

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: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/25/2014 10:36 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: _____ Time: _____
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: _____ 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 MARIANJOY REHAB HOSPITAL & CLINIC (143027) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-868,094	2,313	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	5,049	0		0	7.00
200.00 Total	0	-863,045	2,313	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-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 10:36 am
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1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 26W171 ROOSEVELT ROAD			PO Box:						1.00		
2.00	City: WHEATON			State: IL		Zip Code: 60187		County: DUPAGE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		MARIANJOY REHAB HOSPITAL & CLINIC	143027	16974	5	01/01/1973	N	P	N	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		MARIANJOY REHAB HOSPITAL & CLINIC	146129	16974		12/18/2008	N	P	N	9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2013		06/30/2014		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.					3		N		23.00		
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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	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.					1,473	1,227	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 10:36 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		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)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 10:36 am																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000																
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> </tr> </table>											1.00	2.00	3.00							
				1.00	2.00	3.00														
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N															
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0														
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y															
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 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														
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1.00</td> </tr> </table>													1.00							
						1.00														
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N														
85.00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N														
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.																			
<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>V</td> <td>XIX</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1.00</td> <td>2.00</td> <td></td> </tr> </table>											V	XIX						1.00	2.00	
				V	XIX															
				1.00	2.00															
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y														
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N														
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N														
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00														

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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. Rural Providers	0.00	0.00	97.00		
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	294,063	217,500	0		
				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		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	
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		
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		
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/25/2014 10:36 am			
		1.00	2.00				
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H016	140.00			
		1.00	2.00	3.00			
141.00		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: WHEATON FRANCISCAN HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00450			
142.00	Street: P.O. BOX 667	PO Box:					
143.00	City: WHEATON	State: IL		Zip Code: 60187			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
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 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
155.00		Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
165.00	Multi campus 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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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	
167.00		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		168.00			
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		169.00			
		Beginni ng 1.00		Endi ng 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: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/25/2014 10:36 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
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 143027

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

Worksheet S-2
Part II
Date/Time Prepared:
11/25/2014 10:36 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.	1.00 N	2.00	3.00 N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROY		D' SILVA	41.00
42.00	Enter the employer/company name of the cost report preparer.	MARIANJOY REHABILITATION HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-909-7320		RDSILVA@MARIANJOY.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		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.	ACCOUNTING & REIMBURSEMENT MANAGER	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: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part IX Date/Time Prepared: 11/25/2014 10:36 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: 143027

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	101	36,865	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)		101	36,865	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)		101	36,865	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	27	9,855		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		128				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: 143027

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,509	1,473	32,614			1.00
2.00 HMO and other (see instructions)	743	1,227				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)	17,509	1,473	32,614			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)	17,509	1,473	32,614	14.88	563.77	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	6,807	0	8,981	0.00	28.79	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				14.88	592.56	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: 143027

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

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,362	90	2,953	1.00
2.00 HMO and other (see instructions)			50	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	1,362	90	2,953	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 143027		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 11/25/2014 10:36 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	38,586,577	0	38,586,577	1,255,815.69	30.73	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	961,595	52,741	1,014,336	36,140.00	28.07	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	2,222,486	-85,890	2,136,596	71,750.69	29.78	9.00
10.00	Excluded area salaries (see instructions)		6,104,838	0	6,104,838	170,371.57	35.83	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		194,227	0	194,227	1,889.00	102.82	11.00
12.00	Contract labor: Top level management and other management and administrative services		142,820	0	142,820	1,146.00	124.62	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		11,755,728	0	11,755,728	71,252.00	164.99	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		0	0	0			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		5,801,576	0	5,801,576			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	64,761	0	64,761	2,040.90	31.73	26.00
27.00	Administrative & General	5.00	6,339,167	-1,136,364	5,202,803	208,420.13	24.96	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	318,671	0	318,671	16,273.41	19.58	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	738,226	0	738,226	47,390.98	15.58	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,055,891	0	1,055,891	60,301.82	17.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	602,201	0	602,201	19,397.89	31.04	38.00
39.00	Central Services and Supply	14.00	165,038	0	165,038	10,191.30	16.19	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 143027

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

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2014 10:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,060,488	0	1,060,488	47,137.95	22.50	41.00
42.00	Social Service	17.00	0	896,739	896,739	24,993.62	35.88	42.00
43.00	Other General Service	18.00	69,389	0	69,389	3,161.34	21.95	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 143027

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

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2014 10:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	37,624,982	-52,741	37,572,241	1,219,675.69	30.81	1.00
2.00	Excluded area salaries (see instructions)	8,327,324	-85,890	8,241,434	242,122.26	34.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,297,658	33,149	29,330,807	977,553.43	30.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,092,775	0	12,092,775	74,287.00	162.78	4.00
5.00	Subtotal wage-related costs (see inst.)	0	0	0	0.00	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	41,390,433	33,149	41,423,582	1,051,840.43	39.38	6.00
7.00	Total overhead cost (see instructions)	10,413,832	-239,625	10,174,207	439,309.34	23.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2014 10:36 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			0 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			0 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 143027

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

Worksheet S-7
Date/Time Prepared:
11/25/2014 10:36 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	28	0	28	12.00
13.00	RUB	994	0	994	13.00
14.00	RUA	5,203	0	5,203	14.00
15.00	RVC	1	0	1	15.00
16.00	RVB	33	0	33	16.00
17.00	RVA	359	0	359	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	53	0	53	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	6	0	6	22.00
23.00	RMA	5	0	5	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	3	0	3	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	6	0	6	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	1	0	1	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	3	0	3	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	32	0	32	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	32	0	32	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 143027

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

Worksheet S-7

Date/Time Prepared:
11/25/2014 10:36 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	5	0	5	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	7	0	7	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	36	0	36	199.00
200.00	TOTAL		6,807	0	6,807	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,222,486	15.49	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	ALL OTHER APPLICABLE EXPENSE		9,721,103	67.74	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		14,350,473			207.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143027

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

Worksheet A
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT		2,644,130	2,644,130	0	2,644,130 1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		631,391	631,391	0	631,391 2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0 3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	64,761	849,261	914,022	4,587,562	5,501,584 4.00
5.01 00590	A&G NON INTERN & NON RESIDENT	2,132,317	4,295,271	6,427,588	-695,185	5,732,403 5.01
5.02 00561	A&G PURCHASING RECEIVING	294,807	111,078	405,885	-32,641	373,244 5.02
5.03 00540	A&G ADMITTING	1,651,820	552,754	2,204,574	-782,203	1,422,371 5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE	647,086	231,344	878,430	-71,689	806,741 5.04
5.05 00560	A&G OTHER A&G IR RELATED	1,613,137	7,732,866	9,346,003	-1,483,504	7,862,499 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	318,671	2,656,657	2,975,328	-1,383,881	1,591,447 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	738,226	444,528	1,182,754	-67,930	1,114,824 9.00
10.00 01000	DIETARY	1,055,891	971,500	2,027,391	-348,654	1,678,737 10.00
11.00 01100	CAFETERIA	0	0	0	721,821	721,821 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	602,201	138,156	740,357	-71,662	668,695 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	165,038	66,725	231,763	25,534	257,297 14.00
15.00 01500	PHARMACY	0	0	0	0	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,060,488	438,121	1,498,609	-116,429	1,382,180 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	896,739	896,739 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	69,389	16,749	86,138	-2,970	83,168 18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	961,595	372,155	1,333,750	-58,193	1,275,557 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	33,011	33,011 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,601,062	3,450,093	13,051,155	788,659	13,839,814 30.00
44.00 04400	SKILLED NURSING FACILITY	2,222,486	1,404,046	3,626,532	-1,124,379	2,502,153 44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	99,396	46,320	145,716	242,959	388,675 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	338,354	338,354	164,538	502,892 60.00
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	180,843	95,421	276,264	966	277,230 65.00
66.00 06600	PHYSICAL THERAPY	1,996,248	404,030	2,400,278	-178,542	2,221,736 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,645,953	326,941	1,972,894	-145,717	1,827,177 67.00
68.00 06800	SPEECH PATHOLOGY	867,150	182,984	1,050,134	-87,488	962,646 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	275,643	275,643	106,067	381,710 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	989,117	567,557	1,556,674	202,015	1,758,689 73.00
74.00 07400	RENAL DIALYSIS	0	85,955	85,955	0	85,955 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	WHEATON OUTPATIENT	1,828,545	595,738	2,424,283	-157,737	2,266,546 90.01
90.02 09002	OTHER DAY HOSPITAL	1,675,512	490,595	2,166,107	-236,044	1,930,063 90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	0 114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	32,481,739	30,416,363	62,898,102	725,023	63,623,125 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,933	1,933	3,883	5,816 190.00
191.00 19100	RESEARCH	303,262	489,926	793,188	-35,008	758,180 191.00
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	5,801,576	1,359,108	7,160,684	-693,898	6,466,786 191.01
200.00 20000	TOTAL (SUM OF LINES 118-199)	38,586,577	32,267,330	70,853,907	0	70,853,907 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 143027

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

Worksheet A
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
			2,644,130	
2.00	00200		631,391	2.00
3.00	00300		0	3.00
4.00	00400		5,501,584	4.00
5.01	00590	-896,324	4,836,079	5.01
5.02	00561	-2,867	370,377	5.02
5.03	00540	0	1,422,371	5.03
5.04	00550	-116,010	690,731	5.04
5.05	00560	636,589	8,499,088	5.05
6.00	00600	0	0	6.00
7.00	00700	-169,096	1,422,351	7.00
8.00	00800	0	0	8.00
9.00	00900	0	1,114,824	9.00
10.00	01000	-826,771	851,966	10.00
11.00	01100	0	721,821	11.00
12.00	01200	0	0	12.00
13.00	01300	0	668,695	13.00
14.00	01400	0	257,297	14.00
15.00	01500	0	0	15.00
16.00	01600	-3,577	1,378,603	16.00
17.00	01700	0	896,739	17.00
18.00	01850	0	83,168	18.00
21.00	02100	-67,536	1,208,021	21.00
22.00	02200	0	33,011	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-341,346	13,498,468	30.00
44.00	04400	-36	2,502,117	44.00
46.00	04600	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
54.00	05400	0	388,675	54.00
55.00	05500	0	0	55.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	502,892	60.00
61.00	06100	0	0	61.00
64.00	06400	0	0	64.00
65.00	06500	0	277,230	65.00
66.00	06600	0	2,221,736	66.00
67.00	06700	0	1,827,177	67.00
68.00	06800	0	962,646	68.00
69.00	06900	0	0	69.00
71.00	07100	0	381,710	71.00
72.00	07200	0	0	72.00
73.00	07300	-19,476	1,739,213	73.00
74.00	07400	0	85,955	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
90.01	09001	-114,842	2,151,704	90.01
90.02	09002	-23,681	1,906,382	90.02
92.00	09200			92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600	0	0	96.00
100.00	10000	0	0	100.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	0	0	113.00
114.00	11400	0	0	114.00
118.00	11800	-1,944,973	61,678,152	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	5,816	190.00
191.00	19100	-32,012	726,168	191.00
191.01	19101	-33,401	6,433,385	191.01
200.00	20000	-2,010,386	68,843,521	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 143027

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

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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 A&G NON INTERN & NON RESIDENT	00590		5.01
5.02 A&G PURCHASING RECEIVING	00561		5.02
5.03 A&G ADMITTING	00540		5.03
5.04 A&G PFS - CASHIER /ACCTS RECEIVABLE	00550		5.04
5.05 A&G OTHER A&G IR RELATED	00560		5.05
6.00 MAINTENANCE & REPAIRS	00600		6.00
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
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
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
17.00 SOCIAL SERVICE	01700		17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
44.00 SKILLED NURSING FACILITY	04400		44.00
46.00 OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS			
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.01 WHEATON OUTPATIENT	09001		90.01
90.02 OTHER DAY HOSPITAL	09002		90.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	09600		96.00
100.00 I&R SERVICES-NOT APPRVD PRGM	10000		100.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
114.00 UTILIZATION REVIEW-SNF	11400		114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00 RESEARCH	19100		191.00
191.01 CONTRACT MNGMT & JOINT VENTURE	19101		191.01
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 143027

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

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		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	4,587,054	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
TOTALS			0	4,587,054	
B - DIETARY					
1.00	CAFETERIA	11.00	0	721,821	1.00
TOTALS			0	721,821	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,624	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
TOTALS			0	42,624	
D - PATIENT SCHEDULING					
1.00	ADULTS & PEDIATRICS	30.00	333,294	3,860	1.00
2.00	WHEATON OUTPATIENT	90.01	67,678	784	2.00
TOTALS			400,972	4,644	
E - STAFF RECLASS					
1.00	SOCIAL SERVICE	17.00	896,739	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			896,739	0	
F - CROSS DEPARTMENT					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	229,166	0	1.00
2.00	LABORATORY	60.00	119,300	0	2.00
3.00	RESPIRATORY THERAPY	65.00	272	0	3.00
TOTALS			348,738	0	
G - SPACE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,831	1.00
2.00	A&G NON INTERN & NON RESIDENT	5.01	0	28,736	2.00
3.00	A&G PURCHASING RECEIVING	5.02	0	2,441	3.00
4.00	A&G PFS - CASHIER /ACCTS RECEIVABLE	5.04	0	5,314	4.00
5.00	A&G OTHER A&G IR RELATED	5.05	0	67,764	5.00
6.00	OPERATION OF PLANT	7.00	0	25,539	6.00
7.00	HOUSEKEEPING	9.00	0	9,153	7.00
8.00	DIETARY	10.00	0	23,340	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,246	9.00

RECLASSIFICATIONS

Provider CCN: 143027

Period:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	3,496	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	18,090	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,678	12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	445	13.00
14.00	SPEECH PATHOLOGY	68.00	0	636	14.00
15.00	WHEATON OUTPATIENT	90.01	0	70,605	15.00
16.00	RESEARCH	191.00	0	2,034	16.00
	TOTALS		0	277,348	
H - SPACE RECLASS NEW HOSPITAL					
1.00	A&G NON INTERN & NON RESIDENT	5.01		17,902	1.00
2.00	A&G ADMITTING	5.03		14,589	2.00
3.00	A&G OTHER A&G IR RELATED	5.05		20,366	3.00
4.00	OPERATION OF PLANT	7.00		100,443	4.00
5.00	HOUSEKEEPING	9.00		10,238	5.00
6.00	DIETARY	10.00		42,503	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00		46,005	7.00
8.00	OTHER GENERAL SERVICE (SPECIFY)	18.00		5,287	8.00
9.00	ADULTS & PEDIATRICS	30.00		675,544	9.00
10.00	SKILLED NURSING FACILITY	44.00		114,081	10.00
11.00	PHYSICAL THERAPY	66.00		56,741	11.00
12.00	OCCUPATIONAL THERAPY	67.00		49,706	12.00
13.00	SPEECH PATHOLOGY	68.00		15,094	13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00		21,522	14.00
15.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		3,883	15.00
	TOTALS		0	1,193,904	
I - LIBRARY					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	52,741		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		33,011	2.00
	TOTALS		52,741	33,011	
J - SNF					
1.00	DIETARY	10.00	0	432,975	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	-676	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	23,943	3.00
4.00	LABORATORY	60.00	0	45,238	4.00
5.00	RESPIRATORY THERAPY	65.00	0	22,214	5.00
6.00	PHYSICAL THERAPY	66.00	0	2,271	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	63,443	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	298,436	8.00
	TOTALS		0	887,844	
K - INTEREST EXPENSE					
1.00	ADULTS & PEDIATRICS	30.00	0	1,296,906	1.00
	TOTALS		0	1,296,906	
500.00	Grand Total: Increases		1,699,190	9,045,156	500.00

RECLASSIFICATIONS

Provider CCN: 143027

Period:
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To 06/30/2014

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,323	0		1.00
2.00	A&G NON INTERN & NON RESIDENT	5.01	0	250,455	0		2.00
3.00	A&G PURCHASING RECEIVING	5.02	0	35,082	0		3.00
4.00	A&G ADMITTING	5.03	0	196,567	0		4.00
5.00	A&G PFS - CASHIER /ACCTS RECEIVABLE	5.04	0	77,003	0		5.00
6.00	A&G OTHER A&G IR RELATED	5.05	0	191,008	0		6.00
7.00	OPERATION OF PLANT	7.00	0	37,922	0		7.00
8.00	HOUSEKEEPING	9.00	0	87,321	0		8.00
9.00	DIETARY	10.00	0	125,651	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	71,662	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,402	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	126,675	0		12.00
13.00	OTHER GENERAL SERVICE (SPECFY)	18.00	0	8,257	0		13.00
14.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	114,430	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	1,142,908	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	264,476	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,828	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	21,520	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	237,554	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	195,868	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	103,191	0		21.00
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	117,705	0		22.00
23.00	WHEATON OUTPATIENT	90.01	0	217,597	0		23.00
24.00	OTHER DAY HOSPITAL	90.02	0	199,386	0		24.00
25.00	RESEARCH	191.00	0	36,088	0		25.00
26.00	CONTRACT MNGMT & JOINT VENTURE	191.01	0	690,175	0		26.00
	TOTALS		0	4,587,054			
B - DIETARY							
1.00	DIETARY	10.00	0	721,821	0		1.00
	TOTALS		0	721,821			
C - MEDICAL SUPPLIES							
1.00	A&G ADMITTING	5.03	0	1,294	0		1.00
2.00	OPERATION OF PLANT	7.00	0	689	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,069	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	29,505	0		4.00
5.00	SKILLED NURSING FACILITY	44.00	0	250	0		5.00
6.00	SPEECH PATHOLOGY	68.00	0	27	0		6.00
7.00	DRUGS CHARGED TO PATIENTS	73.00	0	238	0		7.00
8.00	WHEATON OUTPATIENT	90.01	0	4,752	0		8.00
9.00	OTHER DAY HOSPITAL	90.02	0	123	0		9.00
10.00	RESEARCH	191.00	0	954	0		10.00
11.00	CONTRACT MNGMT & JOINT VENTURE	191.01	0	3,723	0		11.00
	TOTALS		0	42,624			
D - PATIENT SCHEDULING							
1.00	A&G NON INTERN & NON RESIDENT	5.01	400,972	4,644	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		400,972	4,644			
E - STAFF RECLASS							
1.00	A&G ADMITTING	5.03	598,931	0	0		1.00
2.00	A&G OTHER A&G IR RELATED	5.05	83,720	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	17,208	0	0		3.00
4.00	SKILLED NURSING FACILITY	44.00	85,890	0	0		4.00
5.00	WHEATON OUTPATIENT	90.01	74,455	0	0		5.00
6.00	OTHER DAY HOSPITAL	90.02	36,535	0	0		6.00
	TOTALS		896,739	0	0		
F - CROSS DEPARTMENT							
1.00	ADULTS & PEDIATRICS	30.00	348,738	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		348,738	0	0		
G - SPACE							
1.00	OPERATION OF PLANT	7.00	0	277,348	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00

RECLASSIFICATIONS

Provider CCN: 143027

Period:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
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
11.00	0.00	0	0	0	0	0	11.00
12.00	0.00	0	0	0	0	0	12.00
13.00	0.00	0	0	0	0	0	13.00
14.00	0.00	0	0	0	0	0	14.00
15.00	0.00	0	0	0	0	0	15.00
16.00	0.00	0	0	0	0	0	16.00
TOTALS		0	277,348				
H - SPACE RECLASS NEW HOSPITAL							
1.00	OPERATION OF PLANT	7.00	0	1,193,904	0	0	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
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
TOTALS		0	1,193,904				
I - LIBRARY							
1.00	A&G NON INTERN & NON RESIDENT	5.01	52,741	33,011	0	0	1.00
2.00		0.00	0	0	0	0	2.00
TOTALS			52,741	33,011			
J - SNF							
1.00	SKILLED NURSING FACILITY	44.00	0	887,844	0	0	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
TOTALS			0	887,844			
K - INTEREST EXPENSE							
1.00	A&G OTHER A&G IR RELATED	5.05	0	1,296,906	0	0	1.00
TOTALS			0	1,296,906			
500.00	Grand Total: Decreases		1,699,190	9,045,156			500.00

RECLASSIFICATIONS

Provider CCN: 143027

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

Worksheet A-6
Non-CMS Worksheet
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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	EMPLOYEE BENEFITS DEPARTMENT	4.00	0
2.00		0.00	0	A&G NON INTERN & NON RESIDENT	5.01	0
3.00		0.00	0	A&G PURCHASING RECEIVING	5.02	0
4.00		0.00	0	A&G ADMITTING	5.03	0
5.00		0.00	0	A&G PFS - CASHIER /ACCTS RECEIVABLE	5.04	0
6.00		0.00	0	A&G OTHER A&G IR RELATED	5.05	0
7.00		0.00	0	OPERATION OF PLANT	7.00	0
8.00		0.00	0	HOUSEKEEPING	9.00	0
9.00		0.00	0	DIETARY	10.00	0
10.00		0.00	0	NURSING ADMINISTRATION	13.00	0
11.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
12.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0
13.00		0.00	0	OTHER GENERAL SERVICE (SPECIFY)	18.00	0
14.00		0.00	0	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0
15.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
16.00		0.00	0	SKILLED NURSING FACILITY	44.00	0
17.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
18.00		0.00	0	RESPIRATORY THERAPY	65.00	0
19.00		0.00	0	PHYSICAL THERAPY	66.00	0
20.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0
21.00		0.00	0	SPEECH PATHOLOGY	68.00	0
22.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0
23.00		0.00	0	WHEATON OUTPATIENT	90.01	0
24.00		0.00	0	OTHER DAY HOSPITAL	90.02	0
25.00		0.00	0	RESEARCH	191.00	0
26.00		0.00	0	CONTRACT MNGMT & JOINT VENTURE	191.01	0
TOTALS			0	TOTALS		0
B - DIETARY						
1.00	CAFETERIA	11.00	0	DIETARY	10.00	0
TOTALS				TOTALS		0
C - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	A&G ADMITTING	5.03	0
2.00		0.00	0	OPERATION OF PLANT	7.00	0
3.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
4.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
5.00		0.00	0	SKILLED NURSING FACILITY	44.00	0
6.00		0.00	0	SPEECH PATHOLOGY	68.00	0
7.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0
8.00		0.00	0	WHEATON OUTPATIENT	90.01	0
9.00		0.00	0	OTHER DAY HOSPITAL	90.02	0
10.00		0.00	0	RESEARCH	191.00	0
11.00		0.00	0	CONTRACT MNGMT & JOINT VENTURE	191.01	0
TOTALS				TOTALS		0
D - PATIENT SCHEDULING						
1.00	ADULTS & PEDIATRICS	30.00	333,294	A&G NON INTERN & NON RESIDENT	5.01	400,972
2.00	WHEATON OUTPATIENT	90.01	67,678		0.00	0
TOTALS			400,972	TOTALS		400,972
E - STAFF RECLASS						
1.00	SOCIAL SERVICE	17.00	896,739	A&G ADMITTING	5.03	598,931
2.00		0.00		A&G OTHER A&G IR RELATED	5.05	83,720
3.00		0.00		ADULTS & PEDIATRICS	30.00	17,208
4.00		0.00		SKILLED NURSING FACILITY	44.00	85,890
5.00		0.00		WHEATON OUTPATIENT	90.01	74,455
6.00		0.00		OTHER DAY HOSPITAL	90.02	36,535
TOTALS			896,739	TOTALS		896,739
F - CROSS DEPARTMENT						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	229,166	ADULTS & PEDIATRICS	30.00	348,738
2.00	LABORATORY	60.00	119,300		0.00	0
3.00	RESPIRATORY THERAPY	65.00	272		0.00	0
TOTALS			348,738	TOTALS		348,738
G - SPACE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	OPERATION OF PLANT	7.00	0
2.00	A&G NON INTERN & NON RESIDENT	5.01	0		0.00	0
3.00	A&G PURCHASING RECEIVING	5.02	0		0.00	0

RECLASSIFICATIONS

Provider CCN: 143027

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/25/2014 10:36 am

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
4.00	A&G PFS - CASHIER /ACCTS RECEIVABLE	5.04	0	6.00	7.00	0.00	0
5.00	A&G OTHER A&G IR RELATED	5.05	0				0
6.00	OPERATION OF PLANT	7.00	0				0
7.00	HOUSEKEEPING	9.00	0				0
8.00	DIETARY	10.00	0				0
9.00	MEDICAL RECORDS & LIBRARY	16.00	0				0
10.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0				0
11.00	ADULTS & PEDIATRICS	30.00	0				0
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0				0
13.00	OCCUPATIONAL THERAPY	67.00	0				0
14.00	SPEECH PATHOLOGY	68.00	0				0
15.00	WHEATON OUTPATIENT	90.01	0				0
16.00	RESEARCH	191.00	0				0
	TOTALS		0	TOTALS			0
H - SPACE RECLASS NEW HOSPITAL							
1.00	A&G NON INTERN & NON RESIDENT	5.01		OPERATION OF PLANT	7.00		0
2.00	A&G ADMITTING	5.03					0
3.00	A&G OTHER A&G IR RELATED	5.05					0
4.00	OPERATION OF PLANT	7.00					0
5.00	HOUSEKEEPING	9.00					0
6.00	DIETARY	10.00					0
7.00	CENTRAL SERVICES & SUPPLY	14.00					0
8.00	OTHER GENERAL SERVICE (SPECIFY)	18.00					0
9.00	ADULTS & PEDIATRICS	30.00					0
10.00	SKILLED NURSING FACILITY	44.00					0
11.00	PHYSICAL THERAPY	66.00					0
12.00	OCCUPATIONAL THERAPY	67.00					0
13.00	SPEECH PATHOLOGY	68.00					0
14.00	DRUGS CHARGED TO PATIENTS	73.00					0
15.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00					0
	TOTALS		0	TOTALS			0
I - LIBRARY							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	52,741	A&G NON INTERN & NON RESIDENT	5.01	52,741	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00			0.00		2.00
	TOTALS		52,741	TOTALS		52,741	
J - SNF							
1.00	DIETARY	10.00	0	SKILLED NURSING FACILITY	44.00	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0				0
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0				0
4.00	LABORATORY	60.00	0				0
5.00	RESPIRATORY THERAPY	65.00	0				0
6.00	PHYSICAL THERAPY	66.00	0				0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0				0
8.00	DRUGS CHARGED TO PATIENTS	73.00	0				0
	TOTALS		0	TOTALS			0
K - INTEREST EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	0	A&G OTHER A&G IR RELATED	5.05	0	1.00
	TOTALS		0	TOTALS			0
500.00	Grand Total: Increases		1,699,190	Grand Total: Decreases		1,699,190	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143027

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

Worksheet A-7
Part I
Date/Time Prepared:
11/25/2014 10:36 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,100,074	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	2.00
3.00	Buildings and Fixtures	79,092,581	4,294,200	0	4,294,200	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	10,318,650	452,870	0	452,870	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	90,511,305	4,747,070	0	4,747,070	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	90,511,305	4,747,070	0	4,747,070	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,100,074	0			1.00
2.00	Land Improvements	0	0			2.00
3.00	Buildings and Fixtures	83,386,781	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	10,838,884	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	95,325,739	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	95,325,739	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143027

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

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,644,130	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	631,391	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,275,521	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	2,644,130				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	631,391				2.00
3.00	Total (sum of lines 1-2)	0	3,275,521				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143027

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

Worksheet A-7
Part III
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	84,486,855	0	84,486,855	0.887551	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,704,156	0	10,704,156	0.112449	0	2.00
3.00	Total (sum of lines 1-2)	95,191,011	0	95,191,011	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,644,130	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	631,391	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,275,521	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	2,644,130	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	631,391	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,275,521	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143027

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

Worksheet A-8

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-297,544				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	2,695,239				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-774,296	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-3,577	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00			0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143027

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

Worksheet A-8

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02 OPERATING REVENUE	B	-33,380	A&G NON INTERN & NON RESIDENT		5.01	0 33.02
33.03 OPERATING REVENUE	B	-116,010	A&G PFS - CASHIER /ACCTS RECEIVABLE		5.04	0 33.03
33.04 OPERATING REVENUE	B	-1,809,710	A&G OTHER A&G IR RELATED		5.05	0 33.04
33.05 OPERATING REVENUE	B	-46,566	OPERATION OF PLANT		7.00	0 33.05
33.06 OPERATING REVENUE	B	-67,536	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.06
33.07 OPERATING REVENUE	B	-13,105	ADULTS & PEDIATRICS		30.00	0 33.07
33.08 OPERATING REVENUE	B	-35	WHEATON OUTPATIENT		90.01	0 33.08
33.10 OPERATING REVENUE / REFUNDS	B	-2,867	A&G PURCHASING RECEIVING		5.02	0 33.10
33.11 OPERATING REVENUE / REFUNDS	B	-589	OPERATION OF PLANT		7.00	0 33.11
33.12 OPERATING REVENUE / REFUNDS	B	-52,475	DIETARY		10.00	0 33.12
33.13 OPERATING REVENUE / REFUNDS	B	-19,476	DRUGS CHARGED TO PATIENTS		73.00	0 33.13
34.00 TRANSPORTATION EXPENSE	A	-102	A&G NON INTERN & NON RESIDENT		5.01	0 34.00
34.01 TRANSPORTATION EXPENSE	A	-30,697	ADULTS & PEDIATRICS		30.00	0 34.01
34.02 TRANSPORTATION EXPENSE	A	-36	SKILLED NURSING FACILITY		44.00	0 34.02
34.03 TRANSPORTATION EXPENSE	A	-114,807	WHEATON OUTPATIENT		90.01	0 34.03
34.04 TRANSPORTATION EXPENSE	A	-23,681	OTHER DAY HOSPITAL		90.02	0 34.04
34.05 TRANSPORTATION EXPENSE	A	-32,012	RESEARCH		191.00	0 34.05
34.06 TRANSPORTATION EXPENSE	A	-33,401	CONTRACT MNGMT & JOINT VENTURE		191.01	0 34.06
34.07 TRANSPORTATION EXPENSE	A	-513,680	A&G NON INTERN & NON RESIDENT		5.01	0 34.07
35.00 FUNDRAISING	A	-277,782	A&G NON INTERN & NON RESIDENT		5.01	0 35.00
36.00 MARKETING	A	-228,078	A&G OTHER A&G IR RELATED		5.05	0 36.00
38.00 RMC LEASE	A	-121,941	OPERATION OF PLANT		7.00	0 38.00
39.00 OTHER NONALLOWABLE COST	A	-20,862	A&G OTHER A&G IR RELATED		5.05	0 39.00
40.00 OAKBROOK TERRACE LEASE	A	-71,380	A&G NON INTERN & NON RESIDENT		5.01	0 40.00
41.00		0			0.00	0 41.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,010,386				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 143027

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2014 10:36 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	7.00	OPERATION OF PLANT	OLA LEASE - RENT	6,474	6,474 1.00
2.00	5.05	A&G OTHER A&G IR RELATED	HOME OFFICE ASSESSMENT	16,979,873	14,366,534 2.00
3.00	5.05	A&G OTHER A&G IR RELATED	WFSI SE WISCONSIN	260,308	178,408 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,246,655	14,551,416 5.00

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

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

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

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

6.00	B	OLA	100.00	OLA	100.00	6.00
7.00	B	WFH	100.00	WFH	100.00	7.00
8.00	B	WFH SE WI	100.00	WFH SE WI	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 143027

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

Worksheet A-8-1

Date/Time Prepared:
11/25/2014 10:36 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	2,613,339	0		2.00
3.00	81,900	0		3.00
4.00	0	0		4.00
5.00	2,695,239			5.00

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

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

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

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

6.00	MOTHER HOUSE		6.00
7.00	CORPORATE OFFICE		7.00
8.00	LAUNDRY SERVICE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143027

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

Worksheet A-8-2

Date/Time Prepared:
11/25/2014 10:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	DR. A	60,000	0	60,000	177,200	400	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	667,765	0	667,765	177,200	4,650	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			727,765	0	727,765		5,050	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	DR. A	34,077	1,704	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	396,144	19,807	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			430,221	21,511	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	DR. A	0	34,077	25,923	25,923		1.00
2.00	0.00		0	0	0	0		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	396,144	271,621	271,621		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			0	430,221	297,544	297,544		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	A&G NON INTERN & NON RESIDENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,644,130	2,644,130			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	631,391		631,391		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,501,584	0	0	5,501,584	4.00
5.01 00590	A&G NON INTERN & NON RESIDENT	4,836,079	41,236	43,366	239,733	5,160,414
5.02 00561	A&G PURCHASING RECEIVING	370,377	0	914	42,103	0
5.03 00540	A&G ADMITTING	1,422,371	33,606	1,294	150,370	0
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE	690,731	0	2,220	92,415	0
5.05 00560	A&G OTHER A&G IR RELATED	8,499,088	46,913	33,493	218,427	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	1,422,351	231,365	195,490	45,512	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	1,114,824	23,583	7,108	105,431	0
10.00 01000	DIETARY	851,966	97,903	18,993	150,799	0
11.00 01100	CAFETERIA	721,821	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	668,695	0	352	86,005	0
14.00 01400	CENTRAL SERVICES & SUPPLY	257,297	0	0	23,570	0
15.00 01500	PHARMACY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,378,603	0	3,895	151,456	0
17.00 01700	SOCIAL SERVICE	896,739	0	0	128,070	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	83,168	12,179	749	9,910	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,208,021	0	322	144,864	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,011	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,498,468	1,556,081	125,367	1,366,546	1,883,220
44.00 04400	SKILLED NURSING FACILITY	2,502,117	262,781	1,279	305,142	877,284
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	388,675	0	20,637	46,924	60,926
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	502,892	0	0	17,038	169,658
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	277,230	0	2,137	25,866	110,186
66.00 06600	PHYSICAL THERAPY	2,221,736	130,700	8,029	285,098	585,682
67.00 06700	OCCUPATIONAL THERAPY	1,827,177	114,495	1,065	235,070	564,684
68.00 06800	SPEECH PATHOLOGY	962,646	34,768	4,211	123,844	472,982
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	381,710	0	0	0	134,216
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,739,213	49,575	8,159	141,263	289,696
74.00 07400	RENAL DIALYSIS	85,955	0	0	0	11,880
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WHEATON OUTPATIENT	2,151,704	0	35,808	260,179	0
90.02 09002	OTHER DAY HOSPITAL	1,906,382	0	19,129	234,074	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW-SNF					
118.00	SUBTOTALS (SUM OF LINES 1-117)	61,678,152	2,635,185	534,017	4,629,709	5,160,414
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,816	8,945	0	0	0
191.00 19100	RESEARCH	726,168	0	97,374	43,311	0
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	6,433,385	0	0	828,564	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	68,843,521	2,644,130	631,391	5,501,584	5,160,414

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		A&G PURCHASING RECEIVING	A&G ADMINITING	A&G PFS - CASHIER /ACCTS RECEIVABLE	Subtotal	A&G OTHER A&G IR RELATED	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00561	413,394					5.02
5.03	00540	1,810	1,609,451				5.03
5.04	00550	1,588	0	786,954			5.04
5.05	00560	11,672	0	0	8,809,593	8,809,593	5.05
6.00	00600	0	0	0	0	0	6.00
7.00	00700	34,221	0	0	1,928,939	283,060	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	56,491	0	0	1,307,437	191,859	9.00
10.00	01000	8,663	0	0	1,128,324	165,575	10.00
11.00	01100	0	0	0	721,821	105,923	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	620	0	0	755,672	110,890	13.00
14.00	01400	23,421	0	0	304,288	44,652	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	9,610	0	0	1,543,564	226,509	16.00
17.00	01700	0	0	0	1,024,809	150,385	17.00
18.00	01850	0	0	0	106,006	15,556	18.00
21.00	02100	5,130	0	0	1,358,337	199,328	21.00
22.00	02200	0	0	0	33,011	4,844	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,774	488,241	238,720	19,242,417	2,823,682	30.00
44.00	04400	7,553	227,423	111,202	4,294,781	630,233	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	4,546	16,165	7,904	545,777	80,090	54.00
55.00	05500	0	0	0	0	0	55.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	43,981	21,505	755,074	110,803	60.00
61.00	06100	0	0	0	0	0	61.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	13,832	28,789	14,077	472,117	69,280	65.00
66.00	06600	6,328	154,340	75,467	3,467,380	508,817	66.00
67.00	06700	3,210	146,448	71,608	2,963,757	434,914	67.00
68.00	06800	4,942	123,775	60,522	1,787,690	262,333	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	72,302	34,794	17,013	640,035	93,921	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,939	75,100	36,721	2,341,666	343,625	73.00
74.00	07400	0	3,080	1,506	102,421	15,030	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	160,834	78,643	2,687,168	394,326	90.01
90.02	09002	15,808	106,481	52,066	2,333,940	342,492	90.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		369,460	1,609,451	786,954	60,656,024	7,608,127	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	14,761	2,166	190.00
191.00	19100	21,612	0	0	888,465	130,377	191.00
191.01	19101	22,322	0	0	7,284,271	1,068,923	191.01
200.00					0		200.00
201.00		0	0	0	0	0	201.00
202.00		413,394	1,609,451	786,954	68,843,521	8,809,593	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00590	A&G NON INTERN & NON RESIDENT					5.01
5.02	00561	A&G PURCHASING RECEIVING					5.02
5.03	00540	A&G ADMITTING					5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE					5.04
5.05	00560	A&G OTHER A&G IR RELATED					5.05
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	2,211,999			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	22,770	0	1,522,066	9.00
10.00	01000	DIETARY	0	94,526	0	65,720	1,454,145
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	11,759	0	8,175	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,502,418	0	1,044,559	1,085,496
44.00	04400	SKILLED NURSING FACILITY	0	253,718	0	176,398	368,649
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	126,192	0	87,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	110,546	0	76,858	67.00
68.00	06800	SPEECH PATHOLOGY	0	33,569	0	23,339	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	47,865	0	33,278	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRV PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,203,363	0	1,516,062	1,454,145
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,636	0	6,004	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	0	191.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,211,999	0	1,522,066	1,454,145

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00561						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	827,744					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	866,562			13.00
14.00	01400	0	0	0	348,940		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	2,148	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	4	0	18.00
21.00	02100	0	0	0	214	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	827,744	0	866,562	189,737	0	30.00
44.00	04400	0	0	0	30,916	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	0	0	0	43	0	54.00
55.00	05500	0	0	0	0	0	55.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	119	0	60.00
61.00	06100	0	0	0	0	0	61.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	3,729	0	66.00
67.00	06700	0	0	0	600	0	67.00
68.00	06800	0	0	0	402	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	117,321	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	2,923	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	541	0	90.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		827,744	0	866,562	348,697	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	73	0	191.00
191.01	19101	0	0	0	170	0	191.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		827,744	0	866,562	348,940	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			(SPECIFY)	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	A&G NON INTERN & NON RESIDENT					5.01
5.02 00561	A&G PURCHASING RECEIVING					5.02
5.03 00540	A&G ADMITTING					5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE					5.04
5.05 00560	A&G OTHER A&G IR RELATED					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,772,221				16.00
17.00 01700	SOCIAL SERVICE	0	1,175,194			17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	141,500		18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,557,879	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	37,855
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	537,609	1,175,194	141,500	1,557,879	37,855
44.00 04400	SKILLED NURSING FACILITY	250,425	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,800	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	48,430	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	31,701	0	0	0	0
66.00 06600	PHYSICAL THERAPY	169,950	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	161,260	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	136,294	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	38,313	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	82,695	0	0	0	0
74.00 07400	RENAL DIALYSIS	3,391	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WHEATON OUTPATIENT	177,102	0	0	0	0
90.02 09002	OTHER DAY HOSPITAL	117,251	0	0	0	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW-SNF					
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,772,221	1,175,194	141,500	1,557,879	37,855
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00 19100	RESEARCH	0	0	0	0	0
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	1,772,221	1,175,194	141,500	1,557,879	37,855

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143027

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

Worksheet B
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	A&G NON INTERN & NON RESIDENT				5.01
5.02	00561	A&G PURCHASING RECEIVING				5.02
5.03	00540	A&G ADMITTING				5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE				5.04
5.05	00560	A&G OTHER A&G IR RELATED				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,032,652	-1,595,734	29,436,918	30.00
44.00	04400	SKILLED NURSING FACILITY	6,005,120	0	6,005,120	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	643,710	0	643,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	914,426	0	914,426	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	573,098	0	573,098	65.00
66.00	06600	PHYSICAL THERAPY	4,363,803	0	4,363,803	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,747,935	0	3,747,935	67.00
68.00	06800	SPEECH PATHOLOGY	2,243,627	0	2,243,627	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	889,590	0	889,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,852,052	0	2,852,052	73.00
74.00	07400	RENAL DIALYSIS	120,842	0	120,842	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	3,258,596	0	3,258,596	90.01
90.02	09002	OTHER DAY HOSPITAL	2,794,224	0	2,794,224	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	59,439,675	-1,595,734	57,843,941	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,567	0	31,567	190.00
191.00	19100	RESEARCH	1,018,915	0	1,018,915	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	8,353,364	0	8,353,364	191.01
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	68,843,521	-1,595,734	67,247,787	202.00

COST ALLOCATION STATISTICS

Provider CCN: 143027

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

Worksheet Non-CMS W
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	A&G NON INTERN & NON RESIDENT	I	INPATIENT CHARGES	5.01
5.02	A&G PURCHASING RECEIVING	4	ALLOCATION 1	5.02
5.03	A&G ADMITTING	C	GROSS CHARGES	5.03
5.04	A&G PFS - CASHIER /ACCTS RECEIVABLE	C	GROSS CHARGES	5.04
5.05	A&G OTHER A&G IR RELATED	-1	ACCUM. COST	5.05
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	5	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	6	TOTAL PATIENT DAYS	10.00
11.00	CAFETERIA	7	MEALS SERVED	11.00
12.00	MAINTENANCE OF PERSONNEL	8	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	9	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	10	ALLOCATION 2	14.00
15.00	PHARMACY	11	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	12	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	13	TIME SPENT	18.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	14	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	15	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143027

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

Worksheet B Part II Date/Time Prepared: 11/25/2014 10:36 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,831	0	0	7,831	4.00
5.01 00590	A&G NON INTERN & NON RESIDENT	28,736	41,236	43,366	113,338	5.01
5.02 00561	A&G PURCHASING RECEIVING	2,441	0	914	3,355	5.02
5.03 00540	A&G ADMITTING	0	33,606	1,294	34,900	5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE	5,314	0	2,220	7,534	5.04
5.05 00560	A&G OTHER A&G IR RELATED	67,764	46,913	33,493	148,170	5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	25,539	231,365	195,490	452,394	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	9,153	23,583	7,108	39,844	9.00
10.00 01000	DIETARY	23,340	97,903	18,993	140,236	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	352	352	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	10,246	0	3,895	14,141	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	12,179	749	12,928	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,496	0	322	3,818	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,090	1,556,081	125,367	1,699,538	30.00
44.00 04400	SKILLED NURSING FACILITY	0	262,781	1,279	264,060	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,678	0	20,637	22,315	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	2,137	2,137	65.00
66.00 06600	PHYSICAL THERAPY	0	130,700	8,029	138,729	66.00
67.00 06700	OCCUPATIONAL THERAPY	445	114,495	1,065	116,005	67.00
68.00 06800	SPEECH PATHOLOGY	636	34,768	4,211	39,615	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	49,575	8,159	57,734	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WHEATON OUTPATIENT	70,605	0	35,808	106,413	90.01
90.02 09002	OTHER DAY HOSPITAL	0	0	19,129	19,129	90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	275,314	2,635,185	534,017	3,444,516	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,945	0	8,945	190.00
191.00 19100	RESEARCH	2,034	0	97,374	99,408	191.00
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	0	191.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	201.00
202.00	TOTAL (sum lines 118-201)	277,348	2,644,130	631,391	3,552,869	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143027

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

Worksheet B
Part II
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		A&G NON INTERN & NON RESIDENT	A&G PURCHASING RECEIVING	A&G ADMITTING	A&G PFS - CASHIER /ACCTS RECEIVABLE	A&G OTHER A&G IR RELATED	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590	113,679					5.01
5.02	00561	0	3,415				5.02
5.03	00540	0	15	35,129			5.03
5.04	00550	0	13	0	7,678		5.04
5.05	00560	0	96	0	0	148,576	5.05
6.00	00600	0	0	0	0	0	6.00
7.00	00700	0	283	0	0	4,774	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	0	467	0	0	3,236	9.00
10.00	01000	0	72	0	0	2,793	10.00
11.00	01100	0	0	0	0	1,787	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	5	0	0	1,870	13.00
14.00	01400	0	193	0	0	753	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	79	0	0	3,820	16.00
17.00	01700	0	0	0	0	2,536	17.00
18.00	01850	0	0	0	0	262	18.00
21.00	02100	0	42	0	0	3,362	21.00
22.00	02200	0	0	0	0	82	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	41,493	709	10,646	2,302	47,615	30.00
44.00	04400	19,324	62	4,966	1,090	10,630	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	1,342	38	353	78	1,351	54.00
55.00	05500	0	0	0	0	0	55.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,737	0	960	211	1,869	60.00
61.00	06100	0	0	0	0	0	61.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,427	114	629	138	1,168	65.00
66.00	06600	12,901	52	3,370	740	8,582	66.00
67.00	06700	12,438	27	3,198	702	7,335	67.00
68.00	06800	10,418	41	2,703	593	4,425	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	2,956	597	760	167	1,584	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	6,381	16	1,640	360	5,796	73.00
74.00	07400	262	0	67	15	253	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	3,512	771	6,651	90.01
90.02	09002	0	131	2,325	511	5,777	90.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		113,679	3,052	35,129	7,678	128,311	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	37	190.00
191.00	19100	0	179	0	0	2,199	191.00
191.01	19101	0	184	0	0	18,029	191.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		113,679	3,415	35,129	7,678	148,576	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/25/2014 10:36 am		
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	A&G NON INTERN & NON RESIDENT				5.01
5.02	00561	A&G PURCHASING RECEIVING				5.02
5.03	00540	A&G ADMITTING				5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE				5.04
5.05	00560	A&G OTHER A&G IR RELATED				5.05
6.00	00600	MAINTENANCE & REPAIRS	0			6.00
7.00	00700	OPERATION OF PLANT	0	457,516		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	4,710	0	9.00
10.00	01000	DIETARY	0	19,551	0	10.00
11.00	01100	CAFETERIA	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	2,432	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	310,751	0	30.00
44.00	04400	SKILLED NURSING FACILITY	0	52,477	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	26,101	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,865	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,943	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,900	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRV PRGM	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	455,730	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,786	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	191.01
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	457,516	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143027

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

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00561						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,787					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	2,349			13.00
14.00	01400	0	0	0	980		14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	6	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
21.00	02100	0	0	0	1	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,787	0	2,349	533	0	30.00
44.00	04400	0	0	0	87	0	44.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	0	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
61.00	06100	0	0	0	0	0	61.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	10	0	66.00
67.00	06700	0	0	0	2	0	67.00
68.00	06800	0	0	0	1	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	330	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	8	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	2	0	90.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	0	0	0	0	96.00
100.00	10000	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		1,787	0	2,349	980	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
191.01	19101	0	0	0	0	0	191.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,787	0	2,349	980	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143027

Period:
From 07/01/2013
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	INTERNS & RESIDENTS		
			(SPECIFY)	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
	16.00	17.00	18.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	A&G NON INTERN & NON RESIDENT					5.01
5.02 00561	A&G PURCHASING RECEIVING					5.02
5.03 00540	A&G ADMITTING					5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE					5.04
5.05 00560	A&G OTHER A&G IR RELATED					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,261				16.00
17.00 01700	SOCIAL SERVICE	0	2,718			17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	15,896		18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	7,429	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		82 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,567	2,718	15,896		30.00
44.00 04400	SKILLED NURSING FACILITY	2,575	0	0		44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	183	0	0		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
58.00 05800	MRI	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000	LABORATORY	498	0	0		60.00
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	326	0	0		65.00
66.00 06600	PHYSICAL THERAPY	1,747	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	1,658	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	1,401	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	394	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	850	0	0		73.00
74.00 07400	RENAL DIALYSIS	35	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0		90.00
90.01 09001	WHEATON OUTPATIENT	1,821	0	0		90.01
90.02 09002	OTHER DAY HOSPITAL	1,206	0	0		90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,261	2,718	15,896	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 19100	RESEARCH	0	0	0		191.00
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0		191.01
200.00	Cross Foot Adjustments				7,429	82 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	18,261	2,718	15,896	7,429	82 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143027

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

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Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00590	A&G NON INTERN & NON RESIDENT				5.01
5.02	00561	A&G PURCHASING RECEIVING				5.02
5.03	00540	A&G ADMITTING				5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE				5.04
5.05	00560	A&G OTHER A&G IR RELATED				5.05
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,300,215	0	2,300,215	30.00
44.00	04400	SKILLED NURSING FACILITY	403,134	0	403,134	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,727	0	25,727	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	7,299	0	7,299	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,976	0	6,976	65.00
66.00	06600	PHYSICAL THERAPY	195,427	0	195,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	167,008	0	167,008	67.00
68.00	06800	SPEECH PATHOLOGY	67,058	0	67,058	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,788	0	6,788	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,944	0	83,944	73.00
74.00	07400	RENAL DIALYSIS	632	0	632	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	119,538	0	119,538	90.01
90.02	09002	OTHER DAY HOSPITAL	29,414	0	29,414	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,413,160	0	3,413,160	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,959	0	10,959	190.00
191.00	19100	RESEARCH	101,848	0	101,848	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	19,391	0	19,391	191.01
200.00		Cross Foot Adjustments	7,511	0	7,511	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,552,869	0	3,552,869	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	A&G NON INTERN & NON RESIDENT (INPATIENT CHARGES)	A&G PURCHASING RECEIVING (ALLOCATION 1)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)							
	1.00	2.00	4.00	5.01	5.02				
GENERAL SERVICE COST CENTERS									
1.00 00100	CAP REL COSTS-BLDG & FIXT	156,969							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		642,447						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	38,521,816					4.00
5.01 00590	A&G NON INTERN & NON RESIDENT	2,448	44,125	1,678,604	77,273,978				5.01
5.02 00561	A&G PURCHASING RECEIVING	0	930	294,807	0		612,206		5.02
5.03 00540	A&G ADMITTING	1,995	1,317	1,052,889	0		2,681		5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE	0	2,259	647,086	0		2,352		5.04
5.05 00560	A&G OTHER A&G IR RELATED	2,785	34,079	1,529,417	0		17,286		5.05
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0		0		6.00
7.00 00700	OPERATION OF PLANT	13,735	198,914	318,671	0		50,679		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0		0		8.00
9.00 00900	HOUSEKEEPING	1,400	7,232	738,226	0		83,659		9.00
10.00 01000	DIETARY	5,812	19,326	1,055,891	0		12,829		10.00
11.00 01100	CAFETERIA	0	0	0	0		0		11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0		0		12.00
13.00 01300	NURSING ADMINISTRATION	0	358	602,201	0		918		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	165,038	0		34,685		14.00
15.00 01500	PHARMACY	0	0	0	0		0		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	3,963	1,060,488	0		14,231		16.00
17.00 01700	SOCIAL SERVICE	0	0	896,739	0		0		17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	723	762	69,389	0		0		18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	328	1,014,336	0		7,597		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 03000	ADULTS & PEDIATRICS	92,377	127,562	9,568,410	28,200,246		127,023		30.00
44.00 04400	SKILLED NURSING FACILITY	15,600	1,301	2,136,596	13,136,726		11,186		44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0		0		46.00
ANCILLARY SERVICE COST CENTERS									
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	20,998	328,562	912,318		6,733		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		0		55.00
58.00 05800	MRI	0	0	0	0		0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0		0		59.00
60.00 06000	LABORATORY	0	0	119,300	2,540,506		0		60.00
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		0		61.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0		0		64.00
65.00 06500	RESPIRATORY THERAPY	0	2,174	181,115	1,649,967		20,484		65.00
66.00 06600	PHYSICAL THERAPY	7,759	8,170	1,996,248	8,770,191		9,371		66.00
67.00 06700	OCCUPATIONAL THERAPY	6,797	1,084	1,645,953	8,455,761		4,754		67.00
68.00 06800	SPEECH PATHOLOGY	2,064	4,285	867,150	7,082,578		7,319		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0		0		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,009,792		107,074		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,943	8,302	989,117	4,338,005		2,871		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	177,888		0		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00 09000	CLINIC	0	0	0	0		0		90.00
90.01 09001	WHEATON OUTPATIENT	0	36,435	1,821,768	0		0		90.01
90.02 09002	OTHER DAY HOSPITAL	0	19,464	1,638,977	0		23,411		90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0		92.00
OTHER REIMBURSABLE COST CENTERS									
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		0		96.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		0		100.00
SPECIAL PURPOSE COST CENTERS									
113.00 11300	INTEREST EXPENSE								113.00
114.00 11400	UTILIZATION REVIEW-SNF								114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	156,438	543,368	32,416,978	77,273,978		547,143		118.00
NONREIMBURSABLE COST CENTERS									
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	531	0	0	0		0		190.00
191.00 19100	RESEARCH	0	99,079	303,262	0		32,006		191.00
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	0	0	5,801,576	0		33,057		191.01
200.00	Cross Foot Adjustments								200.00
201.00	Negative Cost Centers								201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,644,130	631,391	5,501,584	5,160,414		413,394		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.844918	0.982791	0.142817	0.066781		0.675253		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			7,831	113,679		3,415		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	A&G NON INTERN & NON RESIDENT (INPATIENT CHARGES)	A&G PURCHASING RECEIVING (ALLOCATION 1)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000203	0.001471	0.005578	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description			A&G ADMITTING (GROSS CHARGES)	A&G PFS - CASHIER /ACCTS RECEIVABLE (GROSS CHARGES)	Reconciliation	A&G OTHER A&G IR RELATED (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	A&G NON INTERN & NON RESIDENT						5.01
5.02	00561	A&G PURCHASING RECEIVING						5.02
5.03	00540	A&G ADMITTING	92,965,098					5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE	0	92,965,098				5.04
5.05	00560	A&G OTHER A&G IR RELATED	0	0	-8,809,593	60,033,928		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	149,741	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	1,928,939	13,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,307,437	1,400	9.00
10.00	01000	DIETARY	0	0	0	1,128,324	5,812	10.00
11.00	01100	CAFETERIA	0	0	0	721,821	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	755,672	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	304,288	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,543,564	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,024,809	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	106,006	723	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,358,337	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	33,011	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,200,246	28,200,246	0	19,242,417	92,377	30.00
44.00	04400	SKILLED NURSING FACILITY	13,136,726	13,136,726	0	4,294,781	15,600	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	933,743	933,743	0	545,777	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,540,506	2,540,506	0	755,074	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,662,954	1,662,954	0	472,117	0	65.00
66.00	06600	PHYSICAL THERAPY	8,915,197	8,915,197	0	3,467,380	7,759	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,459,318	8,459,318	0	2,963,757	6,797	67.00
68.00	06800	SPEECH PATHOLOGY	7,149,662	7,149,662	0	1,787,690	2,064	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,009,792	2,009,792	0	640,035	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	4,338,005	4,338,005	0	2,341,666	2,943	73.00
74.00	07400	RENAL DIALYSIS	177,888	177,888	0	102,421	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	9,290,336	9,290,336	0	2,687,168	0	90.01
90.02	09002	OTHER DAY HOSPITAL	6,150,725	6,150,725	0	2,333,940	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,965,098	92,965,098	-8,809,593	51,846,431	149,210	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	14,761	531	190.00
191.00	19100	RESEARCH	0	0	0	888,465	0	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	7,284,271	0	191.01
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)	1,609,451	786,954		8,809,593	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.017312	0.008465		0.146744	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	35,129	7,678		148,576	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000378	0.000083		0.002475	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00561						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800	136,006					8.00
9.00	00900	1,400		134,606			9.00
10.00	01000	5,812		5,812	41,595		10.00
11.00	01100					1,000	11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850	723		723			18.00
21.00	02100						21.00
22.00	02200						22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	92,377		92,377	31,050	1,000	30.00
44.00	04400	15,600		15,600	10,545		44.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400						54.00
55.00	05500						55.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
61.00	06100						61.00
64.00	06400						64.00
65.00	06500						65.00
66.00	06600	7,759		7,759			66.00
67.00	06700	6,797		6,797			67.00
68.00	06800	2,064		2,064			68.00
69.00	06900						69.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300	2,943		2,943			73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000						90.00
90.01	09001						90.01
90.02	09002						90.02
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600						96.00
100.00	10000						100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
118.00		135,475	0	134,075	41,595	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	531		531			190.00
191.00	19100						191.00
191.01	19101						191.01
200.00							200.00
201.00							201.00
202.00		2,211,999	0	1,522,066	1,454,145	827,744	202.00
203.00		16.263981	0.000000	11.307564	34.959611	827.744000	203.00
204.00		457,516	0	48,407	164,956	1,787	204.00
205.00		3.363940	0.000000	0.359620	3.965765	1.787000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (ALLOCATION 2)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00590	A&G NON INTERN & NON RESIDENT						5.01
5.02	00561	A&G PURCHASING RECEIVING						5.02
5.03	00540	A&G ADMITTING						5.03
5.04	00550	A&G PFS - CASHIER /ACCTS RECEIVABLE						5.04
5.05	00560	A&G OTHER A&G IR RELATED						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	1,000				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	662,324			14.00
15.00	01500	PHARMACY	0	0	0	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	4,077	0	92,965,098	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	8	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	407	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,000	360,141	0	28,200,246	30.00
44.00	04400	SKILLED NURSING FACILITY	0	0	58,681	0	13,136,726	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	81	0	933,743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	226	0	2,540,506	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,662,954	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,078	0	8,915,197	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,139	0	8,459,318	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	763	0	7,149,662	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	222,688	0	2,009,792	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	5,548	0	4,338,005	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	177,888	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	9,290,336	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	1,026	0	6,150,725	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,000	661,863	0	92,965,098	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	138	0	0	191.00
191.01	19101	CONTRACT MNGMT & JOINT VENTURE	0	0	323	0	0	191.01
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)	0	866,562	348,940	0	1,772,221	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	866.562000	0.526842	0.000000	0.019063	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,349	980	0	18,261	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.349000	0.001480	0.000000	0.000196	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	18.00		21.00
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	A&G NON INTERN & NON RESIDENT					5.01
5.02 00561	A&G PURCHASING RECEIVING					5.02
5.03 00540	A&G ADMITTING					5.03
5.04 00550	A&G PFS - CASHIER /ACCTS RECEIVABLE					5.04
5.05 00560	A&G OTHER A&G IR RELATED					5.05
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	1,000				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	1,000			18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,000		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,000	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,000	1,000	1,000	1,000	30.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WHEATON OUTPATIENT	0	0	0	0	90.01
90.02 09002	OTHER DAY HOSPITAL	0	0	0	0	90.02
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,000	1,000	1,000	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
191.01 19101	CONTRACT MNGMT & JOINT VENTURE	0	0	0	0	191.01
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)	1,175,194	141,500	1,557,879	37,855	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,175.194000	141.500000	1,557.879000	37.855000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,718	15,896	7,429	82	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143027

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

Worksheet B-1

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	INTERNS & RESIDENTS			
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	17.00	18.00	21.00	22.00		
205.00 Unit cost multiplier (Wkst. B, Part II)	2.718000	15.896000	7.429000	0.082000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143027

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:36 am

		Title XVII		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	29,436,918		29,436,918	297,544	29,734,462	30.00
44.00	04400 SKILLED NURSING FACILITY	6,005,120		6,005,120	0	6,005,120	44.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400 RADIOLOGY-DIAGNOSTIC	643,710		643,710	0	643,710	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	914,426		914,426	0	914,426	60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	573,098	0	573,098	0	573,098	65.00
66.00	06600 PHYSICAL THERAPY	4,363,803	0	4,363,803	0	4,363,803	66.00
67.00	06700 OCCUPATIONAL THERAPY	3,747,935	0	3,747,935	0	3,747,935	67.00
68.00	06800 SPEECH PATHOLOGY	2,243,627	0	2,243,627	0	2,243,627	68.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	889,590		889,590	0	889,590	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,852,052		2,852,052	0	2,852,052	73.00
74.00	07400 RENAL DIALYSIS	120,842		120,842	0	120,842	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 WHEATON OUTPATIENT	3,258,596		3,258,596	0	3,258,596	90.01
90.02	09002 OTHER DAY HOSPITAL	2,794,224		2,794,224	0	2,794,224	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
200.00	Subtotal (see instructions)	57,843,941	0	57,843,941	297,544	58,141,485	200.00
201.00	Less Observation Beds	0		0	0	0	201.00
202.00	Total (see instructions)	57,843,941	0	57,843,941	297,544	58,141,485	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143027

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:36 am

		Title XVII			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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,200,246		28,200,246		30.00
44.00	04400	SKILLED NURSING FACILITY	13,136,726		13,136,726		44.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	912,318	21,425	933,743	0.689387	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	2,540,506	0	2,540,506	0.359939	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,649,967	12,987	1,662,954	0.344626	65.00
66.00	06600	PHYSICAL THERAPY	8,770,191	145,006	8,915,197	0.489479	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,455,761	3,557	8,459,318	0.443054	67.00
68.00	06800	SPEECH PATHOLOGY	7,082,578	67,084	7,149,662	0.313809	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,009,792	0	2,009,792	0.442628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,338,005	0	4,338,005	0.657457	73.00
74.00	07400	RENAL DIALYSIS	177,888	0	177,888	0.679315	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WHEATON OUTPATIENT	0	9,290,336	9,290,336	0.350751	90.01
90.02	09002	OTHER DAY HOSPITAL	0	6,150,725	6,150,725	0.454292	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
200.00		Subtotal (see instructions)	77,273,978	15,691,120	92,965,098		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	77,273,978	15,691,120	92,965,098		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 143027

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

Worksheet C
Part I
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
44.00	04400 SKILLED NURSING FACILITY				44.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.689387			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.359939			60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.344626			65.00
66.00	06600 PHYSICAL THERAPY	0.489479			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.443054			67.00
68.00	06800 SPEECH PATHOLOGY	0.313809			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.442628			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.657457			73.00
74.00	07400 RENAL DIALYSIS	0.679315			74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WHEATON OUTPATIENT	0.350751			90.01
90.02	09002 OTHER DAY HOSPITAL	0.454292			90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
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: 143027		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part I Date/Time Prepared: 11/25/2014 10:36 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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,300,215	0	2,300,215	32,614	70.53	30.00
44.00	SKILLED NURSING FACILITY	403,134		403,134	8,981	44.89	44.00
200.00	Total (lines 30-199)	2,703,349		2,703,349	41,595		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	17,509	1,234,910				
44.00	SKILLED NURSING FACILITY	6,807	305,566				
200.00	Total (lines 30-199)	24,316	1,540,476				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 143027

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

Worksheet D
Part II
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,727	933,743	0.027553	713,766	19,666	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
58.00	05800	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	7,299	2,540,506	0.002873	1,483,426	4,262	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,976	1,662,954	0.004195	974,111	4,086	65.00
66.00	06600	PHYSICAL THERAPY	195,427	8,915,197	0.021921	4,939,702	108,283	66.00
67.00	06700	OCCUPATIONAL THERAPY	167,008	8,459,318	0.019742	4,849,360	95,736	67.00
68.00	06800	SPEECH PATHOLOGY	67,058	7,149,662	0.009379	3,741,511	35,092	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,788	2,009,792	0.003377	1,066,084	3,600	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	83,944	4,338,005	0.019351	2,304,856	44,601	73.00
74.00	07400	RENAL DIALYSIS	632	177,888	0.003553	134,552	478	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	119,538	9,290,336	0.012867	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	29,414	6,150,725	0.004782	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50-199)	709,811	51,628,126		20,207,368	315,804	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 143027		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part III Date/Time Prepared: 11/25/2014 10:36 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	0	0	0	0	30.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,614	0.00	17,509	0	0	30.00
44.00	04400	SKILLED NURSING FACILITY	8,981	0.00	6,807	0	0	44.00
200.00		Total (lines 30-199)	41,595		24,316	0	0	200.00
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				30.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143027

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	933,743	0.000000	0.000000	713,766	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
58.00	05800	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	2,540,506	0.000000	0.000000	1,483,426	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,662,954	0.000000	0.000000	974,111	65.00
66.00	06600	PHYSICAL THERAPY	0	8,915,197	0.000000	0.000000	4,939,702	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,459,318	0.000000	0.000000	4,849,360	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,149,662	0.000000	0.000000	3,741,511	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,009,792	0.000000	0.000000	1,066,084	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	4,338,005	0.000000	0.000000	2,304,856	73.00
74.00	07400	RENAL DIALYSIS	0	177,888	0.000000	0.000000	134,552	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	9,290,336	0.000000	0.000000	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	6,150,725	0.000000	0.000000	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	0	51,628,126			20,207,368	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 143027

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

Worksheet D
Part IV
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		Title XVIII			Hospital		PPS	
		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		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,425	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	12,987	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,879	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,557	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	42,848	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WHEATON OUTPATIENT	0	0	90.01
90.02	09002 OTHER DAY HOSPITAL	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/25/2014 10:36 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Charges Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Hospital Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.689387	21,425	0	0	14,770	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
58.00	05800	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	0.359939	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.344626	12,987	0	0	4,476	65.00
66.00	06600	PHYSICAL THERAPY	0.489479	4,879	0	0	2,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.443054	3,557	0	0	1,576	67.00
68.00	06800	SPEECH PATHOLOGY	0.313809	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.442628	0	0	0	0	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	0.657457	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.679315	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0.350751	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0.454292	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		42,848	0	0	23,210	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		42,848	0	0	23,210	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 143027

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

Worksheet D
Part V
Date/Time Prepared:
11/25/2014 10:36 am

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	7.00	
	ANCILLARY SERVICE COST CENTERS				
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 am PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	933,743	0.000000	0.000000	70,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
58.00	05800	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	2,540,506	0.000000	0.000000	314,510	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,662,954	0.000000	0.000000	79,185	65.00
66.00	06600	PHYSICAL THERAPY	0	8,915,197	0.000000	0.000000	1,940,458	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,459,318	0.000000	0.000000	1,811,565	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,149,662	0.000000	0.000000	271,122	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,009,792	0.000000	0.000000	86,463	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	4,338,005	0.000000	0.000000	770,825	73.00
74.00	07400	RENAL DIALYSIS	0	177,888	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	9,290,336	0.000000	0.000000	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	6,150,725	0.000000	0.000000	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	0	51,628,126			5,344,937	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 am PPS
		Title XVIII	Skilled Nursing Facility

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	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/25/2014 10:36 am PPS
		Title XVIII	Skilled Nursing Facility

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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WHEATON OUTPATIENT	0	0	90.01
90.02	09002	OTHER DAY HOSPITAL	0	0	90.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 10:36 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,614	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,614	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)		32,614	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		17,509	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)		29,734,462	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)		29,734,462	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)		29,734,462	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)		911.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,963,130	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)		15,963,130	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 10:36 am
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT					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)					9,180,862 48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,143,992 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)					1,234,910 50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					315,804 51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,550,714 52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,593,278 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: 143027

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

Worksheet D-1

Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	2,300,215	29,734,462	0.077359	0	0	90.00
91.00 Nursing School cost	0	29,734,462	0.000000	0	0	91.00
92.00 Allied health cost	0	29,734,462	0.000000	0	0	92.00
93.00 All other Medical Education	0	29,734,462	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/25/2014 10:36 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,981	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,981	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)		8,981	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,807	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)		6,005,120	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)		6,005,120	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)		6,005,120	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1	
		Component CCN: 146129		Date/Time Prepared: 11/25/2014 10:36 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)			6,005,120	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)			668.65	71.00
72.00	Program routine service cost (line 9 x line 71)			4,551,501	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)			0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)			4,551,501	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)			0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)			0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)			0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)			0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)			0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)			0	80.00
81.00	Inpatient routine service cost per diem limitation			0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)			0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)			4,551,501	83.00
84.00	Program inpatient ancillary services (see instructions)			2,571,878	84.00
85.00	Utilization review - physician compensation (see instructions)			0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)			7,123,379	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: 143027 Component CCN: 146129		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/25/2014 10:36 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/25/2014 10:36 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		14,784,826		30.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.689387	713,766	492,061	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.359939	1,483,426	533,943	60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.344626	974,111	335,704	65.00
66.00	06600 PHYSICAL THERAPY	0.489479	4,939,702	2,417,880	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.443054	4,849,360	2,148,528	67.00
68.00	06800 SPEECH PATHOLOGY	0.313809	3,741,511	1,174,120	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.442628	1,066,084	471,879	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.657457	2,304,856	1,515,344	73.00
74.00	07400 RENAL DIALYSIS	0.679315	134,552	91,403	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WHEATON OUTPATIENT	0.350751	0	0	90.01
90.02	09002 OTHER DAY HOSPITAL	0.454292	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		20,207,368	9,180,862	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)		20,207,368		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 146129		Date/Time Prepared: 11/25/2014 10:36 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		3,946,394		30.00
ANCILLARY SERVICE COST CENTERS					
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.689387	70,809	48,815	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.359939	314,510	113,204	60.00
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.344626	79,185	27,289	65.00
66.00	06600 PHYSICAL THERAPY	0.489479	1,940,458	949,813	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.443054	1,811,565	802,621	67.00
68.00	06800 SPEECH PATHOLOGY	0.313809	271,122	85,081	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.442628	86,463	38,271	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.657457	770,825	506,784	73.00
74.00	07400 RENAL DIALYSIS	0.679315	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WHEATON OUTPATIENT	0.350751	0	0	90.01
90.02	09002 OTHER DAY HOSPITAL	0.454292	0	0	90.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		5,344,937	2,571,878	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)		5,344,937		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/25/2014 10:36 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,210	2.00
3.00	PPS payments		11,590	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.943	5.00
6.00	Line 2 times line 5		21,887	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		52.95	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		11,590	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,912	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)		8,678	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		578	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)		9,256	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		9,256	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)		2,746	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,785	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		11,041	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)		11,041	40.00
40.01	Sequestration adjustment (see instructions)		221	40.01
41.00	Interim payments		8,507	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,313	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: 143027

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2014 10:36 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		29,558,348		8,507	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	07/03/2014	2,007,055		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)		-2,007,055		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		27,551,293		8,507	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		0		2,313	6.01
6.02	SETTLEMENT TO PROGRAM		868,094		0	6.02
7.00	Total Medicare program liability (see instructions)		26,683,199		10,820	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 143027
Component CCN: 146129

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

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2014 10:36 am
PPS

Title XVIII
Skilled Nursing Facility

		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		3,156,621		0	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		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,156,621		0	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		5,049		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,161,670		0	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: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/25/2014 10:36 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)	6,018,299	16,863,356	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0142		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	262,398	502,528	3.00
4.00	Outlier Payments	84,946		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)	12.75		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.)	14.88		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)	12.75		9.00
10.00	Average Daily Census (see instructions)	89.353425		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.096054	0.145179	11.00
12.00	Teaching Adjustment (see instructions)	578,082	2,448,205	12.00
13.00	Total PPS Payment (see instructions)	26,757,814		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)	26,757,814		17.00
18.00	Primary payer payments	67,118		18.00
19.00	Subtotal (line 17 less line 18).	26,690,696		19.00
20.00	Deductibles	163,296		20.00
21.00	Subtotal (line 19 minus line 20)	26,527,400		21.00
22.00	Coinsurance	118,112		22.00
23.00	Subtotal (line 21 minus line 22)	26,409,288		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	218		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	142		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	26,409,430		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	822,397		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS)	0		31.00
31.01	MSP PASS THROUGH	-21		31.01
31.02	MSP LLC ADJUSTMENT	-4,052		31.02
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	27,227,754		32.00
32.01	Sequestration adjustment (see instructions)	544,555		32.01
33.00	Interim payments	27,551,293		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	-868,094		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	84,946		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143027 Component CCN: 146129	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VI Date/Time Prepared: 11/25/2014 10:36 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,413,302	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,413,302	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		192,260	7.00
8.00	Allowable bad debts (see instructions)		7,926	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		5,152	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		3,226,194	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		3,226,194	15.00
15.01	Sequestration adjustment (see instructions)		64,524	15.01
16.00	Interim payments		3,156,621	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		5,049	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 10:36 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.90	6.00
7.00	Enter the lesser of line 5 or line 6			12.60	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	13.77	13.77	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	12.48	12.48	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	12.48		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	14.38		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	15.83		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	14.23		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	14.23		17.00
18.00	Per resident amount	0.00	103,939.39		18.00
19.00	Approved amount for resident costs	0	1,479,058	1,479,058	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)			1.30	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,479,058	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,509	743		26.00
27.00	Total Inpatient Days (see instructions)	32,614	32,614		27.00
28.00	Ratio of inpatient days to total inpatient days	0.536855	0.022782		28.00
29.00	Program direct GME amount	794,040	33,696		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		4,761		30.00
31.00	Net Program direct GME amount			822,975	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143027	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/25/2014 10:36 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)		177,888	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)		33,108,795	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)		67,118	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		33,041,677	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		23,210	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		23,210	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		33,064,887	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.999298	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.000702	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		822,975	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		822,397	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		578	50.00

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

Provider CCN: 143027

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

Worksheet G

Date/Time Prepared:
11/25/2014 10:36 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	21,872,473	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	10,902,455	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	213,391	0	0	0	7.00
8.00	Prepaid expenses	306,609	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	2,141,327	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,436,255	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,100,074	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	82,395,698	0	0	0	15.00
16.00	Accumulated depreciation	-24,386,467	0	0	0	16.00
17.00	Leasehold improvements	991,083	0	0	0	17.00
18.00	Accumulated depreciation	-760,002	0	0	0	18.00
19.00	Fixed equipment	10,704,156	0	0	0	19.00
20.00	Accumulated depreciation	-7,615,294	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	62,429,248	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	97,865,503	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,148,056	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	796,156	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,937,795	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,882,007	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	31,662,516	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	403,665	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	32,066,181	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	42,948,188	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	54,917,315				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	54,917,315	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	97,865,503	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143027

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

Worksheet G-1

Date/Time Prepared:
11/25/2014 10:36 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		50,729,752		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		3,641,767			2.00
3.00	Total (sum of line 1 and line 2)		54,371,519		0	3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS) (UNR)	0		0		4.00
5.00	UNREALIZED GAIN	0		0		5.00
6.00	ASSETS RELEASED & USED FOR PURCHASE	1,268,225		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,268,225		0	10.00
11.00	Subtotal (line 3 plus line 10)		55,639,744		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	EQUITY TRANSFER TO RMC	722,429		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		722,429		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		54,917,315		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	ADDITIONS (CREDIT ADJUSTMENTS) (UNR)		0			4.00
5.00	UNREALIZED GAIN		0			5.00
6.00	ASSETS RELEASED & USED FOR PURCHASE		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	EQUITY TRANSFER TO RMC		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143027

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2014 10:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	62,924,349		62,924,349	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	14,350,473		14,350,473	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	77,274,822		77,274,822	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)	77,274,822		77,274,822	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	0	15,690,276	15,690,276	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	77,274,822	15,690,276	92,965,098	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		70,853,907		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)		70,853,907		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143027

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

Worksheet G-3

Date/Time Prepared:
11/25/2014 10:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	92,965,098	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,940,148	2.00
3.00	Net patient revenues (line 1 minus line 2)	64,024,950	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,853,907	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,828,957	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	662,492	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTER-REHAB PROVIDENCE	6,080,306	24.00
24.01	GRANT & OTHER	2,769,622	24.01
24.02	CONTRACT MANAGEMENT	581,727	24.02
24.03	NET ASSETS RELEASED	413,066	24.03
25.00	Total other income (sum of lines 6-24)	10,507,213	25.00
26.00	Total (line 5 plus line 25)	3,678,256	26.00
27.00	OTHER EXPENSES (CONTRIB & SALEASSET)	36,489	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	36,489	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	3,641,767	29.00

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

Provider CCN: 143027

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

Worksheet OPPS RCC

Date/Time Prepared: 11/25/2014 10:36 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	0.689387	21,425	0	21,425	14,770	54.00
55.00 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
58.00 MRI	0.000000	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 LABORATORY	0.359939	0	0	0	0	60.00
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY (C)	0.000000	0	0	0	0	61.00
64.00 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0.344626	12,987	0	12,987	4,476	65.00
66.00 PHYSICAL THERAPY (C)	0.489479	4,879	0	4,879	2,388	66.00
67.00 OCCUPATIONAL THERAPY (C)	0.443054	3,557	0	3,557	1,576	67.00
68.00 SPEECH PATHOLOGY (C)	0.313809	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0.442628	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.657457	0	0	0	0	73.00
74.00 RENAL DIALYSIS (C)	0.679315	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.000000	0	0	0	0	90.00
90.01 WHEATON OUTPATIENT	0.350751	0	0	0	0	90.01
90.02 OTHER DAY HOSPITAL	0.454292	0	0	0	0	90.02
92.00 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
202.00 Total		34,412	0	34,412	19,246	202.00
RCC Calculation (B)						
211.00 Total Cost (Col 4, Line 202 which equals D Pt V col 5, Line 200)					19,246	211.00
212.00 Total Charges (Col 3, Line 202 which equals D Pt V col 2 and subscripts, Line 200)					34,412	212.00
213.00 OPPS / Charge Ratio (OPPS Cost/Charge Ratio Max is 1.400)					0.559	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)					101.00	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					0	231.00
232.00 W/S E Part B line 12, col 1					0	232.00
233.00 Non OPPS RCC (line 231 / line 232)					0.000	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: 143027

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

Worksheet REHAB
PPS REPORT
Date/Time Prepared:
11/25/2014 10:36 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)	25,143,992	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)	34,992,194	12.00
13.00	Ratio of Cost to Charges (Line 11 divided by Line 12)	0.719	13.00
14.00	Inpatient Days (S-3, Column 6, Line 17 plus Line 4 [Subprovider] or Line 1.00 + 2.00 [Hospital])	18,252	14.00
15.00	Total Days (S-3, Column 8, Line 17 [Subprovider] or Line 1.00 [Hospital])	32,614	15.00
16.00	Ratio of IRF Days to Total Days (Line 14 divided by Line 15)	0.560	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	12.75	21.00
22.00	W/S E-3, Part III, Line 10.00 Avg Daily Census	89.353425	22.00
23.00	Rehab Residents Average Daily Census (Line 21/Line 22)	0.143	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)	2,700	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))	32,614	42.00
43.00	IRF Medicaid Ratio (Line 41/Line 42)	0.0828	43.00