792,625		5.04
7.00	00700	OPERATION OF PLANT	0	0	8,406,658	2,121,008	10,527,666	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	435,469	109,869	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,377,961	599,962	65,702	9.00
10.00	01000	DIETARY	0	0	1,779,910	449,073	709,800	10.00
11.00	01100	CAFETERIA	0	0	702,023	177,121	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,583,696	399,568	98,553	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	949,713	239,614	262,807	14.00
15.00	01500	PHARMACY	0	0	1,628,494	410,871	52,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	639,496	161,345	49,276	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,318,821	585,041	131,403	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	802,344	202,432	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	956,093	541,119	24,927,400	6,289,208	3,475,619	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,184	54,442	2,387,511	602,371	98,553	54.00
54.01	05401	PSYCHOLOGY	39,131	55,940	2,055,439	518,589	219,326	54.01
54.02	05402	PULMONARY	28,501	17,829	915,622	231,012	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	204,843	121,232	1,357,349	342,461	52,561	60.00
60.01	06001	VOCATIONAL REHABILITATION	593	14,515	474,322	119,672	0	60.01
65.00	06500	RESPIRATORY THERAPY	94,327	53,395	1,122,547	283,220	0	65.00
66.00	06600	PHYSICAL THERAPY	399,353	370,544	10,433,746	2,632,445	1,081,384	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	373,038	259,014	6,316,082	1,593,554	636,015	67.00
68.00	06800	SPEECH PATHOLOGY	136,295	91,091	2,585,831	652,408	263,877	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,383	61,638	1,665,268	420,149	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	445,548	306,778	6,173,796	1,557,655	0	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	48,687	136,412	4,427,183	1,116,983	217,591	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,568	749,101	29,424,459	7,423,750	1,139,076	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,891,544	2,833,050	154,683,765	29,239,381	8,554,104	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	22,062,961	5,566,507	1,612,202	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	0	3,630,583	916,000	65,702	192.01
192.02	19202	ACADEMY	0	0	1,038,053	261,902	295,658	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	11,132,874	2,808,835	0	192.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,891,544	2,833,050	192,548,236	38,792,625	10,527,666	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00561	PURCHASING RECEIVING AND STORES					5.01	
5.02	00570	ADMITTING					5.02	
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	545,338				8.00	
9.00	00900	HOUSEKEEPING	0	3,043,625			9.00	
10.00	01000	DIETARY	0	313,878	3,252,661		10.00	
11.00	01100	CAFETERIA	0	0	0	879,144	11.00	
13.00	01300	NURSING ADMINISTRATION	0	20,945	0	11,557	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,748	0	10,566	14.00	
15.00	01500	PHARMACY	0	6,882	0	10,814	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,378	0	6,934	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	85,875	0	1,568	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM	0	0	0	5,366	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	545,338	1,812,350	3,252,661	288,262	2,114,319	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,252	0	5,035	0	54.00
54.01	05401	PSYCHOLOGY	0	36,504	0	17,500	0	54.01
54.02	05402	PULMONARY	0	14,063	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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	7,780	0	5,035	0	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	35,607	0	5,035	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	228,302	0	86,263	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	95,151	0	50,767	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	48,473	0	21,050	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	26,630	0	20,142	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	181,026	0	204,391	0	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	545,338	2,959,844	3,252,661	750,285	2,114,319	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	40,095	0	108,469	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	FOUNDATION	0	32,914	0	16,510	0	192.01
192.02	19202	ACADEMY	0	10,772	0	3,880	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
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)	545,338	3,043,625	3,252,661	879,144	2,114,319	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00561 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	1,482,448					14.00
15.00 01500 PHARMACY	0	2,109,622				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	865,429			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,122,708		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	292,809	1,873,625	0	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	13,861	0	0	54.00
54.01 05401 PSYCHOLOGY	0	0	23,390	0	0	54.01
54.02 05402 PULMONARY	0	0	15,593	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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	12,128	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	40,716	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	91,827	936,812	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	71,036	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	58,042	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,482,448	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	2,109,622	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	14,727	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	226,969	0	0	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,482,448	2,109,622	861,098	2,810,437	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	4,331	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0	312,271	0	192.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,482,448	2,109,622	865,429	3,122,708	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00561	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	1,010,142			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	474,767	45,346,358	-1,873,625	43,472,733
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,125,583	0	3,125,583
54.01	05401	PSYCHOLOGY	0	2,870,748	0	2,870,748
54.02	05402	PULMONARY	0	1,176,290	0	1,176,290
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	1,777,314	0	1,777,314
60.01	06001	VOCATIONAL REHABILITATION	0	675,352	0	675,352
65.00	06500	RESPIRATORY THERAPY	0	1,405,767	0	1,405,767
66.00	06600	PHYSICAL THERAPY	0	15,490,779	-936,812	14,553,967
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	8,762,605	0	8,762,605
68.00	06800	SPEECH PATHOLOGY	0	3,629,681	0	3,629,681
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,567,865	0	3,567,865
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,841,073	0	9,841,073
76.00	03020	PROSTHETICS AND ORTHOTICS	0	5,823,256	0	5,823,256
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	535,375	39,135,046	0	39,135,046
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,010,142	142,627,717	-2,810,437	139,817,280
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	29,394,565	0	29,394,565
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	4,661,709	0	4,661,709
192.02	19202	ACADEMY	0	1,610,265	0	1,610,265
192.03	19203	PARTNERSHIP EXPENSE	0	14,253,980	-312,271	13,941,709
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,010,142	192,548,236	-3,122,708	189,425,528

COST ALLOCATION STATISTICS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet Non-CMS W
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	6	GROSS	SALARIES	4.00
5.01	PURCHASING RECEIVING AND STORES	7	OTHER	EXPENSE	5.01
5.02	ADMITTING	8	INPATIENT	CHARGES	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	5.03
5.04	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST	5.04
7.00	OPERATION OF PLANT	11	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	13	HOURS OF	SERVICE	9.00
10.00	DIETARY	14	MEALS	SERVED	10.00
11.00	CAFETERIA	15	MEALS	SERVED	11.00
13.00	NURSING ADMINISTRATION	16	DIRECT	NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	14.00
15.00	PHARMACY	18	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	22.00
23.00	PARAMED ED PRGM	21	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	73,464	1,182	128,937	203,583	4.00
5.01 00561	PURCHASING RECEIVING AND STORES	0	7,093	140,281	147,374	5.01
5.02 00570	ADMINISTRATIVE	36,732	21,041	21,829	79,602	5.02
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	177,804	0	0	177,804	5.03
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	994,893	465,496	5,324,085	6,784,474	5.04
7.00 00700	OPERATION OF PLANT	87,505	488,488	57,295	633,288	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	21,041	15,391	36,432	9.00
10.00 01000	DIETARY	0	227,316	37,135	264,451	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	31,562	55,429	86,991	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	255	84,165	2,639	87,059	14.00
15.00 01500	PHARMACY	0	16,833	14,327	31,160	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	19,079	15,781	1,175	36,035	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,900	42,082	0	43,982	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,113,082	426,939	1,540,021	30.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,515	31,562	25,937	60,014	54.00
54.01 05401	PSYCHOLOGY	19,145	70,240	46,402	135,787	54.01
54.02 05402	PULMONARY	0	0	0	0	54.02
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	16,833	0	16,833	60.00
60.01 06001	VOCATIONAL REHABILITATION	22,147	0	19,521	41,668	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	6,115	6,115	65.00
66.00 06600	PHYSICAL THERAPY	94,387	346,318	227,835	668,540	66.00
66.01 06601	ALLIED HEALTH	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	55,515	203,686	134,103	393,304	67.00
68.00 06800	SPEECH PATHOLOGY	23,034	84,508	55,683	163,225	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00 03020	PROSTHETICS AND ORTHOTICS	0	69,684	39,528	109,212	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,623,104	364,794	685,453	2,673,351	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,231,479	3,722,787	7,466,039	14,420,305	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	222,662	516,314	228,523	967,499	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	FOUNDATION	203,196	21,041	11,369	235,606	192.01
192.02 19202	ACADEMY	0	94,686	23,802	118,488	192.02
192.03 19203	PARTNERSHIP EXPENSE	89,969	0	5,383	95,352	192.03
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,747,306	4,354,828	7,735,116	15,837,250	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/12/2015 8:40 am		
Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
		5.01	5.02	5.03	5.04	7.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00561	PURCHASING RECEIVING AND STORES	147,951			5.01
5.02	00570	ADMINITTING	1,519	85,207		5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,717	0	182,264	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,826	0	0	5.04
7.00	00700	OPERATION OF PLANT	1,463	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	263	0	0	9.00
10.00	01000	DIETARY	6,475	0	0	10.00
11.00	01100	CAFETERIA	3,486	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,874	0	0	14.00
15.00	01500	PHARMACY	3,622	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,090	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,648	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,624	28,203	34,791	30.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	413	1,655	3,500	54.00
54.01	05401	PSYCHOLOGY	712	1,153	3,597	54.01
54.02	05402	PULMONARY	0	839	1,146	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	122	6,033	7,795	60.00
60.01	06001	VOCATIONAL REHABILITATION	169	17	933	60.01
65.00	06500	RESPIRATORY THERAPY	27	2,778	3,433	65.00
66.00	06600	PHYSICAL THERAPY	3,496	11,762	23,824	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,058	10,987	16,653	67.00
68.00	06800	SPEECH PATHOLOGY	854	4,014	5,857	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,163	3,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,123	19,724	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,075	1,434	8,771	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	11,327	46	48,277	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,860	85,207	182,264	118.00
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	10,410	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	21,419	0	0	192.01
192.02	19202	ACADEMY	21,386	0	0	192.02
192.03	19203	PARTNERSHIP EXPENSE	876	0	0	192.03
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	147,951	85,207	182,264	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/12/2015 8:40 am		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		8.00	9.00	10.00	11.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00561	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,381			8.00
9.00	00900	HOUSEKEEPING	0	150,815		9.00
10.00	01000	DIETARY	0	15,553	435,221	10.00
11.00	01100	CAFETERIA	0	0	0	35,484
13.00	01300	NURSING ADMINISTRATION	0	1,038	0	466
14.00	01400	CENTRAL SERVICES & SUPPLY	0	979	0	426
15.00	01500	PHARMACY	0	341	0	436
16.00	01600	MEDICAL RECORDS & LIBRARY	0	415	0	280
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,255	0	63
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	217
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,381	89,803	435,221	11,636
41.00	04100	SUBPROVIDER - I RF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	904	0	203
54.01	05401	PSYCHOLOGY	0	1,809	0	706
54.02	05402	PULMONARY	0	697	0	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	385	0	203
60.01	06001	VOCATIONAL REHABILITATION	0	1,764	0	203
65.00	06500	RESPIRATORY THERAPY	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	11,313	0	3,482
66.01	06601	ALLIED HEALTH	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,715	0	2,049
68.00	06800	SPEECH PATHOLOGY	0	2,402	0	850
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	0	1,320	0	813
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	8,970	0	8,250
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,381	146,663	435,221	30,283
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	0	1,987	0	4,378
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	FOUNDATION	0	1,631	0	666
192.02	19202	ACADEMY	0	534	0	157
192.03	19203	PARTNERSHIP EXPENSE	0	0	0	0
200.00		Cross Foot Adjustments				
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	19,381	150,815	435,221	35,484

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B
Part II
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00561 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	177,587					14.00
15.00 01500 PHARMACY	0	114,839				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	71,722			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	166,178		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	24,268			30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0			41.00
42.00 04200 SUBPROVIDER	0	0	0			42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	1,149			54.00
54.01 05401 PSYCHOLOGY	0	0	1,938			54.01
54.02 05402 PULMONARY	0	0	1,292			54.02
57.00 05700 CT SCAN	0	0	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0			59.00
60.00 06000 LABORATORY	0	0	1,005			60.00
60.01 06001 VOCATIONAL REHABILITATION	0	0	3,374			60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0			65.00
66.00 06600 PHYSICAL THERAPY	0	0	7,610			66.00
66.01 06601 ALLIED HEALTH	0	0	0			66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	5,887			67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4,810			68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	177,587	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	114,839	0			73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	0	1,220			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	0	18,810			90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
118.00	177,587	114,839	71,363	0	0	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	359			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 19201 FOUNDATION	0	0	0			192.01
192.02 19202 ACADEMY	0	0	0			192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	0			192.03
200.00				166,178		200.00
201.00	0	0	0	0	0	201.00
202.00	177,587	114,839	71,722	166,178	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet B Part II Date/Time Prepared: 1/12/2015 8:40 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00561	PURCHASING RECEIVING AND STORES				5.01
5.02	00570	ADMITTING				5.02
5.03	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM	37,082			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,834,945	0	3,834,945	30.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,207	0	184,207	54.00
54.01	05401	PSYCHOLOGY	260,998	0	260,998	54.01
54.02	05402	PULMONARY	44,726	0	44,726	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	98,327	0	98,327	60.00
60.01	06001	VOCATIONAL REHABILITATION	69,849	0	69,849	60.01
65.00	06500	RESPIRATORY THERAPY	62,314	0	62,314	65.00
66.00	06600	PHYSICAL THERAPY	1,311,820	0	1,311,820	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	785,822	0	785,822	67.00
68.00	06800	SPEECH PATHOLOGY	325,753	0	325,753	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	258,829	0	258,829	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,463	0	422,463	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	346,309	0	346,309	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	4,233,375	0	4,233,375	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	12,239,737	0	12,239,737
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	2,139,629	0	2,139,629	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	FOUNDATION	431,098	0	431,098	192.01
192.02	19202	ACADEMY	215,920	0	215,920	192.02
192.03	19203	PARTNERSHIP EXPENSE	607,606	0	607,606	192.03
200.00		Cross Foot Adjustments	37,082	0	203,260	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,082	15,837,250	0	15,837,250

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	368,400				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		7,735,116			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	100	128,937	110,869,629		4.00
5.01 00561	PURCHASING RECEIVING AND STORES	600	140,281	314,343	765,187	5.01
5.02 00570	ADMITTING	1,780	21,829	2,225,397	7,857	215,611,684
5.03 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,493,971	8,881	0
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	39,379	5,324,085	19,557,986	118,040	0
7.00 00700	OPERATION OF PLANT	41,324	57,295	836,370	7,565	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	1,780	15,391	1,077,470	1,361	0
10.00 01000	DIETARY	19,230	37,135	761,338	33,487	0
11.00 01100	CAFETERIA	0	0	409,952	18,031	0
13.00 01300	NURSING ADMINISTRATION	2,670	55,429	991,039	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	7,120	2,639	411,644	107,956	0
15.00 01500	PHARMACY	1,424	14,327	956,201	18,733	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,335	1,175	386,451	5,639	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	225,332	8,523	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED PRGM	0	0	629,281	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	94,162	426,939	17,267,927	34,261	71,293,661
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,670	25,937	353,613	2,138	4,189,433
54.01 05401	PSYCHOLOGY	5,942	46,402	1,505,518	3,683	2,917,803
54.02 05402	PULMONARY	0	0	0	0	2,125,165
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	1,424	0	269,329	630	15,274,250
60.01 06001	VOCATIONAL REHABILITATION	0	19,521	332,129	875	44,201
65.00 06500	RESPIRATORY THERAPY	0	6,115	0	141	7,033,532
66.00 06600	PHYSICAL THERAPY	29,297	227,835	7,422,371	18,083	29,778,024
66.01 06601	ALLIED HEALTH	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	17,231	134,103	4,365,572	10,643	27,815,823
68.00 06800	SPEECH PATHOLOGY	7,149	55,683	1,811,354	4,419	10,162,928
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	8,007,069
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	33,222,551
76.00 03020	PROSTHETICS AND ORTHOTICS	5,895	39,528	1,382,965	15,905	3,630,353
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	30,860	685,453	24,722,915	58,583	116,891
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	314,932	7,466,039	89,710,468	485,434	215,611,684
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	43,678	228,523	9,967,684	53,840	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	FOUNDATION	1,780	11,369	2,115,389	110,779	0
192.02 19202	ACADEMY	8,010	23,802	422,965	110,605	0
192.03 19203	PARTNERSHIP EXPENSE	0	5,383	8,653,123	4,529	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,354,828	7,735,116	26,833,047	768,629	2,891,544
203.00	Unit cost multiplier (Wkst. B, Part I)	11.820923	1.000000	0.242023	1.004498	0.013411
204.00	Cost to be allocated (per Wkst. B, Part II)			203,583	147,951	85,207
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001836	0.193353	0.000395

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1

Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.03	5A.04	5.04	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00561						5.01
5.02	00570						5.02
5.03	00580	373,244,526					5.03
5.04	00560	0	-38,792,625	153,755,611			5.04
7.00	00700	0	0	8,406,658	285,217		7.00
8.00	00800	0	0	435,469	0	46,398	8.00
9.00	00900	0	0	2,377,961	1,780	0	9.00
10.00	01000	0	0	1,779,910	19,230	0	10.00
11.00	01100	0	0	702,023	0	0	11.00
13.00	01300	0	0	1,583,696	2,670	0	13.00
14.00	01400	0	0	949,713	7,120	0	14.00
15.00	01500	0	0	1,628,494	1,424	0	15.00
16.00	01600	0	0	639,496	1,335	0	16.00
21.00	02100	0	0	2,318,821	3,560	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	802,344	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	71,293,661	0	24,927,400	94,162	46,398	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	7,172,829	0	2,387,511	2,670	0	54.00
54.01	05401	7,370,228	0	2,055,439	5,942	0	54.01
54.02	05402	2,348,965	0	915,622	0	0	54.02
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	15,972,597	0	1,357,349	1,424	0	60.00
60.01	06001	1,912,420	0	474,322	0	0	60.01
65.00	06500	7,034,852	0	1,122,547	0	0	65.00
66.00	06600	48,820,008	0	10,433,746	29,297	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	34,125,697	0	6,316,082	17,231	0	67.00
68.00	06800	12,001,437	0	2,585,831	7,149	0	68.00
71.00	07100	8,120,963	0	1,665,268	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	40,418,714	0	6,173,796	0	0	73.00
76.00	03020	17,972,549	0	4,427,183	5,895	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	98,679,606	0	29,424,459	30,860	0	90.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		373,244,526	-38,792,625	115,891,140	231,749	46,398	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	0	0	22,062,961	43,678	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	3,630,583	1,780	0	192.01
192.02	19202	0	0	1,038,053	8,010	0	192.02
192.03	19203	0	0	11,132,874	0	0	192.03
200.00							200.00
201.00							201.00
202.00		2,833,050		38,792,625	10,527,666	545,338	202.00
203.00		0.007590		0.252301	36.911075	11.753481	203.00
204.00		182,264		6,843,208	1,010,442	19,381	204.00
205.00		0.000488		0.044507	3.542713	0.417712	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00561						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00560						5.04
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	10,172					9.00
10.00	01000	1,049	179,187				10.00
11.00	01100	0	0	106,500			11.00
13.00	01300	70	0	1,400	568,546		13.00
14.00	01400	66	0	1,280	0	1,000	14.00
15.00	01500	23	0	1,310	0	0	15.00
16.00	01600	28	0	840	0	0	16.00
21.00	02100	287	0	190	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	650	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,057	179,187	34,920	568,546	0	30.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	61	0	610	0	0	54.00
54.01	05401	122	0	2,120	0	0	54.01
54.02	05402	47	0	0	0	0	54.02
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	26	0	610	0	0	60.00
60.01	06001	119	0	610	0	0	60.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	763	0	10,450	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	318	0	6,150	0	0	67.00
68.00	06800	162	0	2,550	0	0	68.00
71.00	07100	0	0	0	0	1,000	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	89	0	2,440	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	605	0	24,760	0	0	90.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		9,892	179,187	90,890	568,546	1,000	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	134	0	13,140	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	110	0	2,000	0	0	192.01
192.02	19202	36	0	470	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
200.00							200.00
201.00							201.00
202.00		3,043,625	3,252,661	879,144	2,114,319	1,482,448	202.00
203.00		299.215985	18.152327	8.254873	3.718818	1,482.448000	203.00
204.00		150,815	435,221	35,484	170,260	177,587	204.00
205.00		14.826484	2.428865	0.333183	0.299466	177.587000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet B-1
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00561 PURCHASING RECEIVING AND STORES						5.01
5.02 00570 ADMITTING						5.02
5.03 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
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	1,000					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,000			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,000		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	338	600	600	47	30.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	16	0	0	0	54.00
54.01 05401 PSYCHOLOGY	0	27	0	0	0	54.01
54.02 05402 PULMONARY	0	18	0	0	0	54.02
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (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	14	0	0	0	60.00
60.01 06001 VOCATIONAL REHABILITATION	0	47	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	106	300	300	0	66.00
66.01 06601 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	82	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	67	0	0	0	68.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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	1,000	0	0	0	0	73.00
76.00 03020 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	262	0	0	53	90.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	1,000	994	900	900	100	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	5	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 FOUNDATION	0	0	0	0	0	192.01
192.02 19202 ACADEMY	0	0	0	0	0	192.02
192.03 19203 PARTNERSHIP EXPENSE	0	0	100	100	0	192.03
200.00						200.00
201.00						201.00
202.00	2,109,622	865,429	3,122,708	0	1,010,142	202.00
203.00	2,109.622000	866.295295	3,122.708000	0.000000	10,101.420000	203.00
204.00	114,839	71,722	166,178	0	37,082	204.00
205.00	114.839000	71.793794	166.178000	0.000000	370.820000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/12/2015 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		43,472,733	0	43,472,733	30.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,125,583	0	3,125,583	54.00
54.01	05401 PSYCHOLOGY		2,870,748	0	2,870,748	54.01
54.02	05402 PULMONARY		1,176,290	0	1,176,290	54.02
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		1,777,314	0	1,777,314	60.00
60.01	06001 VOCATIONAL REHABILITATION		675,352	0	675,352	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,405,767	0	1,405,767	65.00
66.00	06600 PHYSICAL THERAPY	0	14,553,967	0	14,553,967	66.00
66.01	06601 ALLIED HEALTH	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,762,605	0	8,762,605	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,629,681	0	3,629,681	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,567,865	0	3,567,865	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,841,073	0	9,841,073	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS		5,823,256	0	5,823,256	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		39,135,046	774,564	39,909,610	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	139,817,280	774,564	140,591,844	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	139,817,280	774,564	140,591,844	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet C Part I Date/Time Prepared: 1/12/2015 8:40 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,293,661		71,293,661	30.00
41.00	04100	SUBPROVIDER - I RF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,189,433	2,983,396	7,172,829	54.00
54.01	05401	PSYCHOLOGY	2,917,803	4,452,425	7,370,228	54.01
54.02	05402	PULMONARY	2,125,165	223,800	2,348,965	54.02
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	15,274,250	698,347	15,972,597	60.00
60.01	06001	VOCATIONAL REHABILITATION	44,201	1,868,219	1,912,420	60.01
65.00	06500	RESPIRATORY THERAPY	7,033,532	1,320	7,034,852	65.00
66.00	06600	PHYSICAL THERAPY	29,778,024	19,041,984	48,820,008	66.00
66.01	06601	ALLIED HEALTH	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	27,815,823	6,309,874	34,125,697	67.00
68.00	06800	SPEECH PATHOLOGY	10,162,929	1,838,508	12,001,437	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,007,069	113,894	8,120,963	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,222,551	7,196,163	40,418,714	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	3,630,353	14,342,196	17,972,549	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	116,891	98,562,715	98,679,606	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
200.00		Subtotal (see instructions)	215,611,685	157,632,841	373,244,526	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	215,611,685	157,632,841	373,244,526	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet C
Part I
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.435753			54.00
54.01	05401 PSYCHOLOGY	0.389506			54.01
54.02	05402 PULMONARY	0.500769			54.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.111273			60.00
60.01	06001 VOCATIONAL REHABILITATION	0.353140			60.01
65.00	06500 RESPIRATORY THERAPY	0.199829			65.00
66.00	06600 PHYSICAL THERAPY	0.298115			66.00
66.01	06601 ALLIED HEALTH	0.000000			66.01
67.00	06700 OCCUPATIONAL THERAPY	0.256774			67.00
68.00	06800 SPEECH PATHOLOGY	0.302437			68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439340			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243478			73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.324008			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.404436			90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
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: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part I Date/Time Prepared: 1/12/2015 8:40 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,834,945	0	3,834,945	59,729	64.21	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (Lines 30-199)	3,834,945		3,834,945	59,729		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	20,439	1,312,388				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
200.00	Total (Lines 30-199)	20,439	1,312,388				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part II Date/Time Prepared: 1/12/2015 8:40 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	184,207	7,172,829	0.025681	2,021,618	51,917	54.00
54.01	05401	PSYCHOLOGY	260,998	7,370,228	0.035412	633,478	22,433	54.01
54.02	05402	PULMONARY	44,726	2,348,965	0.019041	617,307	11,754	54.02
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	98,327	15,972,597	0.006156	6,070,645	37,371	60.00
60.01	06001	VOCATIONAL REHABILITATION	69,849	1,912,420	0.036524	5,999	219	60.01
65.00	06500	RESPIRATORY THERAPY	62,314	7,034,852	0.008858	1,937,166	17,159	65.00
66.00	06600	PHYSICAL THERAPY	1,311,820	48,820,008	0.026871	10,290,898	276,527	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	785,822	34,125,697	0.023027	9,665,079	222,558	67.00
68.00	06800	SPEECH PATHOLOGY	325,753	12,001,437	0.027143	3,271,575	88,800	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	258,829	8,120,963	0.031872	2,430,184	77,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	422,463	40,418,714	0.010452	11,967,660	125,086	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	346,309	17,972,549	0.019269	991,124	19,098	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	4,233,375	98,679,606	0.042900	12,596	540	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00		Total (lines 50-199)	8,404,792	301,950,865		49,915,329	950,917	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet D Part III Date/Time Prepared: 1/12/2015 8:40 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	474,767	0	0	474,767	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	
42.00	04200	SUBPROVIDER	0	0	0	0	0	
200.00		Total (lines 30-199)	0	474,767	0	0	474,767	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,729	7.95	20,439	162,490	0	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	
200.00		Total (lines 30-199)	59,729		20,439	162,490	0	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				
41.00	04100	SUBPROVIDER - IRF	0	0				
42.00	04200	SUBPROVIDER	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/12/2015 8:40 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		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	PSYCHOLOGY	0	0	0	0	0	54.01
54.02	05402	PULMONARY	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03020	PROSTHETICS AND ORTHOTICS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	535,375	0	535,375	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	535,375	0	535,375	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet D
Part IV
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			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)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,172,829	0.000000	0.000000	2,021,618	54.00
54.01	05401	PSYCHOLOGY	0	7,370,228	0.000000	0.000000	633,478	54.01
54.02	05402	PULMONARY	0	2,348,965	0.000000	0.000000	617,307	54.02
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	15,972,597	0.000000	0.000000	6,070,645	60.00
60.01	06001	VOCATIONAL REHABILITATION	0	1,912,420	0.000000	0.000000	5,999	60.01
65.00	06500	RESPIRATORY THERAPY	0	7,034,852	0.000000	0.000000	1,937,166	65.00
66.00	06600	PHYSICAL THERAPY	0	48,820,008	0.000000	0.000000	10,290,898	66.00
66.01	06601	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	34,125,697	0.000000	0.000000	9,665,079	67.00
68.00	06800	SPEECH PATHOLOGY	0	12,001,437	0.000000	0.000000	3,271,575	68.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,120,963	0.000000	0.000000	2,430,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,418,714	0.000000	0.000000	11,967,660	73.00
76.00	03020	PROSTHETICS AND ORTHOTICS	0	17,972,549	0.000000	0.000000	991,124	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	535,375	98,679,606	0.005425	0.005425	12,596	90.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	535,375	301,950,865			49,915,329	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/12/2015 8:40 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	704,095	0	0	0
54.01	05401	PSYCHOLOGY	0	481,155	0	0	0
54.02	05402	PULMONARY	0	102,650	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	107,396	0	0	0
60.01	06001	VOCATIONAL REHABILITATION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	248	0	0	0
66.00	06600	PHYSICAL THERAPY	0	5,560	0	0	0
66.01	06601	ALLIED HEALTH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	7,784	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,640	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,027,301	0	0	0
76.00	03020	PROSTHETICS AND ORTHOTICS	0	480	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	68	4,289,306	23,269	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
200.00		Total (lines 50-199)	68	8,740,615	23,269	0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part IV Date/Time Prepared: 1/12/2015 8:40 am
	Title XVIII	Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 PSYCHOLOGY	0	0	54.01
54.02	05402 PULMONARY	0	0	54.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 VOCATIONAL REHABILITATION	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
66.01	06601 ALLIED HEALTH	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/12/2015 8:40 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.435753	704,095	0	0	306,812 54.00
54.01 05401	PSYCHOLOGY	0.389506	481,155	0	0	187,413 54.01
54.02 05402	PULMONARY	0.500769	102,650	0	0	51,404 54.02
57.00 05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000	LABORATORY	0.111273	107,396	0	0	11,950 60.00
60.01 06001	VOCATIONAL REHABILITATION	0.353140	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0.199829	248	0	0	50 65.00
66.00 06600	PHYSICAL THERAPY	0.298115	5,560	0	0	1,658 66.00
66.01 06601	ALLIED HEALTH	0.000000	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0.256774	7,784	0	0	1,999 67.00
68.00 06800	SPEECH PATHOLOGY	0.302437	0	0	0	0 68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439340	14,640	92,113	0	6,432 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.243478	3,027,301	0	0	737,081 73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0.324008	480	0	0	156 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000	CLINIC	0.396587	4,289,306	0	0	1,701,083 90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
200.00	Subtotal (see instructions)		8,740,615	92,113	0	3,006,038 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		8,740,615	92,113	0	3,006,038 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D Part V Date/Time Prepared: 1/12/2015 8:40 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	PSYCHOLOGY	0	0	54.01
54.02 05402	PULMONARY	0	0	54.02
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06001	VOCATIONAL REHABILITATION	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
66.01 06601	ALLIED HEALTH	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,469	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020	PROSTHETICS AND ORTHOTICS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	40,469	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	40,469	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/12/2015 8:40 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	59,729	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	59,729	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)	59,729	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	20,439	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00	
15.00	Total nursery days (title V or XIX only)	0	15.00	
16.00	Nursery days (title V or XIX only)	0	16.00	
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)	43,472,733	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)	43,472,733	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00	
29.00	Private room charges (excluding swing-bed charges)	0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	43,472,733	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	727.83	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)	14,876,117	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)	14,876,117	41.00	

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D-1 Date/Time Prepared: 1/12/2015 8:40 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII			1.00	2.00	3.00	4.00	5.00	
Hospital								
PPS								
42.00	NURSERY (title V & XIX only)						42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT						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)						13,348,338	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						28,224,455	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,474,878	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						950,985	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						2,425,863	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						25,798,592	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet D-1 Date/Time Prepared: 1/12/2015 8:40 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	3,834,945	43,472,733	0.088215	0	0	90.00
91.00	Nursing School cost	0	43,472,733	0.000000	0	0	91.00
92.00	Allied health cost	474,767	43,472,733	0.010921	0	0	92.00
93.00	All other Medical Education	0	43,472,733	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet D-3 Date/Time Prepared: 1/12/2015 8:40 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		24,286,777		30.00
41.00	04100 SUBPROVIDER - I RF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.435753	2,021,618	880,926	54.00
54.01	05401 PSYCHOLOGY	0.389506	633,478	246,743	54.01
54.02	05402 PULMONARY	0.500769	617,307	309,128	54.02
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.111273	6,070,645	675,499	60.00
60.01	06001 VOCATIONAL REHABILITATION	0.353140	5,999	2,118	60.01
65.00	06500 RESPIRATORY THERAPY	0.199829	1,937,166	387,102	65.00
66.00	06600 PHYSICAL THERAPY	0.298115	10,290,898	3,067,871	66.00
66.01	06601 ALLIED HEALTH	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.256774	9,665,079	2,481,741	67.00
68.00	06800 SPEECH PATHOLOGY	0.302437	3,271,575	989,445	68.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439340	2,430,184	1,067,677	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.243478	11,967,660	2,913,862	73.00
76.00	03020 PROSTHETICS AND ORTHOTICS	0.324008	991,124	321,132	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.404436	12,596	5,094	90.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		49,915,329	13,348,338	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)		49,915,329		202.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 1/12/2015 8:40 am	
		Original .mcrcx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				4.00		5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	0.00	0.00			0.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	0.00	0.00			0.00	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	182.00	0.00			182.00	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	0.00	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	No				No	7.00
8.00	S-2, Line 22	No				No	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	No				No	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	4.51	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	0	0			0	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	0	0			0	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	59,729	0			59,729	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	59,729	0			59,729	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	0.00	0.00			0.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026		Period: From 09/01/2013 To 08/31/2014		Worksheet DSH Date/Time Prepared: 1/12/2015 8:40 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	12.25		0.00	True	29.00
30.00	Line 28 or 29 as applicable		12.25		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet DSH Date/Time Prepared: 1/12/2015 8:40 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	12.25	29.00
30.00	Line 28 or 29 as applicable	12.25	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/12/2015 8:40 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	0	0	0	0	0	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	1,113,123	0	0	1,113,123	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	0	0	0	0	0	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	0	0	0	0	0	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	0	0	0	0	0	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	0	0	0	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
1/12/2015 8:40 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	0	0	0	0	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	0	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	0	0	0	0	0	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet E Part B Date/Time Prepared: 1/12/2015 8:40 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		40,469	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,982,769	2.00
3.00	PPS payments		2,721,761	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		23,269	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		40,469	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		92,113	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)		92,113	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		92,113	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		51,644	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)		40,469	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)		2,745,030	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		18,633	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		561,335	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)		2,205,531	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		81,939	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)		2,287,470	30.00
31.00	Primary payer payments		54	31.00
32.00	Subtotal (line 30 minus line 31)		2,287,416	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		127,506	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		82,879	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		127,506	36.00
37.00	Subtotal (see instructions)		2,370,295	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)		2,370,295	40.00
40.01	Sequestration adjustment (see instructions)		47,406	40.01
41.00	Interim payments		2,222,102	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		100,787	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
1/12/2015 8:40 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		27,642,081		2,218,655	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	04/09/2014	450,435	04/09/2014	1,662	3.01
3.02		08/28/2014	23,956	08/28/2014	1,785	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	04/25/2014	448,190		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)		26,201		3,447	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)		27,668,282		2,222,102	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		185,769		100,787	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,854,051		2,322,889	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		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet E-3 Part III Date/Time Prepared: 1/12/2015 8:40 am
		Title XVIII	Hospital	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	1,742,302	19,995,349	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0451		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	186,601	1,451,662	3.00
4.00	Outlier Payments	2,114,833		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)	22.77		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.)	25.36		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)	22.77		9.00
10.00	Average Daily Census (see instructions)	163.641096		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.093715	0.141568	11.00
12.00	Teaching Adjustment (see instructions)	163,280	2,830,702	12.00
13.00	Total PPS Payment (see instructions)	28,484,729		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)	28,484,729		17.00
18.00	Primary payer payments	2,471		18.00
19.00	Subtotal (line 17 less line 18).	28,482,258		19.00
20.00	Deductibles	170,816		20.00
21.00	Subtotal (line 19 minus line 20)	28,311,442		21.00
22.00	Coinsurance	974,632		22.00
23.00	Subtotal (line 21 minus line 22)	27,336,810		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	252,405		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	164,063		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	252,405		26.00
27.00	Subtotal (sum of lines 23 and 25)	27,500,873		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	759,070		28.00
29.00	Other pass through costs (see instructions)	162,558		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)	28,422,501		32.00
32.01	Sequestration adjustment (see instructions)	568,450		32.01
33.00	Interim payments	27,668,282		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	185,769		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	2,114,833		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet E-4 Date/Time Prepared: 1/12/2015 8:40 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.33	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			25.36	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	24.52	24.52	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	22.16	22.16	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	22.16		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	22.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.73		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	22.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	22.02		17.00
18.00	Per resident amount	0.00	106,476.00		18.00
19.00	Approved amount for resident costs	0	2,344,602	2,344,602	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			2.44	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,344,602	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	20,439	1,148		26.00
27.00	Total Inpatient Days (see instructions)	59,729	59,729		27.00
28.00	Ratio of inpatient days to total inpatient days	0.342196	0.019220		28.00
29.00	Program direct GME amount	802,313	45,063		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		6,367		30.00
31.00	Net Program direct GME amount			841,009	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2013 To 08/31/2014	Worksheet E-4 Date/Time Prepared: 1/12/2015 8:40 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		28,224,455	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		2,471	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,221,984	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		3,046,507	42.00
43.00	Primary payer payments (see instructions)		54	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,046,453	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		31,268,437	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.902571	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.097429	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		841,009	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		759,070	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		81,939	50.00

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

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet G

Date/Time Prepared:
1/12/2015 8:40 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	42,825,000	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	26,136,000	0	0	0	4.00
5.00	Other receivable	27,306,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,453,000	0	0	0	7.00
8.00	Prepaid expenses	2,572,000	0	0	0	8.00
9.00	Other current assets	2,363,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	102,655,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	33,117,117	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	263,073,104	0	0	0	15.00
16.00	Accumulated depreciation	-92,358,909	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	49,399,928	0	0	0	23.00
24.00	Accumulated depreciation	-37,831,227	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)	215,400,013	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	212,106,987	13,250,000	95,081,000	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	0	64,804,000	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	212,106,987	78,054,000	95,081,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	530,162,000	78,054,000	95,081,000	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,072,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,194,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	167,000	0	0	0	40.00
41.00	Deferred income	1,620,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,304,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	55,357,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	143,961,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	81,298,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	225,259,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	280,616,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	249,546,000				52.00
53.00	Specific purpose fund		78,054,000			53.00
54.00	Donor created - endowment fund balance - restricted			95,081,000		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)	249,546,000	78,054,000	95,081,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	530,162,000	78,054,000	95,081,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-1

Date/Time Prepared:
1/12/2015 8:40 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		218,230,000		80,593,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,259,875				2.00
3.00	Total (sum of line 1 and line 2)		230,489,875		80,593,000		3.00
4.00	INVESTMENT RETURN	19,056,125		0		7,834,000	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		19,056,125		0		10.00
11.00	Subtotal (line 3 plus line 10)		249,546,000		80,593,000		11.00
12.00	EXPENDITURE	0		2,539,000		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		2,539,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		249,546,000		78,054,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	87,247,000		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)	87,247,000		0			3.00
4.00	INVESTMENT RETURN		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)	7,834,000		0			10.00
11.00	Subtotal (line 3 plus line 10)	95,081,000		0			11.00
12.00	EXPENDITURE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	95,081,000		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,482,837		69,482,837	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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)	69,482,837		69,482,837	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	69,482,837		69,482,837	17.00
18.00	Ancillary services	172,722,880	167,658,936	340,381,816	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	242,205,717	167,658,936	409,864,653	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		222,819,999		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		222,819,999		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet G-3

Date/Time Prepared:
1/12/2015 8:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	409,864,653	1.00
2.00	Less contractual allowances and discounts on patients' accounts	227,976,756	2.00
3.00	Net patient revenues (line 1 minus line 2)	181,887,897	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	222,819,999	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-40,932,102	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	9,251,771	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	598,060	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	824,072	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	13,065	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	42,505,009	24.00
25.00	Total other income (sum of lines 6-24)	53,191,977	25.00
26.00	Total (line 5 plus line 25)	12,259,875	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)	12,259,875	29.00

SPECIAL REPORTS - Interns & Residents to Beds Ratio Report

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet I&R

Date/Time Prepared:
1/12/2015 8:40 am

		1.00	
Subject: Interns & Residents to Beds Ratio Update (Operating IME)			
Interns & Residents to Average Daily Census Ratio Update (Capital IME)			
Please make the following changes in order to update the Provider Specific file:			
Ref: CMS PUB. 100-04, SEC 20.2.3			
INTERNS & RESIDENTS /BEDS RATIO FOR OPERATING PPS			
1.00	Number of Beds (E Pt A Ln 4)	182.00	1.00
2.00	Number of FTE Interns & Residents (E Pt A Ln 15)	0.00	2.00
3.00	Current Yr resident to bed ratio (E Pt A Ln 19)	0.0000	3.00
4.00	Prior Yr resident to bed ratio (E Pt A Ln 20)	0.0000	4.00
5.00	Lesser of Ln 3 or Ln 4 (E Pt A Ln 21)	0.0000	5.00
6.00	Section 422 Add-on FTE (E Pt A Ln 25)	0.00	6.00
7.00	Total IME Payment (E Pt A Ln 29)	0	7.00
8.00	DRG + HMO DRG (E Pt A Lns 1 + 3)	0	8.00
9.00	FISS PSF Intern to bed ratio $((((Ln 7 / Ln 8) / 1.35) + 1) ^ (1/0.405)) - 1$	0.0000	9.00
INTERNS & RESIDENTS / Average Daily Census Ratio for Capital PPS			
20.00	Number of FTE Interns & Residents (L, Ln 4)	0.00	20.00
21.00	Average Daily Census for PPS Hospital (L, Ln 3)	0.00	21.00
22.00	Ratio of Interns & Residents / Average Daily Census - Ln 20 / Ln 21 (round to four decimal places)	0.0000	22.00

The information for this update was taken from:

_____ Information supplied by the provider

_____ Final Settled Cost Report for FYE: 08/31/2014

_____ Other (Specify)

SPECIAL REPORTS - OPPS RCC REPORT WITH PARAMED. ED & ALLIED HEALTH COSTS EXCLUDED

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet OPPS RCC
Date/Time Prepared:
1/12/2015 8:40 am

Cost Center Description	Cost/Charge Ratio	PPS Services FYB to 12/31	PPS Services 1/1 to FYE	Total Charges (C)	Total Costs (C)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS (B)						
54.00 RADIOLOGY-DIAGNOSTIC	0.435753	704,095	0	704,095	306,812	54.00
54.01 PSYCHOLOGY	0.389506	481,155	0	481,155	187,413	54.01
54.02 PULMONARY	0.500769	102,650	0	102,650	51,404	54.02
57.00 CT SCAN	0.000000	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 LABORATORY	0.111273	107,396	0	107,396	11,950	60.00
60.01 VOCATIONAL REHABILITATION	0.353140	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0.199829	248	0	248	50	65.00
66.00 PHYSICAL THERAPY (C)	0.298115	5,560	0	5,560	1,658	66.00
66.01 ALLIED HEALTH (C)	0.000000	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY (C)	0.256774	7,784	0	7,784	1,999	67.00
68.00 SPEECH PATHOLOGY (C)	0.302437	0	0	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.439340	14,640	0	14,640	6,432	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.243478	3,027,301	0	3,027,301	737,081	73.00
76.00 PROSTHETICS AND ORTHOTICS	0.324008	480	0	480	156	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC (C)	0.000000	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER (C)	0.000000	0	0	0	0	89.00
90.00 CLINIC	0.391162	4,289,306	0	4,289,306	1,677,814	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
202.00 Total		8,727,271	0	8,727,271	2,979,112	202.00
RCC Calculation (B)						
211.00 Total Cost (Col 4, Line 202 which equals D Pt V col 5, Line 200)					2,979,112	211.00
212.00 Total Charges (Col 3, Line 202 which equals D Pt V col 2 and subscripts, Line 200)					8,727,271	212.00
213.00 OPPS / Charge Ratio (OPPS Cost/Charge Ratio Max is 1.400)					0.341	213.00
Statewide Average Operating RCC						
214.00 Urban					0.255	214.00
215.00 Rural					0.337	215.00
Section II - Bed Size						
221.00 Bed Size (E Pt A line 4 logic)					182.00	221.00
Section III - Non Opps RCC for FISS-Core, 41 Screen, Page 3						
231.00 W/S E Part B, line 1, col 1					40,469	231.00
232.00 W/S E Part B line 12, col 1					92,113	232.00
233.00 Non OPPS RCC (line 231 / line 232)					0.439	233.00

(A) Cost/Charge Ratio Calculated after omitting the Costs for Paramed Ed & Allied Health
 (B) Worksheet A line numbers. If lines 96-97 present, review to ensure that "Non Implantable DME" is Excluded
 (C) Wks A lines 61, 66-68, 74, 88, 89, 94, 95 are not included in Totals

SPECIAL REPORTS - SPECIAL REHAB HOSPITAL PPS REPORT

Provider CCN: 143026

Period:
From 09/01/2013
To 08/31/2014

Worksheet REHAB
PPS REPORT
Date/Time Prepared:
1/12/2015 8:40 am

		1.00	
1.00	Type of Hospital:	Rehabilitation	1.00
2.00	Status:	As Submitted	2.00
3.00	Change Request:	CR8788 + 5/6/2014 Fed Reg (CR 7609 CCR Calc Ref)	3.00
4.00	SubProvider:		4.00
5.00	SubProvider Number:		5.00
6.00	Type of SubProvider:		6.00
EXTRACTED DATA FOR REHABILITATION PPS			
11.00	Total Medicare Cost D-1, Part II Line 49 minus (D, Part III column 9 Lines 30-35[Hospital] or Line 41[Subprovider] plus D, Part IV Column 11 Line 200)	28,061,965	11.00
12.00	Total Medicare Charges D-3 Column 2 Lines 30-35 [Hospital] or Line 41 [Subprovider] plus D-3 Column 2 Line 202 (where possible, these charges should be confirmed with the PS&R data)	74,202,106	12.00
13.00	Ratio of Cost to Charges (Line 11 divided by Line 12)	0.378	13.00
14.00	Inpatient Days (S-3, Column 6, Line 17 plus Line 4 [Subprovider] or Line 1.00 + 2.00 [Hospital])	21,587	14.00
15.00	Total Days (S-3, Column 8, line 17 [Subprovider] or Line 1.00 [Hospital])	59,729	15.00
16.00	Ratio of IRF Days to Total Days (Line 14 divided by Line 15)	0.361	16.00
17.00	RCC Max is:	1.370	17.00
18.00	National Cost to Charge Ratio: Urban	0.443	18.00
19.00	National Cost to Charge Ratio: Rural	0.569	19.00
REHAB RESIDENTS TO AVERAGE DAILY CENSUS REPORT			
21.00	W/S E-3, Part III, Line 9.00 I&R IRF PPS Med Ed Adj	22.77	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census	163.641096	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)	0.139	23.00
BED SIZE			
31.00	Bed Size (S-3, Part I Line 17 Column 2)	0.00	31.00
REHAB MEDICAID RATIO			
41.00	IRF Medicaid Days (S-2, Part I Columns 1-6 Line 25)	12,040	41.00
42.00	IRF Total Days (S-3, Part I Column 8 Line 1 or Line 17 plus Employee Discount Days Column 8 Line 30 (or Line 31 for Subproviders))	59,729	42.00
43.00	IRF Medicaid Ratio (Line 41/Line 42)	0.2016	43.00