

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: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/21/2014 10:16 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: 11/21/2014 Time: 10:16 am	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GENESIS MEDICAL CENTER (160033) 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)

 VICE PRESIDENT, FINANCE/CFO
 Title

 11/25/2014
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	74,448	129,899	1,397,713	0	1.00
2.00 Subprovider - IPF	0	26,474	0		0	2.00
3.00 Subprovider - IRF	0	-110,216	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-9,294	129,899	1,397,713	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: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:14 am						
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IA		4.00 Zip Code: 52803- County: SCOTT						
2.00 Street: 1227 EAST RUSHOLME City: DAVENPORT		2.00 State: IA		3.00 Zip Code: 52803-		2.00 County: SCOTT						
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				
3.00 Hospital and Hospital-Based Component Identification:												
3.00	Hospital	GENESIS MEDICAL CENTER	160033	19340	1	07/01/1984	N	P	O	3.00		
4.00	Subprovider - IPF	GMC PSYCH	16S033	19340	4	07/01/1984	N	P	N	4.00		
5.00	Subprovider - IRF	GMC REHABILITATION	16T033	19340	5	07/01/1984	N	P	N	5.00		
6.00	Subprovider - (Other)									6.00		
7.00	Swing Beds - SNF									7.00		
8.00	Swing Beds - NF									8.00		
9.00	Hospital-Based SNF									9.00		
10.00	Hospital-Based NF									10.00		
11.00	Hospital-Based OLTC									11.00		
12.00	Hospital-Based HHA									12.00		
13.00	Separately Certified ASC									13.00		
14.00	Hospital-Based Hospice									14.00		
15.00	Hospital-Based Health Clinic - RHC									15.00		
16.00	Hospital-Based Health Clinic - FQHC									16.00		
17.00	Hospital-Based (CMHC) I									17.00		
18.00	Renal Dialysis	GMC RENAL	162303	19340		07/01/1984				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				
<u>Inpatient PPS Information</u>												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					5,386	1,960	842	101	3,381	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.					459	158	0	40	1		25.00
						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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:14 am		
		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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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			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovi der Site	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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:14 am		
	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	
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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	2.15	16.19	0.117230		67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	76.00
					1.00			
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N			80.00
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00
					V	XIX		
					1.00	2.00		
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
Rural Providers								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00

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		V	XIX			
		1.00	2.00			
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)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	451,217	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		H55790	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 11/21/2014 10:14 am
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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001		141.00
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:				142.00
143.00	City: DAVENPORT	State: IA		Zip Code: 52803-2459		143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
Multi campus			
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0168.00
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)	0.50	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	07/01/2013	06/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/21/2014 10:14 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.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/16/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part II Date/Time Prepared: 11/21/2014 10:14 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	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.			N	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.			Y	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.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	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.			Y	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.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	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.	MARTY		ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175		ORWITZM@GENESISHEALTH.COM	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)	11/16/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2014 10:14 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	201	73,365	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)		201	73,365	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		245	89,425	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,030		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		295				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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2014 10:14 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	23,976	4,271	47,236			1.00
2.00 HMO and other (see instructions)	5,590	5,565				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	367	186				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	23,976	4,271	47,236			7.00
8.00 INTENSIVE CARE UNIT	2,572	378	4,715			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	566	2,518			9.01
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		890	3,858			13.00
14.00 Total (see instructions)	26,548	6,105	58,327	17.64	1,245.26	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,562	156	6,058	0.70	25.60	16.00
17.00 SUBPROVIDER - IRF	4,193	472	6,690	0.00	32.33	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				18.34	1,303.19	27.00
28.00 Observation Bed Days		605	4,308			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,116			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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/21/2014 10:14 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	6,238	3,341	14,821	1.00
2.00 HMO and other (see instructions)			1,293	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
9.01 NICU						9.01
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	6,238	3,341	14,821	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	207	29	1,138	16.00
17.00 SUBPROVIDER - IRF	0.00	0	305	35	499	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2014 10:14 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	89,434,865	0	89,434,865	2,953,422.00	30.28
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,601,345	1,921,917	5,523,262	265,108.00	20.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,772,046	0	2,772,046	35,171.00	78.82
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		425,574	0	425,574	3,334.00	127.65
14.00	Home office salaries & wage-related costs		34,747,100	0	34,747,100	737,773.00	47.10
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		20,357,360	0	20,357,360		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,367,033	0	1,367,033		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	46,414	0	46,414	2,729.00	17.01
27.00	Administrative & General	5.00	3,725,564	-1,219,850	2,505,714	89,710.00	27.93
28.00	Administrative & General under contract (see inst.)		854,330	0	854,330	7,382.00	115.73
29.00	Maintenance & Repairs	6.00	3,446,117	0	3,446,117	147,617.00	23.34
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	65,445	0	65,445	5,987.00	10.93
32.00	Housekeeping	9.00	2,321,900	-286,113	2,035,787	146,858.00	13.86
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,571,914	-1,570,455	1,001,459	64,771.00	15.46
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,228,090	0	1,228,090	40,542.00	30.29
39.00	Central Services and Supply	14.00	574,943	0	574,943	30,400.00	18.91
40.00	Pharmacy	15.00	4,732,108	0	4,732,108	116,473.00	40.63

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part II
Date/Time Prepared:
11/21/2014 10:14 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	0	0	0	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part III
Date/Time Prepared:
11/21/2014 10:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	90,289,195	0	90,289,195	2,960,804.00	30.49	1.00
2.00	Excluded area salaries (see instructions)	3,601,345	1,921,917	5,523,262	265,108.00	20.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,687,850	-1,921,917	84,765,933	2,695,696.00	31.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,944,720	0	37,944,720	776,278.00	48.88	4.00
5.00	Subtotal wage-related costs (see inst.)	20,357,360	0	20,357,360	0.00	24.02	5.00
6.00	Total (sum of lines 3 thru 5)	144,989,930	-1,921,917	143,068,013	3,471,974.00	41.21	6.00
7.00	Total overhead cost (see instructions)	19,566,825	-3,076,418	16,490,407	652,469.00	25.27	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 11/21/2014 10:14 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,438,773	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)		8,332,699	8.00
9.00	Prescription Drug Plan		1,313,893	9.00
10.00	Dental, Hearing and Vision Plan		679,341	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		158,314	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)		407,669	14.00
15.00	'Workers' Compensation Insurance		1,583,600	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		6,243,605	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		45,996	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		399	22.00
23.00	Tuition Reimbursement		375,977	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,580,266	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part V Date/Time Prepared: 11/21/2014 10:14 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-5

Date/Time Prepared:
11/21/2014 10:14 am

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	126	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	5.25	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	313	0					5.00			
6.00	Number of stations	24	0	0	0			6.00			
7.00	Treatment capacity per day per station	3	0					7.00			
8.00	Utilization (see instructions)	0.80	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						10		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable						X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 11/21/2014 10:14 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.314918	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,952,758	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		105,321,896	6.00	
7.00	Medicaid cost (line 1 times line 6)		33,167,761	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		4,215,003	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		12,900	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,215,003	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	17,840,521	0	17,840,521	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,618,301	0	5,618,301	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,618,301	0	5,618,301	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		21,296,539	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		357,012	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		20,939,527	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		6,594,234	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,212,535	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,427,538	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		10,319,352	10,319,352	299,799	10,619,151	1.00
2.00	00200		8,922,136	8,922,136	0	8,922,136	2.00
4.00	00400		12,675,288	12,721,702	0	12,721,702	4.00
5.01	00590	2,262,188	60,172,421	62,434,609	-25,108,231	37,326,378	5.01
5.02	00560	1,463,376	489,045	1,952,421	9,671,280	11,623,701	5.02
5.03	00561	0	4,065,782	4,065,782	6,272,844	10,338,626	5.03
6.00	00600	3,446,117	4,113,815	7,559,932	-1,654,014	5,905,918	6.00
6.01	00601	0	0	0	-29,213	-29,213	6.01
6.02	00602	0	0	0	-30,425	-30,425	6.02
6.03	00603	0	0	0	-91,096	-91,096	6.03
6.04	00604	0	0	0	-59,914	-59,914	6.04
6.05	00605	0	0	0	-35,722	-35,722	6.05
6.06	00606	0	0	0	-23,998	-23,998	6.06
6.07	00607	0	0	0	-97,427	-97,427	6.07
6.08	00608	0	0	0	-44,235	-44,235	6.08
6.09	00609	0	0	0	-48,818	-48,818	6.09
6.10	00610	0	0	0	-29,520	-29,520	6.10
7.00	00700	0	0	0	2,144,382	2,144,382	7.00
8.00	00800	65,445	184,844	250,289	0	250,289	8.00
9.00	00900	2,321,900	781,987	3,103,887	-382,473	2,721,414	9.00
10.00	01000	2,571,914	2,027,291	4,599,205	-2,808,359	1,790,846	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,228,090	195,669	1,423,759	0	1,423,759	13.00
14.00	01400	574,943	710,353	1,285,296	2,745,074	4,030,370	14.00
15.00	01500	4,732,108	779,760	5,511,868	0	5,511,868	15.00
16.00	01600	0	0	0	3,160,558	3,160,558	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	2,924,890	2,924,890	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,856,091	4,463,472	25,319,563	-2,215,572	23,103,991	30.00
31.00	03100	2,596,219	1,195,066	3,791,285	0	3,791,285	31.00
32.01	03201	1,056,509	171,617	1,228,126	0	1,228,126	32.01
40.00	04000	1,558,922	271,277	1,830,199	209,560	2,039,759	40.00
41.00	04100	1,601,885	246,272	1,848,157	236,448	2,084,605	41.00
43.00	04300	0	0	0	2,215,572	2,215,572	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,794,620	6,743,450	12,538,070	0	12,538,070	50.00
54.00	05400	5,052,618	13,855,056	18,907,674	0	18,907,674	54.00
55.00	05500	1,982,329	6,867,361	8,849,690	0	8,849,690	55.00
57.00	05700	566,978	557,751	1,124,729	0	1,124,729	57.00
58.00	05800	250,902	278,723	529,625	0	529,625	58.00
59.00	05900	2,534,250	2,243,316	4,777,566	0	4,777,566	59.00
60.00	06000	3,682,452	6,242,252	9,924,704	0	9,924,704	60.00
63.00	06300	0	1,671,146	1,671,146	0	1,671,146	63.00
65.00	06500	2,259,643	488,070	2,747,713	0	2,747,713	65.00
66.00	06600	9,209,865	2,224,951	11,434,816	-39,625	11,395,191	66.00
69.00	06900	2,085,145	1,486,827	3,571,972	0	3,571,972	69.00
70.00	07000	607,196	452,335	1,059,531	0	1,059,531	70.00
71.00	07100	0	35,173,119	35,173,119	-20,229,711	14,943,408	71.00
72.00	07200	0	0	0	20,229,711	20,229,711	72.00
73.00	07300	0	11,054,391	11,054,391	0	11,054,391	73.00
74.00	07400	1,573,889	2,643,903	4,217,792	0	4,217,792	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	212,801	19,817	232,618	0	232,618	90.01
90.02	09002	1,210,317	1,323,618	2,533,935	0	2,533,935	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	309,721	587,733	897,454	0	897,454	90.04
90.05	09005	416,902	299,439	716,341	0	716,341	90.05
91.00	09100	4,862,578	2,527,042	7,389,620	0	7,389,620	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		88,994,327	208,525,747	297,520,074	-2,818,235	294,701,839	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	35,423	9,112	44,535	1,696	46,231	190.00
190.01	19001	3,749	43,669	47,418	35,774	83,192	190.01
190.02	19002	0	0	0	0	0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	215,287	112,530	327,817	0	327,817	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	209,842	209,842	102,687	312,529	192.01
192.02	19202	FOUNDATION	0	0	0	2,813	2,813	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	34,801	10,965	45,766	0	45,766	192.03
192.04	19204	OUTREACH PROGRAMS	0	2,664,416	2,664,416	4,903	2,669,319	192.04
192.05	19205	PHASE III REHAB	0	0	0	16,352	16,352	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,654,010	2,654,010	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	151,278	26,358	177,636	0	177,636	192.08
200.00		TOTAL (SUM OF LINES 118-199)	89,434,865	211,602,639	301,037,504	0	301,037,504	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-3,304,737	7,314,414	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,922,136	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-4,235,593	8,486,109	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	-27,021,943	10,304,435	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	26,648,313	38,272,014	5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB	-419,490	9,919,136	5.03
6.00	00600	MAINTENANCE & REPAIRS	-211,422	5,694,496	6.00
6.01	00601	MOB I	653,249	624,036	6.01
6.02	00602	MOB II	936,805	906,380	6.02
6.03	00603	BETT MED PARK	701,623	610,527	6.03
6.04	00604	NW CLINICS	374,950	315,036	6.04
6.05	00605	CPMP I	843,816	808,094	6.05
6.06	00606	CPMP II	868,885	844,887	6.06
6.07	00607	BETT PLAZA	973,918	876,491	6.07
6.08	00608	HEART INSTITUTE	1,992,164	1,947,929	6.08
6.09	00609	53RD STREET	301,687	252,869	6.09
6.10	00610	ELDRIDGE	162,656	133,136	6.10
7.00	00700	OPERATION OF PLANT	0	2,144,382	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	58,545	308,834	8.00
9.00	00900	HOUSEKEEPING	0	2,721,414	9.00
10.00	01000	DIETARY	-24,307	1,766,539	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-13,976	1,409,783	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,709	4,027,661	14.00
15.00	01500	PHARMACY	-100,196	5,411,672	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,160,558	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,924,890	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-28,425	23,075,566	30.00
31.00	03100	INTENSIVE CARE UNIT	-81,984	3,709,301	31.00
32.01	03201	NICU	0	1,228,126	32.01
40.00	04000	SUBPROVIDER - I PF	0	2,039,759	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,084,605	41.00
43.00	04300	NURSERY	0	2,215,572	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,155,014	11,383,056	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,975,461	15,932,213	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-575,590	8,274,100	55.00
57.00	05700	CT SCAN	0	1,124,729	57.00
58.00	05800	MRI	0	529,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	-45,777	4,731,789	59.00
60.00	06000	LABORATORY	-700	9,924,004	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,671,146	63.00
65.00	06500	RESPIRATORY THERAPY	-3,720	2,743,993	65.00
66.00	06600	PHYSICAL THERAPY	-574,147	10,821,044	66.00
69.00	06900	ELECTROCARDIOLOGY	-898,195	2,673,777	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-291,746	767,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,943,408	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,229,711	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,054,391	73.00
74.00	07400	RENAL DIALYSIS	-282,597	3,935,195	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	-3,000	229,618	90.01
90.02	09002	OP INSTITUTES	-451,568	2,082,367	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARITRIC CLINIC	-503,685	393,769	90.04
90.05	09005	PAIN MANAGEMENT	-164,608	551,733	90.05
91.00	09100	EMERGENCY	-1,199,250	6,190,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,053,229	284,648,610	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,231	190.00
190.01	19001	AUXILIARY	-805	82,387	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	327,817	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	312,529	192.01
192.02	19202	FOUNDATION	0	2,813	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	45,766	192.03
192.04	19204	OUTREACH PROGRAMS	-19,593	2,649,726	192.04
192.05	19205	PHASE III REHAB	0	16,352	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,654,010	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	177,636	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-10,073,627	290,963,877	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PATIENT SWITCHBOARD COSTS						
1.00	NON REIMBURSEABLE COST	192.01	30,862	2,924	1.00	
	TOTALS		30,862	2,924		
B - REHAB COORDINATOR						
1.00	SUBPROVIDER - IRF	41.00	34,487	5,138	1.00	
	TOTALS		34,487	5,138		
C - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	299,799	1.00	
	TOTALS		0	299,799		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	490,368	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		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	
	TOTALS		0	490,368		
E - RESIDENT AND TEACHING COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	1,188,988	1,735,902	1.00	
	TOTALS		1,188,988	1,735,902		
F - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	2,144,382	1.00	
	TOTALS		0	2,144,382		
G - NON SHARED ADMIN EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	9,671,280	1.00	
	TOTALS		0	9,671,280		
H - HOUSEKEEPING RELCASS						
1.00	SUBPROVIDER - IPF	40.00	98,002	33,006	1.00	
2.00	SUBPROVIDER - IRF	41.00	90,535	30,491	2.00	
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,269	427	3.00	
4.00	AUXILIARY	190.01	26,761	9,013	4.00	
5.00	NON REIMBURSEABLE COST	192.01	51,542	17,359	5.00	
6.00	FOUNDATION	192.02	2,104	709	6.00	
7.00	OUTREACH PROGRAMS	192.04	3,668	1,235	7.00	
8.00	PHASE III REHAB	192.05	12,232	4,120	8.00	
	TOTALS		286,113	96,360		
I - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	SUBPROVIDER - IPF	40.00	43,927	34,625	1.00	
2.00	SUBPROVIDER - IRF	41.00	42,386	33,411	2.00	
3.00	NON-ALLOWABLE MEALS	192.07	1,484,142	1,169,868	3.00	
	TOTALS		1,570,455	1,237,904		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	20,229,711	1.00	
	TOTALS		0	20,229,711		
K - HOME OFFICE RELATED SBS SERVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL-SB	5.03	0	6,272,844	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,745,074	2.00	
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,160,558	3.00	
	TOTALS		0	12,178,476		
L - NURSERY						
1.00	NURSERY	43.00	1,770,640	444,932	1.00	
	TOTALS		1,770,640	444,932		
500.00	Grand Total: Increases		4,881,545	48,537,176	500.00	

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6
Date/Time Prepared:
11/21/2014 10:14 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - PATIENT SWITCHBOARD COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	30,862	2,924	0		1.00
	TOTALS		30,862	2,924			
B - REHAB COORDINATOR							
1.00	PHYSICAL THERAPY	66.00	34,487	5,138	0		1.00
	TOTALS		34,487	5,138			
C - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	299,799	9		1.00
	TOTALS		0	299,799			
D - HOUSEKEEPING/PLANT/MAINT COSTS							
1.00	MOB I	6.01	0	29,213	0		1.00
2.00	MOB II	6.02	0	30,425	0		2.00
3.00	BETT MED PARK	6.03	0	91,096	0		3.00
4.00	NW CLINICS	6.04	0	59,914	0		4.00
5.00	CPMP I	6.05	0	35,722	0		5.00
6.00	CPMP II	6.06	0	23,998	0		6.00
7.00	BETT PLAZA	6.07	0	97,427	0		7.00
8.00	HEART INSTITUTE	6.08	0	44,235	0		8.00
9.00	53RD STREET	6.09	0	48,818	0		9.00
10.00	ELDRIDGE	6.10	0	29,520	0		10.00
	TOTALS		0	490,368			
E - RESIDENT AND TEACHING COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	1,188,988	1,735,902	0		1.00
	TOTALS		1,188,988	1,735,902			
F - UTILITY EXPENSE							
1.00	MAINTENANCE & REPAIRS	6.00	0	2,144,382	0		1.00
	TOTALS		0	2,144,382			
G - NON SHARED ADMIN EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	9,671,280	0		1.00
	TOTALS		0	9,671,280			
H - HOUSEKEEPING RELCASS							
1.00	HOUSEKEEPING	9.00	286,113	96,360	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
	TOTALS		286,113	96,360			
I - NON-ALLOWABLE EMPLOYEE MEALS							
1.00	DIETARY	10.00	1,570,455	1,237,904	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,570,455	1,237,904			
J - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	20,229,711	0		1.00
	TOTALS		0	20,229,711			
K - HOME OFFICE RELATED SBS SERVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.01	0	12,178,476	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	12,178,476			
L - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,770,640	444,932	0		1.00
	TOTALS		1,770,640	444,932			
500.00	Grand Total: Decreases		4,881,545	48,537,176			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part I
Date/Time Prepared:
11/21/2014 10:14 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	5,768,376	67,466	0	67,466	0 1.00
2.00	Land Improvements	14,758,038	62,508	0	62,508	0 2.00
3.00	Buildings and Fixtures	173,042,260	5,088,759	0	5,088,759	0 3.00
4.00	Building Improvements	14,530,958	42,300	0	42,300	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	161,788,579	6,785,466	0	6,785,466	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	369,888,211	12,046,499	0	12,046,499	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	369,888,211	12,046,499	0	12,046,499	0 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,835,842	0			1.00
2.00	Land Improvements	14,820,546	0			2.00
3.00	Buildings and Fixtures	178,131,019	0			3.00
4.00	Building Improvements	14,573,258	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	168,574,045	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	381,934,710	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	381,934,710	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part II
Date/Time Prepared:
11/21/2014 10:14 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	10,319,352	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,922,136	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,241,488	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	10,319,352				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,922,136				2.00
3.00	Total (sum of lines 1-2)	0	19,241,488				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part III
Date/Time Prepared:
11/21/2014 10:14 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	213,360,666	0	213,360,666	0.558631	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	168,574,045	0	168,574,045	0.441369	0	2.00
3.00	Total (sum of lines 1-2)	381,934,711	0	381,934,711	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	10,619,151	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,922,136	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,541,287	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	-3,304,737	0	0	0	7,314,414	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,922,136	2.00
3.00	Total (sum of lines 1-2)	-3,304,737	0	0	0	16,236,550	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:
11/21/2014 10:14 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	-3,328,444				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	7,415,297				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 GIC-DG-GENRAD - OUTREACH REVENUE	B	-538,538	0	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
34.00 GIC-53RD ST-GENRAD - OUTREACH REVENU	B	-2,072,849	RADIOLOGY-DIAGNOSTIC	54.00	0 34.00
35.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-135,850	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 35.00
36.00 CANCER CENTER - OTHER OPERATING REVE	B	-81,102	RADIOLOGY-THERAPEUTIC	55.00	0 36.00
37.00 ADMINISTRATION - RENTAL INCOME -3RD	B	-1	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 37.00
38.00 BIRTH CENTER - RENTAL INCOME -3RD PA	B	-5,235	ADULTS & PEDIATRICS	30.00	0 38.00
39.00 ADMINISTRATION - RENTAL INCOME - REL	B	-12,616	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 39.00
41.00 PHARMACY - W - CASH SALES	B	-42,318	PHARMACY	15.00	0 41.00
41.01 PHARMACY - E - CASH SALES	B	-55,297	PHARMACY	15.00	0 41.01
41.02 ADMINISTRATION - DISCOUNTS EARNED	B	-149,557	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 41.02
41.03 ADMINISTRATION - MISCELLANEOUS REVEN	B	-6,104	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 41.03
41.04 VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,689	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 41.04
42.00 SMALL POX IMMUNIZATION PROJECT - MIS	B	-33,623	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 42.00
42.01 MAINTENANCE - MISCELLANEOUS REVENUE	B	-11,644	MAINTENANCE & REPAIRS	6.00	0 42.01
42.02 GROUNDS - MISCELLANEOUS REVENUE	B	-27,133	MAINTENANCE & REPAIRS	6.00	0 42.02
42.03 BIOMED SERVICES - MISCELLANEOUS REVE	B	-172,645	MAINTENANCE & REPAIRS	6.00	0 42.03
42.04 LINEN SERVICES - MISCELLANEOUS REVEN	B	-201	LAUNDRY & LINEN SERVICE	8.00	0 42.04
42.05 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-18,990	ADULTS & PEDIATRICS	30.00	0 42.05
42.06 RADIOLOGY - MISCELLANEOUS REVENUE	B	-25	RADIOLOGY-DIAGNOSTIC	54.00	0 42.06
43.00 RADIOLOGY SERVICES ADMIN - E - MISCE	B	-2,026	RADIOLOGY-DIAGNOSTIC	54.00	0 43.00
43.01 RADIOLOGY SERVICES OUTREACH - MISCEL	B	-73,439	RADIOLOGY-DIAGNOSTIC	54.00	0 43.01
43.02 CANCER CENTER - MISCELLANEOUS REVENU	B	-31,059	RADIOLOGY-THERAPEUTIC	55.00	0 43.02
43.03 PULMONARY REHABILITATION - MISCELLAN	B	-3,720	RESPIRATORY THERAPY	65.00	0 43.03
43.04 LOMBARD PHYSICAL REHAB - MISCELLANEO	B	-101	PHYSICAL THERAPY	66.00	0 43.04
43.05 P. T. CLINIC WEST-VALLEY FAIR - MISCE	B	-618	PHYSICAL THERAPY	66.00	0 43.05
43.06 P. T. - CROW VALLEY - MISCELLANEOUS R	B	-1,103	PHYSICAL THERAPY	66.00	0 43.06
43.07 REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-1,634	PHYSICAL THERAPY	66.00	0 43.07
43.08 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-104,096	PHYSICAL THERAPY	66.00	0 43.08
43.09 CARDIOGRAPHICS - MISCELLANEOUS REVEN	B	-1,950	ELECTROCARDIOLOGY	69.00	0 43.09
43.10 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-454	OP INSTITUTES	90.02	0 43.10
43.11 DIABETES INSTITUTE - MISCELLANEOUS R	B	-5,599	OP INSTITUTES	90.02	0 43.11
43.12 WEIGHT MANAGEMENT CLINIC - MISCELLAN	B	-274	BARITRIC CLINIC	90.04	0 43.12
43.13 REHAB O.P. (BETT) - MISCELLANEOUS REV	B	-2,525	PHYSICAL THERAPY	66.00	0 43.13
43.14 PHARMACY - E - OUTREACH REVENUE	B	-629	PHARMACY	15.00	0 43.14
43.15 BIRTH CENTER - OTHER OPERATING REVEN	B	-4,200	ADULTS & PEDIATRICS	30.00	0 43.15
43.16 OPERATING ROOMS-W/E - INVENTORY RECO	B	-13,595	OPERATING ROOM	50.00	0 43.16
43.17 DIALYSIS - E - MED RECORDS COPIES RE	B	-80	RENAL DIALYSIS	74.00	0 43.17

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
43.18	OPERATING ROOMS-W/E - MISCELLANEOUS	B	-2,355	OPERATING ROOM	50.00	0 43.18
43.19	GENESIS IMAGING CTR, 53RD ST. - MISC	B	-240	RADIOLOGY-DIAGNOSTIC	54.00	0 43.19
44.01	NEURODIAGNOSTICS - MISCELLANEOUS REV	B	-540	ELECTROENCEPHALOGRAPHY	70.00	0 44.01
44.02	CLINICAL PSYCH - MISCELLANEOUS REVEN	B	-3,000	CLINICAL PSYCH	90.01	0 44.02
44.03	PAIN MANAGEMENT - BETTENDORF - MISC	B	-2,404	PAIN MANAGEMENT	90.05	0 44.03
44.04	PATIENT SERVICES ADMIN. - DONATIONS	A	-6,000	NURSING ADMINISTRATION	13.00	0 44.04
44.05	CARDIAC SERVICES ADMIN - DONATIONS	A	-5,000	CARDIAC CATHETERIZATION	59.00	0 44.05
45.00	REHAB PEDIATRICS (MMP) - DONATIONS	A	-333	PHYSICAL THERAPY	66.00	0 45.00
45.01	CANCER CENTER - DONATIONS	A	-333	PHYSICAL THERAPY	66.00	0 45.01
45.02	ADMINISTRATION - DONATIONS	A	-333	PHYSICAL THERAPY	66.00	0 45.02
45.03	MEDICAL STAFF - DAVENPORT - DONATION	A	-7,173	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.03
45.04	AUXILIARY - DONATIONS	A	-300	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.04
45.05	OPERATING ROOMS-W/E - DONATED INVENT	A	-500	AUXILIARY	190.01	0 45.05
45.06	OR CARDIOVASCULAR - DONATED INVENTOR	A	-70	CARDIAC CATHETERIZATION	59.00	0 45.06
45.07	ENDOSCOPY - DONATED INVENTORY	A	-2,709	CENTRAL SERVICES & SUPPLY	14.00	0 45.07
45.08	INTEREST INCOME	B	-3,265,631	CAP REL COSTS-BLDG & FIXT	1.00	11 45.08
45.09	INTEREST EXPENSE 97 BONDS	A	-39,106	CAP REL COSTS-BLDG & FIXT	1.00	11 45.09
45.10	ADVERTISING	A	-1,367	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.10
45.11	ADVERTISING	A	-150	DIETARY	10.00	0 45.11
45.12	ADVERTISING	A	-4,532	NURSING ADMINISTRATION	13.00	0 45.12
45.13	ADVERTISING	A	-130	RADIOLOGY-DIAGNOSTIC	54.00	0 45.13
45.14	ADVERTISING	A	-57	RADIOLOGY-THERAPEUTIC	55.00	0 45.14
45.15	ADVERTISING	A	-700	LABORATORY	60.00	0 45.15
45.16	ADVERTISING	A	-35,947	PHYSICAL THERAPY	66.00	0 45.16
45.17	ADVERTISING	A	-11	ELECTROENCEPHALOGRAPHY	70.00	0 45.17
45.18	ADVERTISING	A	-2,805	OP INSTITUTES	90.02	0 45.18
45.19	ADVERTISING	A	-44,326	BARITRIC CLINIC	90.04	0 45.19
45.20	ADVERTISING	A	-305	AUXILIARY	190.01	0 45.20
45.21	SELF INSURANCE OFFSET	A	-4,592,059	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.21
45.22	ADVERTISING	A	-37,599	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 45.22
45.23	PROVIDER TAX ASSESSMENT	A	-2,491,413	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.23
45.24	ALCOHOL PURCHASES	A	-533	OTHER ADMINISTRATIVE AND GENERAL	5.01	0 45.24
45.25			0		0.00	0 45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,073,627			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: 160033

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

Worksheet A-8-1

Date/Time Prepared: 11/21/2014 10:14 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	OTHER ADMINISTRATIVE AND GEN	RELATED RENT EXP	0	151,848 1.00
2.00	9.00	HOUSEKEEPING	RELATED RENT EXP	1	1 2.00
3.00	10.00	DIETARY	RELATED RENT EXP	0	24,157 3.00
4.00	13.00	NURSING ADMINISTRATION	RELATED RENT EXP	0	3,444 4.00
4.01	15.00	PHARMACY	RELATED RENT EXP	0	1,952 4.01
4.02	50.00	OPERATING ROOM	RELATED RENT EXP	0	399,848 4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	287,856 4.03
4.04	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	434,022 4.04
4.05	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	427,124 4.05
4.06	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	489,212 4.06
4.07	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	40,707 4.07
4.08	74.00	RENAL DIALYSIS	RELATED RENT EXP	0	282,517 4.08
4.09	90.02	OP INSTITUTES	RELATED RENT EXP	0	234,624 4.09
4.10	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	87,113 4.10
4.11	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	162,204 4.11
4.12	192.01	NON REIMBURSEABLE COST	RELATED RENT EXP	1	1 4.12
4.13	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	19,593 4.13
4.14	6.01	MOB I	GEN VEN BLDG COST	653,249	0 4.14
4.15	6.02	MOB II	GEN VEN BLDG COST	936,805	0 4.15
4.16	6.03	BETT MED PARK	GEN VEN BLDG COST	701,623	0 4.16
4.17	6.04	NW CLINICS	GEN VEN BLDG COST	374,950	0 4.17
4.18	6.05	CPMP I	GEN VEN BLDG COST	843,816	0 4.18
4.19	6.06	CPMP II	GEN VEN BLDG COST	868,885	0 4.19
4.20	6.07	BETT PLAZA	GEN VEN BLDG COST	973,918	0 4.20
4.21	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,992,164	0 4.21
4.22	6.09	53RD STREET	GEN VEN BLDG COST	301,687	0 4.22
4.23	6.10	ELDRIDGE	GEN VEN BLDG COST	162,656	0 4.23
4.24	5.01	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	24,555,449	46,017,888 4.24
4.25	5.02	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	26,857,374	0 4.25
4.26	5.03	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE A&G	3,646,292	4,065,782 4.26
4.27	5.01	OTHER ADMINISTRATIVE AND GEN	GHG PHYSICIAN PRACTICE	0	2,738,892 4.27
4.28	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	907,029	848,283 4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,904,604	1,548,138 4.29
4.30	22.00	I&R SERVICES-OTHER PRGM COST	I&R	2,924,890	2,924,890 4.30
4.31	60.00	LABORATORY	LABORATORY	100,374	100,374 4.31
4.32	0.00			0	0 4.32
4.33	0.00			0	0 4.33
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			68,705,767	61,290,470 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			0.00	0.00	6.00
7.00	C	GEN MED ED FOUN	0.00	0.00	7.00
8.00	C	GENESIS MEDICAL	0.00	0.00	8.00
9.00	C	EA IA LITHOTRIP	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

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2014 10:14 am

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

(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: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2014 10:14 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	-151,848	0		1.00
2.00	0	0		2.00
3.00	-24,157	0		3.00
4.00	-3,444	0		4.00
4.01	-1,952	0		4.01
4.02	-399,848	0		4.02
4.03	-287,856	0		4.03
4.04	-434,022	0		4.04
4.05	-427,124	0		4.05
4.06	-489,212	0		4.06
4.07	-40,707	0		4.07
4.08	-282,517	0		4.08
4.09	-234,624	0		4.09
4.10	-87,113	0		4.10
4.11	-162,204	0		4.11
4.12	0	0		4.12
4.13	-19,593	0		4.13
4.14	653,249	0		4.14
4.15	936,805	0		4.15
4.16	701,623	0		4.16
4.17	374,950	0		4.17
4.18	843,816	0		4.18
4.19	868,885	0		4.19
4.20	973,918	0		4.20
4.21	1,992,164	0		4.21
4.22	301,687	0		4.22
4.23	162,656	0		4.23
4.24	-21,462,439	0		4.24
4.25	26,857,374	0		4.25
4.26	-419,490	0		4.26
4.27	-2,738,892	0		4.27
4.28	58,746	0		4.28
4.29	356,466	0		4.29
4.30	0	0		4.30
4.31	0	0		4.31
4.32	0	0		4.32
4.33	0	0		4.33
5.00	7,415,297			5.00

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

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

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

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

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

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/21/2014 10:14 am

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

(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: 160033

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

Worksheet A-8-2

Date/Time Prepared: 11/21/2014 10:14 am

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	64,988	0	64,988	171,400	867	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	105,200	0	105,200	171,400	1,403	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	38,500	0	38,500	171,400	513	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	131,320	81,984	49,336	171,400	658	4.00
5.00	32.01 AGGREGATE-NICU	0	0	0	171,400	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	739,216	739,216	0	204,100	0	6.00
7.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	5,558	358	5,200	231,100	69	7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	121,174	29,350	91,824	171,400	1,224	8.00
9.00	60.00 AGGREGATE-LABORATORY	253,200	0	253,200	171,400	3,376	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	6,955	0	6,955	171,400	85	10.00
11.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	407,033	407,033	0	171,400	0	11.00
12.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	171,400	0	12.00
13.00	70.00 AGGREGATE-ELECTROENCEPHALOGRAPHY	291,057	291,195	-138	171,400	2	13.00
14.00	90.02 AGGREGATE-OPINSTITUTES	213,486	208,086	5,400	171,400	72	14.00
15.00	90.03 AGGREGATE-MARC	0	0	0	171,400	0	15.00
16.00	90.04 AGGREGATE-BARIATRIC CLINIC	380,740	371,972	8,768	171,400	117	16.00
17.00	90.05 AGGREGATE-PAIN MANAGEMENT	900	900	0	171,400	12	17.00
18.00	91.00 AGGREGATE-EMERGENCY	1,203,070	1,199,250	3,820	171,400	51	18.00
200.00		3,962,397	3,328,444	633,953		8,449	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	71,444	3,572	0	0	0	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	115,613	5,781	0	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	42,273	2,114	0	0	0	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	54,222	2,711	0	0	0	4.00
5.00	32.01 AGGREGATE-NICU	0	0	0	0	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	7,666	383	0	0	0	7.00
8.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	100,862	5,043	0	0	0	8.00
9.00	60.00 AGGREGATE-LABORATORY	278,195	13,910	0	0	0	9.00
10.00	65.00 AGGREGATE-RESPIRATORY THERAPY	7,004	350	0	0	0	10.00
11.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	12.00
13.00	70.00 AGGREGATE-ELECTROENCEPHALOGRAPHY	165	8	0	0	0	13.00
14.00	90.02 AGGREGATE-OPINSTITUTES	5,933	297	0	0	0	14.00
15.00	90.03 AGGREGATE-MARC	0	0	0	0	0	15.00
16.00	90.04 AGGREGATE-BARIATRIC CLINIC	9,641	482	0	0	0	16.00
17.00	90.05 AGGREGATE-PAIN MANAGEMENT	989	49	0	0	0	17.00
18.00	91.00 AGGREGATE-EMERGENCY	4,203	210	0	0	0	18.00
200.00		698,210	34,910	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.01 AGGREGATE-OTHER ADMINISTRATIVE AND G	0	71,444	0	0	1.00
2.00	5.02 AGGREGATE-OTHER ADMINISTRATIVE AND G	0	115,613	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	42,273	0	0	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	54,222	0	81,984	4.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160033

Period:
From 07/01/2013
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	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		
5.00	32.01	AGGREGATE-NI CU	0	0	0	0		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	739,216		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	7,666	0	358		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	100,862	0	29,350		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	278,195	0	0		9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	7,004	0	0		10.00
11.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	407,033		11.00
12.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	165	0	291,195		13.00
14.00	90.02	AGGREGATE-OP INSTITUTES	0	5,933	0	208,086		14.00
15.00	90.03	AGGREGATE-MARC	0	0	0	0		15.00
16.00	90.04	AGGREGATE-BARIATRIC CLINIC	0	9,641	0	371,972		16.00
17.00	90.05	AGGREGATE-PAIN MANAGEMENT	0	989	0	0		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	4,203	0	1,199,250		18.00
200.00			0	698,210	0	3,328,444		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	7,314,414	7,314,414				1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP	8,922,136		8,922,136			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	8,486,109	30,516	1,740	8,518,365		4.00	
5.01 00590 OTHER ADMINISTRATIVE AND GENERAL	10,304,435	837,453	249,719	99,331	11,490,938	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	38,272,014	141,894	89,683	139,454	11,490,938	5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SB	9,919,136	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	5,694,496	837,569	282,669	328,401	0	6.00	
6.01 00601 MOB I	624,036	0	0	0	0	6.01	
6.02 00602 MOB II	906,380	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	610,527	0	0	0	0	6.03	
6.04 00604 NW CLINICS	315,036	0	0	0	0	6.04	
6.05 00605 CPMP I	808,094	0	0	0	0	6.05	
6.06 00606 CPMP II	844,887	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	876,491	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	1,947,929	0	0	0	0	6.08	
6.09 00609 53RD STREET	252,869	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	133,136	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	2,144,382	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	308,834	28,874	381	6,237	0	8.00	
9.00 00900 HOUSEKEEPING	2,721,414	55,493	329,472	194,002	0	9.00	
10.00 01000 DIETARY	1,766,539	142,890	23,272	95,435	0	10.00	
11.00 01100 CAFETERIA	0	78,608	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	1,409,783	35,545	17,898	117,032	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	4,027,661	204,937	531,733	54,790	0	14.00	
15.00 01500 PHARMACY	5,411,672	107,334	264,150	450,951	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	3,160,558	77,475	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	30,346	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	2,924,890	184,724	0	113,306	0	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	23,075,566	1,371,955	226,832	1,818,770	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,709,301	67,024	180,406	247,409	0	31.00	
32.01 03201 NICU	1,228,126	25,920	117,097	100,681	0	32.01	
40.00 04000 SUBPROVIDER - I PF	2,039,759	210,126	1,212	162,084	0	40.00	
41.00 04100 SUBPROVIDER - I RF	2,084,605	194,116	17,953	168,607	0	41.00	
43.00 04300 NURSERY	2,215,572	0	0	168,735	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	11,383,056	515,165	1,750,414	552,204	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,932,213	461,302	808,654	481,494	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	8,274,100	35,132	1,533,819	188,908	0	55.00	
57.00 05700 CT SCAN	1,124,729	18,106	4,728	54,031	0	57.00	
58.00 05800 MRI	529,625	27,127	436,336	23,910	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,731,789	115,731	991,658	241,504	0	59.00	
60.00 06000 LABORATORY	9,924,004	177,079	123,675	350,923	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,671,146	3,579	3,642	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	2,743,993	63,329	99,937	215,335	0	65.00	
66.00 06600 PHYSICAL THERAPY	10,821,044	636,867	154,508	874,377	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,673,777	25,412	235,644	198,706	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	767,785	55,377	115,897	57,863	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,943,408	8,365	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,229,711	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	11,054,391	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	3,935,195	48,166	41,300	149,985	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	229,618	0	0	20,279	0	90.01	
90.02 09002 OP INSTITUTES	2,082,367	41,083	37,617	115,338	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	393,769	17,524	9,498	29,515	0	90.04	
90.05 09005 PAIN MANAGEMENT	551,733	0	45,472	39,729	0	90.05	
91.00 09100 EMERGENCY	6,190,370	193,057	180,773	463,384	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	284,648,610	7,105,200	8,907,789	8,322,710	11,490,938	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	OTHER ADMINISTRATIVE AND GENERAL			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,231	2,721	0	3,497	0	190.00
190.01	19001	AUXILIARY	82,387	57,378	2,349	2,907	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	327,817	0	1,000	20,516	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	312,529	110,510	58	7,853	0	192.01
192.02	19202	FOUNDATION	2,813	4,511	1,208	201	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	45,766	0	4,731	3,316	0	192.03
192.04	19204	OUTREACH PROGRAMS	2,649,726	7,867	0	350	0	192.04
192.05	19205	PHASE III REHAB	16,352	26,227	5,001	1,166	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,654,010	0	0	141,433	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	177,636	0	0	14,416	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	290,963,877	7,314,414	8,922,136	8,518,365	11,490,938	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

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Part I
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SB	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
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	00560	50,133,983	50,133,983				5.02
5.03	00561	9,919,136	2,065,343	11,984,479			5.03
6.00	00600	7,143,135	1,487,329		8,630,464		6.00
6.01	00601	624,036	129,936		0	753,972	6.01
6.02	00602	906,380	188,725		0	0	6.02
6.03	00603	610,527	127,123		0	0	6.03
6.04	00604	315,036	65,596		0	0	6.04
6.05	00605	808,094	168,260		0	0	6.05
6.06	00606	844,887	175,921		0	0	6.06
6.07	00607	876,491	182,501		0	0	6.07
6.08	00608	1,947,929	405,594		0	0	6.08
6.09	00609	539,869	52,652		0	0	6.09
6.10	00610	133,136	27,721		0	0	6.10
7.00	00700	2,144,382	446,499		0	0	7.00
8.00	00800	344,326	71,695		45,583	0	8.00
9.00	00900	3,300,381	687,199		87,605	15,535	9.00
10.00	01000	2,028,136	422,294		225,573	0	10.00
11.00	01100	78,608	16,368		124,094	0	11.00
11.01	01101	0	0		0	0	11.01
13.00	01300	1,580,258	329,038		56,113	0	13.00
14.00	01400	4,819,121	1,003,428		323,525	0	14.00
15.00	01500	6,234,107	1,298,053		169,443	0	15.00
16.00	01600	3,238,033	674,217		122,306	0	16.00
17.00	01700	30,346	6,319		47,906	4,705	17.00
21.00	02100	0	0		0	0	21.00
22.00	02200	3,222,920	671,070		291,615	0	22.00
23.00	02300	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,493,123	5,516,414	1,066,389	2,165,836	0	30.00
31.00	03100	4,204,140	875,378	197,919	105,808	0	31.00
32.01	03201	1,471,824	306,460	64,687	40,919	0	32.01
40.00	04000	2,413,181	502,468	94,317	331,715	0	40.00
41.00	04100	2,465,281	513,316	102,170	306,442	0	41.00
43.00	04300	2,384,307	496,456	45,631	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,200,839	2,956,870	1,003,743	813,267	0	50.00
54.00	05400	17,683,663	3,682,057	929,896	728,236	0	54.00
55.00	05500	10,031,959	2,088,834	482,673	55,461	66,712	55.00
57.00	05700	1,201,594	250,193	450,529	28,583	0	57.00
58.00	05800	1,016,998	211,757	189,129	42,825	0	58.00
59.00	05900	6,080,682	1,266,107	1,362,630	182,698	0	59.00
60.00	06000	10,575,681	2,202,047	703,988	279,547	0	60.00
63.00	06300	1,678,367	349,466	46,837	5,650	0	63.00
65.00	06500	3,122,594	650,180	338,155	99,974	0	65.00
66.00	06600	12,486,796	2,599,976	454,669	1,005,392	2,554	66.00
69.00	06900	3,133,539	652,459	266,374	40,117	0	69.00
70.00	07000	996,922	207,577	70,515	87,421	0	70.00
71.00	07100	14,951,773	3,113,228	877,398	13,205	0	71.00
72.00	07200	20,229,711	4,212,190	997,329	0	0	72.00
73.00	07300	11,054,391	2,301,723	981,483	0	0	73.00
74.00	07400	4,174,646	869,236	204,734	76,038	138,839	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	249,897	52,033	7,668	0	0	90.01
90.02	09002	2,276,405	473,988	99,409	64,855	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	450,306	93,762	4,681	27,664	0	90.04
90.05	09005	636,934	132,621	38,675	0	0	90.05
91.00	09100	7,027,584	1,463,269	902,851	304,770	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		284,229,394	48,742,946	11,984,479	8,300,186	228,345	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	52,449	10,921	0	4,296	0	190.00
190.01	19001	145,021	30,196	0	90,580	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

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Part I
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SB	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	349,333	72,737	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	430,950	89,732	0	174,458	525,627	192.01
192.02	19202	FOUNDATION	8,733	1,818	0	7,121	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	53,813	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	2,657,943	553,432	0	12,419	0	192.04
192.05	19205	PHASE III REHAB	48,746	10,150	0	41,404	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,795,443	582,062	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	192,052	39,989	0	0	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	290,963,877	50,133,983	11,984,479	8,630,464	753,972	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
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	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	1,095,105					6.02
6.03	00603		737,650				6.03
6.04	00604			380,632			6.04
6.05	00605				976,354		6.05
6.06	00606					1,020,808	6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	5,632	836		932		9.00
10.00	01000				24,810		10.00
11.00	01100						11.00
11.01	01101						11.01
13.00	01300	2,188			2,738		13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700					5,272	17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,188					30.00
31.00	03100						31.00
32.01	03201						32.01
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000				321,554		50.00
54.00	05400						54.00
55.00	05500	1,416			233,457	27,800	55.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001						90.01
90.02	09002				2,681	35,840	90.02
90.03	09003						90.03
90.04	09004						90.04
90.05	09005						90.05
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00		11,424	836		586,172	68,912	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002		108,800	150,689			190.02
190.03	19003						190.03
191.00	19100						191.00
192.00	19200						192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	1,083,681	628,014	229,943	390,182	951,896	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,095,105	737,650	380,632	976,354	1,020,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/21/2014 10:14 am				
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
		6.07	6.08	6.09	6.10	7.00		
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	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA	1,058,992				6.07	
6.08	00608	HEART INSTITUTE	0	2,353,523			6.08	
6.09	00609	53RD STREET	0	0	305,521		6.09	
6.10	00610	ELDRIDGE	0	0	0	160,857	6.10	
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,590,881	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	13,684	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	26,299	9.00
10.00	01000	DIETARY	0	0	0	0	67,717	10.00
11.00	01100	CAFETERIA	0	0	0	0	37,253	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	16,845	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	97,123	14.00
15.00	01500	PHARMACY	0	0	0	0	50,867	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	39,677	0	0	0	36,716	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14,381	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	87,543	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	650,188	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31,764	31.00
32.01	03201	NICU	0	0	0	0	12,284	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	99,582	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	91,994	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	244,144	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,907	0	0	0	218,618	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	16,650	55.00
57.00	05700	CT SCAN	0	0	0	0	8,581	57.00
58.00	05800	MRI	0	0	0	0	12,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	54,846	59.00
60.00	06000	LABORATORY	0	0	0	0	83,920	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,696	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	30,012	65.00
66.00	06600	PHYSICAL THERAPY	198,871	0	0	0	301,821	66.00
69.00	06900	ELECTROCARDIOLOGY	0	977,550	0	0	12,043	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	26,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,964	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	22,827	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	57,633	0	0	0	19,470	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	8,305	90.04
90.05	09005	PAIN MANAGEMENT	117,102	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	435,190	977,550	0	0	2,491,730	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,290	190.00
190.01	19001	AUXILIARY	0	0	0	0	27,192	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	623,802	1,375,973	305,521	160,857	52,373	192.01
192.02	19202	FOUNDATION	0	0	0	0	2,138	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	3,728	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	12,430	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,058,992	2,353,523	305,521	160,857	2,590,881	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part I Date/Time Prepared: 11/21/2014 10:14 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
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	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	475,288				8.00	
9.00	00900	HOUSEKEEPING	0	4,124,419			9.00	
10.00	01000	DIETARY	0	123,573	2,892,103		10.00	
11.00	01100	CAFETERIA	0	67,981	1,773,182	2,097,486	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	2,097,486	11.01	
13.00	01300	NURSING ADMINISTRATION	0	30,740	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	177,232	0	0	14.00	
15.00	01500	PHARMACY	0	92,824	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	67,001	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	26,244	0	0	17.00	
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	159,751	0	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	223,785	1,186,478	1,080,661	0	617,938	30.00
31.00	03100	INTENSIVE CARE UNIT	15,415	57,963	38,260	0	65,627	31.00
32.01	03201	NICU	1,917	22,416	0	0	24,129	32.01
40.00	04000	SUBPROVIDER - IPF	9,512	0	0	0	40,907	40.00
41.00	04100	SUBPROVIDER - IRF	17,763	0	0	0	51,661	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	66,189	445,520	0	0	136,176	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,874	398,939	0	0	142,616	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,756	30,383	0	0	42,537	55.00
57.00	05700	CT SCAN	5,322	15,658	0	0	14,909	57.00
58.00	05800	MRI	0	23,460	0	0	5,705	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,330	100,085	0	0	53,339	59.00
60.00	06000	LABORATORY	0	153,140	0	0	126,685	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,095	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	54,767	0	0	64,077	65.00
66.00	06600	PHYSICAL THERAPY	1,259	550,770	0	0	226,636	66.00
69.00	06900	ELECTROCARDIOLOGY	314	21,977	0	0	55,880	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,146	47,891	0	0	17,705	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,234	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	97	41,655	0	0	48,593	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	3,324	90.01
90.02	09002	OP INSTITUTES	3,394	35,529	0	0	34,164	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	81	15,155	0	0	9,076	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	11,297	90.05
91.00	09100	EMERGENCY	71,134	166,958	0	0	145,476	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	475,288	4,124,419	2,892,103	2,097,486	2,082,480	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,582	190.00
190.01	19001	AUXILIARY	0	0	0	0	240	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	5,769	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	831	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	6,584	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	475,288	4,124,419	2,892,103	2,097,486	2,097,486	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
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	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,049,064					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,443,791				14.00
15.00	01500	PHARMACY	0	31,428	7,966,207			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	4,177,950		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	135,205	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,039,398	243,066	0	371,771	95,685	30.00
31.00	03100	INTENSIVE CARE UNIT	120,296	67,041	0	69,000	9,326	31.00
32.01	03201	NICU	47,306	8,272	0	22,552	4,980	32.01
40.00	04000	SUBPROVIDER - I PF	68,999	1,649	0	32,881	11,982	40.00
41.00	04100	SUBPROVIDER - I RF	89,272	9,571	0	35,619	13,232	41.00
43.00	04300	NURSERY	0	0	0	15,908	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	202,308	514,865	0	349,931	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,766	66,366	0	324,186	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,858	14,646	2,236,971	168,272	0	55.00
57.00	05700	CT SCAN	0	17,234	0	157,067	0	57.00
58.00	05800	MRI	0	1,563	0	65,935	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,120	117,208	0	474,893	0	59.00
60.00	06000	LABORATORY	0	237,652	0	245,429	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	16,329	0	63.00
65.00	06500	RESPIRATORY THERAPY	13	30,230	0	117,890	0	65.00
66.00	06600	PHYSICAL THERAPY	3,656	21,837	0	158,510	0	66.00
69.00	06900	ELECTROCARDIOLOGY	49,095	9,643	0	92,865	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,807	5,283	0	24,583	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,059,425	0	305,884	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,788,010	0	347,695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,142,989	342,171	0	73.00
74.00	07400	RENAL DIALYSIS	42,721	84,482	586,247	71,376	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	1	0	2,673	0	90.01
90.02	09002	OP INSTITUTES	34,995	17,723	0	34,657	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	5,901	169	0	1,632	0	90.04
90.05	09005	PAIN MANAGEMENT	9,982	6,860	0	13,483	0	90.05
91.00	09100	EMERGENCY	233,277	87,094	0	314,758	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,037,770	6,441,318	7,966,207	4,177,950	135,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	70	0	0	0	190.00
190.01	19001	AUXILIARY	5	429	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	371	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	3	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	11,289	1,600	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,049,064	6,443,791	7,966,207	4,177,950	135,205	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03 00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03
6.00 00600	MAINTENANCE & REPAIRS					6.00
6.01 00601	MOB I					6.01
6.02 00602	MOB II					6.02
6.03 00603	BETT MED PARK					6.03
6.04 00604	NW CLINICS					6.04
6.05 00605	CPMP I					6.05
6.06 00606	CPMP II					6.06
6.07 00607	BETT PLAZA					6.07
6.08 00608	HEART INSTITUTE					6.08
6.09 00609	53RD STREET					6.09
6.10 00610	ELDRIDGE					6.10
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	4,432,899			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,296,970	0	43,049,890	-2,296,970 30.00
31.00 03100	INTENSIVE CARE UNIT	0	119,792	0	5,977,729	-119,792 31.00
32.01 03201	NICU	0	111,891	0	2,139,637	-111,891 32.01
40.00 04000	SUBPROVIDER - IPF	0	170,219	0	3,777,412	-170,219 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	3,696,321	0 41.00
43.00 04300	NURSERY	0	0	0	2,942,302	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	223,783	0	21,479,189	-223,783 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	51,589	0	24,304,713	-51,589 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	15,527,385	0 55.00
57.00 05700	CT SCAN	0	0	0	2,149,670	0 57.00
58.00 05800	MRI	0	0	0	1,570,228	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	9,746,938	0 59.00
60.00 06000	LABORATORY	0	14,524	0	14,622,613	-14,524 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,101,440	0 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,507,892	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	18,012,747	0 66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	5,311,856	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,493,094	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	21,332,111	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	28,574,935	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	50,310	0	19,873,067	-50,310 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	6,361,491	0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	0	315,596	0 90.01
90.02 09002	OP INSTITUTES	0	0	0	3,190,743	0 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARIATRIC CLINIC	0	0	0	616,732	0 90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	966,954	0 90.05
91.00 09100	EMERGENCY	0	290,709	0	11,099,373	-290,709 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,329,787	0	274,742,058	-3,329,787 118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV						
	21.00	22.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	70,608	0	190.00
190.01	19001	AUXILIARY	0	0	0	293,663	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	259,489	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	427,839	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,103,112	0	1,103,112	-1,103,112	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	7,023,380	0	192.01
192.02	19202	FOUNDATION	0	0	0	19,810	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	54,647	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	3,227,522	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	112,730	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	3,377,505	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	251,514	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,432,899	0	290,963,877	-4,432,899	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		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 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00561 OTHER ADMINISTRATIVE AND GENERAL-SB		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	40,752,920	30.00
31.00	03100 INTENSIVE CARE UNIT	5,857,937	31.00
32.01	03201 NICU	2,027,746	32.01
40.00	04000 SUBPROVIDER - I PF	3,607,193	40.00
41.00	04100 SUBPROVIDER - I RF	3,696,321	41.00
43.00	04300 NURSERY	2,942,302	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,255,406	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,253,124	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,527,385	55.00
57.00	05700 CT SCAN	2,149,670	57.00
58.00	05800 MRI	1,570,228	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,746,938	59.00
60.00	06000 LABORATORY	14,608,089	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,101,440	63.00
65.00	06500 RESPIRATORY THERAPY	4,507,892	65.00
66.00	06600 PHYSICAL THERAPY	18,012,747	66.00
69.00	06900 ELECTROCARDIOLOGY	5,311,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,493,094	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,332,111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,574,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,822,757	73.00
74.00	07400 RENAL DIALYSIS	6,361,491	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	315,596	90.01
90.02	09002 OP INSTITUTES	3,190,743	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	616,732	90.04
90.05	09005 PAIN MANAGEMENT	966,954	90.05
91.00	09100 EMERGENCY	10,808,664	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	271,412,271	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	70,608	190.00
190.01	19001 AUXILIARY	293,663	190.01
190.02	19002 FIRST MED CLINICS	259,489	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	427,839	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	7,023,380	192.01
192.02	19202	FOUNDATION	19,810	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	54,647	192.03
192.04	19204	OUTREACH PROGRAMS	3,227,522	192.04
192.05	19205	PHASE III REHAB	112,730	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	3,377,505	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	251,514	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	286,530,978	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am
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Line	Code	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				0	1.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	30,516	1,740	32,256	32,256	4.00
5.01	00590	OTHER ADMINISTRATIVE AND GENERAL	386,781	837,453	249,719	1,473,953	376	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	30,290	141,894	89,683	261,867	528	5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB	0	0	0	0	0	5.03
6.00	00600	MAINTENANCE & REPAIRS	64,172	837,569	282,669	1,184,410	1,244	6.00
6.01	00601	MOB I	653,249	0	0	653,249	0	6.01
6.02	00602	MOB II	936,805	0	0	936,805	0	6.02
6.03	00603	BETT MED PARK	701,623	0	0	701,623	0	6.03
6.04	00604	NW CLINICS	374,950	0	0	374,950	0	6.04
6.05	00605	CPMP I	843,816	0	0	843,816	0	6.05
6.06	00606	CPMP II	868,885	0	0	868,885	0	6.06
6.07	00607	BETT PLAZA	973,918	0	0	973,918	0	6.07
6.08	00608	HEART INSTITUTE	1,992,164	0	0	1,992,164	0	6.08
6.09	00609	53RD STREET	301,687	0	0	301,687	0	6.09
6.10	00610	ELDRIDGE	162,656	0	0	162,656	0	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	28,874	381	29,255	24	8.00
9.00	00900	HOUSEKEEPING	-4,833	55,493	329,472	380,132	735	9.00
10.00	01000	DIETARY	28,417	142,890	23,272	194,579	362	10.00
11.00	01100	CAFETERIA	0	78,608	0	78,608	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	27,841	35,545	17,898	81,284	443	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,215	204,937	531,733	770,885	208	14.00
15.00	01500	PHARMACY	49,912	107,334	264,150	421,396	1,708	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	77,475	0	77,475	0	16.00
17.00	01700	SOCIAL SERVICE	0	30,346	0	30,346	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	184,724	0	184,724	429	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,509	1,371,955	226,832	1,731,296	6,875	30.00
31.00	03100	INTENSIVE CARE UNIT	39,983	67,024	180,406	287,413	937	31.00
32.01	03201	NICU	6,405	25,920	117,097	149,422	381	32.01
40.00	04000	SUBPROVIDER - I PF	5,853	210,126	1,212	217,191	614	40.00
41.00	04100	SUBPROVIDER - I RF	10,345	194,116	17,953	222,414	639	41.00
43.00	04300	NURSERY	0	0	0	0	639	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	862,357	515,165	1,750,414	3,127,936	2,092	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	315,811	461,302	808,654	1,585,767	1,824	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	597,163	35,132	1,533,819	2,166,114	716	55.00
57.00	05700	CT SCAN	1,711	18,106	4,728	24,545	205	57.00
58.00	05800	MRI	1,878	27,127	436,336	465,341	91	58.00
59.00	05900	CARDIAC CATHETERIZATION	127,916	115,731	991,658	1,235,305	915	59.00
60.00	06000	LABORATORY	137,289	177,079	123,675	438,043	1,329	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,579	3,642	7,221	0	63.00
65.00	06500	RESPIRATORY THERAPY	56,779	63,329	99,937	220,045	816	65.00
66.00	06600	PHYSICAL THERAPY	932,582	636,867	154,508	1,723,957	3,312	66.00
69.00	06900	ELECTROCARDIOLOGY	548,503	25,412	235,644	809,559	753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,454	55,377	115,897	176,728	219	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,365	0	8,365	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	295,338	48,166	41,300	384,804	568	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	77	90.01
90.02	09002	OP INSTITUTES	243,284	41,083	37,617	321,984	437	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	94,363	17,524	9,498	121,385	112	90.04
90.05	09005	PAIN MANAGEMENT	182,798	0	45,472	228,270	151	90.05
91.00	09100	EMERGENCY	34,616	193,057	180,773	408,446	1,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,059,485	7,105,200	8,907,789	29,072,474	31,514	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	2,721	0	2,814	13	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
190.01 19001 AUXILIARY	1,916	57,378	2,349	61,643	11	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	706	0	1,000	1,706	78	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	2,378	110,510	58	112,946	30	192.01
192.02 19202 FOUNDATION	0	4,511	1,208	5,719	1	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	1,708	0	4,731	6,439	13	192.03
192.04 19204 OUTREACH PROGRAMS	20,302	7,867	0	28,169	1	192.04
192.05 19205 PHASE III REHAB	0	26,227	5,001	31,228	4	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	536	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	71	0	0	71	55	192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	13,086,659	7,314,414	8,922,136	29,323,209	32,256	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am	
Cost Center Description			OTHER ADMINI STRATI VE AND GENERAL	OTHER ADMINI STRATI VE AND GENERAL	OTHER ADMINI STRATI VE AND GENERAL-SB	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
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	OTHER ADMINI STRATI VE AND GENERAL	1,474,329					5.01
5.02	00560	OTHER ADMINI STRATI VE AND GENERAL	1,474,329	1,736,724				5.02
5.03	00561	OTHER ADMINI STRATI VE AND GENERAL-SB	0	71,547	71,547			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	51,523	0	1,237,177		6.00
6.01	00601	MOB I	0	4,501	0	0	657,750	6.01
6.02	00602	MOB II	0	6,538	0	0	0	6.02
6.03	00603	BETT MED PARK	0	4,404	0	0	0	6.03
6.04	00604	NW CLINICS	0	2,272	0	0	0	6.04
6.05	00605	CPMP I	0	5,829	0	0	0	6.05
6.06	00606	CPMP II	0	6,094	0	0	0	6.06
6.07	00607	BETT PLAZA	0	6,322	0	0	0	6.07
6.08	00608	HEART INSTI TUTE	0	14,050	0	0	0	6.08
6.09	00609	53RD STREET	0	1,824	0	0	0	6.09
6.10	00610	ELDRIDGE	0	960	0	0	0	6.10
7.00	00700	OPERATION OF PLANT	0	15,467	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,484	0	6,534	0	8.00
9.00	00900	HOUSEKEEPING	0	23,806	0	12,558	13,553	9.00
10.00	01000	DIETARY	0	14,629	0	32,336	0	10.00
11.00	01100	CAFETERIA	0	567	0	17,789	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	11,398	0	8,044	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,760	0	46,377	0	14.00
15.00	01500	PHARMACY	0	44,967	0	24,290	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,356	0	17,533	0	16.00
17.00	01700	SOCIAL SERVICE	0	219	0	6,867	4,104	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	23,247	0	41,803	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	191,102	6,365	310,471	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	30,324	1,181	15,168	0	31.00
32.01	03201	NI CU	0	10,616	386	5,866	0	32.01
40.00	04000	SUBPROVIDER - I PF	0	17,406	563	47,551	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	17,782	610	43,928	0	41.00
43.00	04300	NURSERY	0	17,198	272	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	102,431	5,991	116,582	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,552	5,550	104,393	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	72,361	2,881	7,950	58,198	55.00
57.00	05700	CT SCAN	0	8,667	2,689	4,097	0	57.00
58.00	05800	MRI	0	7,336	1,129	6,139	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,860	8,148	26,190	0	59.00
60.00	06000	LABORATORY	0	76,282	4,202	40,073	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	12,106	280	810	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,523	2,018	14,331	0	65.00
66.00	06600	PHYSICAL THERAPY	0	90,067	2,714	144,123	2,228	66.00
69.00	06900	ELECTROCARDIOLOGY	0	22,602	1,590	5,751	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,191	421	12,532	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	107,847	5,237	1,893	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	145,917	5,953	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,735	5,858	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	30,112	1,222	10,900	121,120	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	1,803	46	0	0	90.01
90.02	09002	OP INSTITUTES	0	16,420	593	9,297	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	3,248	28	3,966	0	90.04
90.05	09005	PAIN MANAGEMENT	0	4,594	231	0	0	90.05
91.00	09100	EMERGENCY	0	50,690	5,389	43,689	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,474,329	1,688,536	71,547	1,189,831	199,203	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	378	0	616	0	190.00
190.01	19001	AUXILIARY	0	1,046	0	12,985	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER	OTHER	OTHER	MAINTENANCE & REPAIRS	MOB I	
			ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE AND GENERAL-SB			
			5.01	5.02	5.03	6.00	6.01	
191.00	19100	RESEARCH	0	2,520	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	3,108	0	25,009	458,547	192.01
192.02	19202	FOUNDATION	0	63	0	1,021	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	19,172	0	1,780	0	192.04
192.05	19205	PHASE III REHAB	0	352	0	5,935	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	20,164	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1,385	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,474,329	1,736,724	71,547	1,237,177	657,750	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033			Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am	
Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II		
		6.02	6.03	6.04	6.05	6.06		
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	00560							5.02
5.03	00561							5.03
6.00	00600							6.00
6.01	00601							6.01
6.02	00602	943,343						6.02
6.03	00603		706,027					6.03
6.04	00604			377,222				6.04
6.05	00605				849,645			6.05
6.06	00606					874,979		6.06
6.07	00607							6.07
6.08	00608							6.08
6.09	00609							6.09
6.10	00610							6.10
7.00	00700							7.00
8.00	00800							8.00
9.00	00900	4,851	800		811			9.00
10.00	01000				21,590			10.00
11.00	01100							11.00
11.01	01101							11.01
13.00	01300	1,885			2,382			13.00
14.00	01400							14.00
15.00	01500							15.00
16.00	01600							16.00
17.00	01700					4,519		17.00
21.00	02100							21.00
22.00	02200							22.00
23.00	02300							23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,885						30.00
31.00	03100							31.00
32.01	03201							32.01
40.00	04000							40.00
41.00	04100							41.00
43.00	04300							43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000				279,824			50.00
54.00	05400							54.00
55.00	05500	1,220			203,159	23,829		55.00
57.00	05700							57.00
58.00	05800							58.00
59.00	05900							59.00
60.00	06000							60.00
63.00	06300							63.00
65.00	06500							65.00
66.00	06600							66.00
69.00	06900							69.00
70.00	07000							70.00
71.00	07100							71.00
72.00	07200							72.00
73.00	07300							73.00
74.00	07400							74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001							90.01
90.02	09002				2,333	30,720		90.02
90.03	09003							90.03
90.04	09004							90.04
90.05	09005							90.05
91.00	09100							91.00
92.00	09200							92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500							95.00
SPECIAL PURPOSE COST CENTERS								
118.00		9,841	800		510,099	59,068		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000							190.00
190.01	19001							190.01
190.02	19002		104,136	149,339				190.02
190.03	19003							190.03
191.00	19100							191.00
192.00	19200							192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	933,502	601,091	227,883	339,546	815,911	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	943,343	706,027	377,222	849,645	874,979	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am			
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
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	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	980,240				6.07
6.08	00608	HEART INSTITUTE	0	2,006,214			6.08
6.09	00609	53RD STREET	0	0	303,511		6.09
6.10	00610	ELDRIDGE	0	0	0	163,616	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	15,467
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	82
9.00	00900	HOUSEKEEPING	0	0	0	0	157
10.00	01000	DIETARY	0	0	0	0	404
11.00	01100	CAFETERIA	0	0	0	0	222
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	101
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	580
15.00	01500	PHARMACY	0	0	0	0	304
16.00	01600	MEDICAL RECORDS & LIBRARY	36,726	0	0	0	219
17.00	01700	SOCIAL SERVICE	0	0	0	0	86
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	523
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,882
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	190
32.01	03201	NICU	0	0	0	0	73
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	594
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	549
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	1,457
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,278	0	0	0	1,305
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	99
57.00	05700	CT SCAN	0	0	0	0	51
58.00	05800	MRI	0	0	0	0	77
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	327
60.00	06000	LABORATORY	0	0	0	0	501
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	179
66.00	06600	PHYSICAL THERAPY	184,082	0	0	0	1,802
69.00	06900	ELECTROCARDIOLOGY	0	833,293	0	0	72
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	157
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	24
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	136
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	53,348	0	0	0	116
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	0	0	0	0	50
90.05	09005	PAIN MANAGEMENT	108,394	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	546
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	402,828	833,293	0	0	14,875
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8
190.01	19001	AUXILIARY	0	0	0	0	162
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	577,412	1,172,921	303,511	163,616	313	192.01
192.02	19202	FOUNDATION	0	0	0	0	13	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	22	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	74	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	980,240	2,006,214	303,511	163,616	15,467	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
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	OTHER ADMINISTRATIVE AND GENERAL					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	38,379				8.00	
9.00	00900	HOUSEKEEPING	0	437,403			9.00	
10.00	01000	DIETARY	0	13,105	277,005		10.00	
11.00	01100	CAFETERIA	0	7,210	169,834	274,230	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	274,230	11.01	
13.00	01300	NURSING ADMINISTRATION	0	3,260	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,796	0	0	14.00	
15.00	01500	PHARMACY	0	9,844	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,106	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	2,783	0	0	17.00	
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	16,942	0	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,069	125,829	103,506	0	80,790	30.00
31.00	03100	INTENSIVE CARE UNIT	1,245	6,147	3,665	0	8,580	31.00
32.01	03201	NICU	155	2,377	0	0	3,155	32.01
40.00	04000	SUBPROVIDER - IPF	768	0	0	0	5,348	40.00
41.00	04100	SUBPROVIDER - IRF	1,434	0	0	0	6,754	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,345	47,248	0	0	17,804	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,655	42,308	0	0	18,646	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	707	3,222	0	0	5,561	55.00
57.00	05700	CT SCAN	430	1,661	0	0	1,949	57.00
58.00	05800	MRI	0	2,488	0	0	746	58.00
59.00	05900	CARDIAC CATHETERIZATION	915	10,614	0	0	6,974	59.00
60.00	06000	LABORATORY	0	16,241	0	0	16,563	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	328	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,808	0	0	8,378	65.00
66.00	06600	PHYSICAL THERAPY	102	58,410	0	0	29,631	66.00
69.00	06900	ELECTROCARDIOLOGY	25	2,331	0	0	7,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	496	5,079	0	0	2,315	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	767	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	8	4,418	0	0	6,353	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	435	90.01
90.02	09002	OP INSTITUTES	274	3,768	0	0	4,467	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	7	1,607	0	0	1,187	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	1,477	90.05
91.00	09100	EMERGENCY	5,744	17,706	0	0	19,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	38,379	437,403	277,005	274,230	272,268	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	207	190.00
190.01	19001	AUXILIARY	0	0	0	0	31	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	754	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	109	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	861	192.08
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)	38,379	437,403	277,005	274,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 11/21/2014 10:14 am	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
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	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
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
11.01	01101	EMPLOYEE CAFETERIA					11.01
13.00	01300	NURSING ADMINISTRATION	112,869				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	874,660			14.00
15.00	01500	PHARMACY	0	4,266	518,474		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	162,415	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,253	32,993	0	14,417	34,627
31.00	03100	INTENSIVE CARE UNIT	6,626	9,100	0	2,676	3,375
32.01	03201	NICU	2,606	1,123	0	875	1,802
40.00	04000	SUBPROVIDER - I PF	3,801	224	0	1,275	4,336
41.00	04100	SUBPROVIDER - I RF	4,917	1,299	0	1,381	4,788
43.00	04300	NURSERY	0	0	0	617	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,144	69,887	0	13,570	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,309	9,008	0	12,572	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,149	1,988	145,591	6,525	0
57.00	05700	CT SCAN	0	2,339	0	6,091	0
58.00	05800	MRI	0	212	0	2,557	0
59.00	05900	CARDIAC CATHETERIZATION	2,375	15,910	0	18,814	0
60.00	06000	LABORATORY	0	32,258	0	9,517	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	633	0
65.00	06500	RESPIRATORY THERAPY	1	4,103	0	4,572	0
66.00	06600	PHYSICAL THERAPY	201	2,964	0	6,147	0
69.00	06900	ELECTROCARDIOLOGY	2,704	1,309	0	3,601	0
70.00	07000	ELECTROENCEPHALOGRAPHY	155	717	0	953	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	279,542	0	11,862	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	378,434	0	13,483	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	334,728	13,269	0
74.00	07400	RENAL DIALYSIS	2,353	11,467	38,155	2,768	0
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	104	0
90.02	09002	OP INSTITUTES	1,928	2,406	0	1,344	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	325	23	0	63	0
90.05	09005	PAIN MANAGEMENT	550	931	0	523	0
91.00	09100	EMERGENCY	12,850	11,822	0	12,206	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,247	874,325	518,474	162,415	48,928
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10	0	0	0
190.01	19001	AUXILIARY	0	58	0	0	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	50	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	622	217	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,869	874,660	518,474	162,415	48,928	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL					5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03 00561	OTHER ADMINISTRATIVE AND GENERAL-SB					5.03
6.00 00600	MAINTENANCE & REPAIRS					6.00
6.01 00601	MOB I					6.01
6.02 00602	MOB II					6.02
6.03 00603	BETT MED PARK					6.03
6.04 00604	NW CLINICS					6.04
6.05 00605	CPMP I					6.05
6.06 00606	CPMP II					6.06
6.07 00607	BETT PLAZA					6.07
6.08 00608	HEART INSTITUTE					6.08
6.09 00609	53RD STREET					6.09
6.10 00610	ELDRIDGE					6.10
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		267,668			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			2,719,360		0 30.00
31.00 03100	INTENSIVE CARE UNIT			376,627		0 31.00
32.01 03201	NICU			178,837		0 32.01
40.00 04000	SUBPROVIDER - IPF			299,671		0 40.00
41.00 04100	SUBPROVIDER - IRF			306,495		0 41.00
43.00 04300	NURSERY			18,726		0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			3,801,311		0 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			1,933,167		0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			2,701,270		0 55.00
57.00 05700	CT SCAN			52,724		0 57.00
58.00 05800	MRI			486,116		0 58.00
59.00 05900	CARDIAC CATHETERIZATION			1,370,347		0 59.00
60.00 06000	LABORATORY			635,009		0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			21,388		0 63.00
65.00 06500	RESPIRATORY THERAPY			282,774		0 65.00
66.00 06600	PHYSICAL THERAPY			2,249,740		0 66.00
69.00 06900	ELECTROCARDIOLOGY			1,690,896		0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			206,963		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			415,537		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			543,787		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			433,590		0 73.00
74.00 07400	RENAL DIALYSIS			614,384		0 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH			2,465		0 90.01
90.02 09002	OP INSTITUTES			449,435		0 90.02
90.03 09003	MARC			0		0 90.03
90.04 09004	BARIATRIC CLINIC			132,001		0 90.04
90.05 09005	PAIN MANAGEMENT			345,121		0 90.05
91.00 09100	EMERGENCY			589,863		0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES			0		0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	22,857,604	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,046	0
190.01	19001	AUXILIARY		75,936	0
190.02	19002	FIRST MED CLINICS		253,475	0
190.03	19003	EAP		0	0
191.00	19100	RESEARCH		5,058	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0
192.01	19201	NON REIMBURSEABLE COST		5,735,396	0
192.02	19202	FOUNDATION		6,817	0
192.03	19203	BIO MED SERVICES - OUTREACH		6,561	0
192.04	19204	OUTREACH PROGRAMS		49,144	0
192.05	19205	PHASE III REHAB		37,593	0
192.06	19206	AFFILIATES		0	0
192.07	19207	NON-ALLOWABLE MEALS		20,700	0
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH		3,211	0
200.00		Cross Foot Adjustments	0	267,668	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118-201)	0	29,323,209	0

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Cost Center Description		Total	
		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 OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00561 OTHER ADMINISTRATIVE AND GENERAL-SB		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRIDGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
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
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	2,719,360	30.00
31.00	03100 INTENSIVE CARE UNIT	376,627	31.00
32.01	03201 NICU	178,837	32.01
40.00	04000 SUBPROVIDER - IPF	299,671	40.00
41.00	04100 SUBPROVIDER - IRF	306,495	41.00
43.00	04300 NURSERY	18,726	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,801,311	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,933,167	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,701,270	55.00
57.00	05700 CT SCAN	52,724	57.00
58.00	05800 MRI	486,116	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,370,347	59.00
60.00	06000 LABORATORY	635,009	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,388	63.00
65.00	06500 RESPIRATORY THERAPY	282,774	65.00
66.00	06600 PHYSICAL THERAPY	2,249,740	66.00
69.00	06900 ELECTROCARDIOLOGY	1,690,896	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	206,963	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	415,537	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	543,787	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	433,590	73.00
74.00	07400 RENAL DIALYSIS	614,384	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	2,465	90.01
90.02	09002 OP INSTITUTES	449,435	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	132,001	90.04
90.05	09005 PAIN MANAGEMENT	345,121	90.05
91.00	09100 EMERGENCY	589,863	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,857,604	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,046	190.00
190.01	19001 AUXILIARY	75,936	190.01
190.02	19002 FIRST MED CLINICS	253,475	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	5,058	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

Worksheet B
Part II
Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,735,396	192.01
192.02	19202	FOUNDATION	6,817	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	6,561	192.03
192.04	19204	OUTREACH PROGRAMS	49,144	192.04
192.05	19205	PHASE III REHAB	37,593	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	20,700	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	3,211	192.08
200.00		Cross Foot Adjustments	267,668	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	29,323,209	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	690,799				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,317,489			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,882	1,622	89,388,451		4.00
5.01 00590	OTHER ADMINISTRATIVE AND GENERAL	79,092	232,796	1,042,338	293,895,229	5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	13,401	83,605	1,463,376	293,895,229	-50,133,983
5.03 00561	OTHER ADMINISTRATIVE AND GENERAL-SB	0	0	0	0	5.03
6.00 00600	MAINTENANCE & REPAIRS	79,103	263,513	3,446,117	0	6.00
6.01 00601	MOB I	0	0	0	0	6.01
6.02 00602	MOB II	0	0	0	0	6.02
6.03 00603	BETT MED PARK	0	0	0	0	6.03
6.04 00604	NW CLINICS	0	0	0	0	6.04
6.05 00605	CPMP I	0	0	0	0	6.05
6.06 00606	CPMP II	0	0	0	0	6.06
6.07 00607	BETT PLAZA	0	0	0	0	6.07
6.08 00608	HEART INSTITUTE	0	0	0	0	6.08
6.09 00609	53RD STREET	0	0	0	0	6.09
6.10 00610	ELDRIDGE	0	0	0	0	6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,727	355	65,445	0	8.00
9.00 00900	HOUSEKEEPING	5,241	307,144	2,035,787	0	9.00
10.00 01000	DIETARY	13,495	21,695	1,001,459	0	10.00
11.00 01100	CAFETERIA	7,424	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
13.00 01300	NURSING ADMINISTRATION	3,357	16,685	1,228,090	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	19,355	495,698	574,943	0	14.00
15.00 01500	PHARMACY	10,137	246,249	4,732,108	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	2,866	0	0	0	17.00
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	17,446	0	1,188,988	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	129,572	211,460	19,085,451	0	30.00
31.00 03100	INTENSIVE CARE UNIT	6,330	168,180	2,596,219	0	31.00
32.01 03201	NI CU	2,448	109,161	1,056,509	0	32.01
40.00 04000	SUBPROVIDER - I PF	19,845	1,130	1,700,851	0	40.00
41.00 04100	SUBPROVIDER - I RF	18,333	16,736	1,769,293	0	41.00
43.00 04300	NURSERY	0	0	1,770,640	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,654	1,631,790	5,794,620	0	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	43,567	753,852	5,052,618	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,318	1,429,873	1,982,329	0	55.00
57.00 05700	CT SCAN	1,710	4,408	566,978	0	57.00
58.00 05800	MRI	2,562	406,766	250,902	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	10,930	924,454	2,534,250	0	59.00
60.00 06000	LABORATORY	16,724	115,294	3,682,452	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	338	3,395	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	5,981	93,164	2,259,643	0	65.00
66.00 06600	PHYSICAL THERAPY	60,148	144,037	9,175,378	0	66.00
69.00 06900	ELECTROCARDIOLOGY	2,400	219,675	2,085,145	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,230	108,043	607,196	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	790	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	4,549	38,501	1,573,889	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	0	0	212,801	0	90.01
90.02 09002	OP INSTITUTES	3,880	35,068	1,210,317	0	90.02
90.03 09003	MARC	0	0	0	0	90.03
90.04 09004	BARITRIC CLINIC	1,655	8,854	309,721	0	90.04
90.05 09005	PAIN MANAGEMENT	0	42,390	416,902	0	90.05
91.00 09100	EMERGENCY	18,233	168,522	4,862,578	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	671,040	8,304,115	87,335,333	293,895,229	-50,133,983

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	OTHER ADMINISTRATIVE AND GENERAL (TOTAL COST)	Reconciliation			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	36,692	0	0	190.00
190.01	19001	AUXILIARY	5,419	2,190	30,510	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	932	215,287	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	10,437	54	82,404	0	0	192.01
192.02	19202	FOUNDATION	426	1,126	2,104	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	4,410	34,801	0	-53,813	192.03
192.04	19204	OUTREACH PROGRAMS	743	0	3,668	0	0	192.04
192.05	19205	PHASE III REHAB	2,477	4,662	12,232	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	1,484,142	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	151,278	0	0	192.08
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)	7,314,414	8,922,136	8,518,365	11,490,938		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.588339	1.072696	0.095296	0.039099		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			32,256	1,474,329		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000361	0.005017		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL-SB (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
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	00560	240,776,081					5.02
5.03	00561	9,919,136	861,850,972				5.03
6.00	00600	7,143,135	0	516,321			6.00
6.01	00601	624,036	0	0	39,263		6.01
6.02	00602	906,380	0	0	0	34,028	6.02
6.03	00603	610,527	0	0	0	0	6.03
6.04	00604	315,036	0	0	0	0	6.04
6.05	00605	808,094	0	0	0	0	6.05
6.06	00606	844,887	0	0	0	0	6.06
6.07	00607	876,491	0	0	0	0	6.07
6.08	00608	1,947,929	0	0	0	0	6.08
6.09	00609	252,869	0	0	0	0	6.09
6.10	00610	133,136	0	0	0	0	6.10
7.00	00700	2,144,382	0	0	0	0	7.00
8.00	00800	344,326	0	2,727	0	0	8.00
9.00	00900	3,300,381	0	5,241	809	175	9.00
10.00	01000	2,028,136	0	13,495	0	0	10.00
11.00	01100	78,608	0	7,424	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,580,258	0	3,357	0	68	13.00
14.00	01400	4,819,121	0	19,355	0	0	14.00
15.00	01500	6,234,107	0	10,137	0	0	15.00
16.00	01600	3,238,033	0	7,317	0	0	16.00
17.00	01700	30,346	0	2,866	245	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,222,920	0	17,446	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,493,123	76,685,496	129,572	0	68	30.00
31.00	03100	4,204,140	14,232,661	6,330	0	0	31.00
32.01	03201	1,471,824	4,651,759	2,448	0	0	32.01
40.00	04000	2,413,181	6,782,445	19,845	0	0	40.00
41.00	04100	2,465,281	7,347,163	18,333	0	0	41.00
43.00	04300	2,384,307	3,281,404	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,200,839	72,180,549	48,654	0	0	50.00
54.00	05400	17,683,663	66,870,147	43,567	0	0	54.00
55.00	05500	10,031,959	34,709,658	3,318	3,474	44	55.00
57.00	05700	1,201,594	32,398,208	1,710	0	0	57.00
58.00	05800	1,016,998	13,600,556	2,562	0	0	58.00
59.00	05900	6,080,682	98,018,871	10,930	0	0	59.00
60.00	06000	10,575,681	50,624,800	16,724	0	0	60.00
63.00	06300	1,678,367	3,368,120	338	0	0	63.00
65.00	06500	3,122,594	24,317,216	5,981	0	0	65.00
66.00	06600	12,486,796	32,695,885	60,148	133	0	66.00
69.00	06900	3,133,539	19,155,311	2,400	0	0	69.00
70.00	07000	996,922	5,070,829	5,230	0	0	70.00
71.00	07100	14,951,773	63,094,913	790	0	0	71.00
72.00	07200	20,229,711	71,719,326	0	0	0	72.00
73.00	07300	11,054,391	70,579,833	0	0	0	73.00
74.00	07400	4,174,646	14,722,700	4,549	7,230	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	249,897	551,413	0	0	0	90.01
90.02	09002	2,276,405	7,148,641	3,880	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	450,306	336,597	1,655	0	0	90.04
90.05	09005	636,934	2,781,185	0	0	0	90.05
91.00	09100	7,027,584	64,925,286	18,233	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		234,095,411	861,850,972	496,562	11,891	355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	52,449	0	257	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL-SB (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
190.01	19001 AUXILIARY	145,021	0	5,419	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	349,333	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	430,950	0	10,437	27,372	33,673	192.01
192.02	19202 FOUNDATION	8,733	0	426	0	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	2,657,943	0	743	0	0	192.04
192.05	19205 PHASE III REHAB	48,746	0	2,477	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	2,795,443	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	192,052	0	0	0	0	192.08
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)	50,133,983	11,984,479	8,630,464	753,972	1,095,105	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.208218	0.013906	16.715307	19.203117	32.182467	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,736,724	71,547	1,237,177	657,750	943,343	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007213	0.000083	2.396139	16.752413	27.722552	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
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	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603	22,943					6.03
6.04	00604	0	10,225				6.04
6.05	00605	0	0	51,357			6.05
6.06	00606	0	0	0	46,854		6.06
6.07	00607	0	0	0	0	56,557	6.07
6.08	00608	0	0	0	0	0	6.08
6.09	00609	0	0	0	0	0	6.09
6.10	00610	0	0	0	0	0	6.10
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	26	0	49	0	0	9.00
10.00	01000	0	0	1,305	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	144	0	0	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	2,119	16.00
17.00	01700	0	0	0	242	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.01	03201	0	0	0	0	0	32.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	16,914	0	0	50.00
54.00	05400	0	0	0	0	1,170	54.00
55.00	05500	0	0	12,280	1,276	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	10,621	66.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	141	1,645	3,078	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	6,254	90.05
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	0	0	190.01
190.02	19002	3,384	4,048	0	0	0	190.02
190.03	19003	0	0	0	0	0	190.03
191.00	19100	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	19,533	6,177	20,524	43,691	33,315 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0 192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0 192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0 192.05
192.06	19206	AFFILIATES	0	0	0	0	0 192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0 192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0 192.08
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)	737,650	380,632	976,354	1,020,808	1,058,992 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	32.151419	37.225623	19.011118	21.786998	18.724331 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	706,027	377,222	849,645	874,979	980,240 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	30.773090	36.892127	16.543899	18.674585	17.331895 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		6.08	6.09	6.10	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608	75,097					6.08
6.09	00609	0	13,636				6.09
6.10	00610	0	0	7,560			6.10
7.00	00700	0	0	0	516,321		7.00
8.00	00800	0	0	0	2,727	1,540,095	8.00
9.00	00900	0	0	0	5,241	0	9.00
10.00	01000	0	0	0	13,495	0	10.00
11.00	01100	0	0	0	7,424	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	0	0	0	3,357	0	13.00
14.00	01400	0	0	0	19,355	0	14.00
15.00	01500	0	0	0	10,137	0	15.00
16.00	01600	0	0	0	7,317	0	16.00
17.00	01700	0	0	0	2,866	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	17,446	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	129,572	725,138	30.00
31.00	03100	0	0	0	6,330	49,950	31.00
32.01	03201	0	0	0	2,448	6,213	32.01
40.00	04000	0	0	0	19,845	30,822	40.00
41.00	04100	0	0	0	18,333	57,557	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	48,654	214,474	50.00
54.00	05400	0	0	0	43,567	106,522	54.00
55.00	05500	0	0	0	3,318	28,372	55.00
57.00	05700	0	0	0	1,710	17,245	57.00
58.00	05800	0	0	0	2,562	0	58.00
59.00	05900	0	0	0	10,930	36,713	59.00
60.00	06000	0	0	0	16,724	0	60.00
63.00	06300	0	0	0	338	0	63.00
65.00	06500	0	0	0	5,981	0	65.00
66.00	06600	0	0	0	60,148	4,081	66.00
69.00	06900	31,192	0	0	2,400	1,019	69.00
70.00	07000	0	0	0	5,230	19,914	70.00
71.00	07100	0	0	0	790	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	4,549	315	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	3,880	10,998	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	0	0	0	1,655	263	90.04
90.05	09005	0	0	0	0	0	90.05
91.00	09100	0	0	0	18,233	230,499	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		31,192	0	0	496,562	1,540,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	257	0	190.00
190.01	19001	0	0	0	5,419	0	190.01
190.02	19002	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	0	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	743	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	2,353,523	305,521	160,857	2,590,881	475,288	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.339774	22.405471	21.277381	5.017966	0.308610	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,006,214	303,511	163,616	15,467	38,379	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	26.714969	22.258067	21.642328	0.029956	0.024920	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
		9.00	10.00	11.00	11.01	13.00	
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	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602						6.02
6.03	00603						6.03
6.04	00604						6.04
6.05	00605						6.05
6.06	00606						6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	450,416					10.00
11.00	01100	13,495	523,311				11.00
11.01	01101	7,424	320,848	320,848			11.01
11.01	01101	0	0	320,848	131,262		11.01
13.00	01300	3,357	0	0	1,949	1,290,747	13.00
14.00	01400	19,355	0	0	1,462	0	14.00
15.00	01500	10,137	0	0	5,600	0	15.00
16.00	01600	7,317	0	0	0	0	16.00
17.00	01700	2,866	0	0	2	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	17,446	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	129,572	195,540	0	38,671	654,738	30.00
31.00	03100	6,330	6,923	0	4,107	75,777	31.00
32.01	03201	2,448	0	0	1,510	29,799	32.01
40.00	04000	0	0	0	2,560	43,464	40.00
41.00	04100	0	0	0	3,233	56,234	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	48,654	0	0	8,522	127,438	50.00
54.00	05400	43,567	0	0	8,925	14,971	54.00
55.00	05500	3,318	0	0	2,662	13,139	55.00
57.00	05700	1,710	0	0	933	0	57.00
58.00	05800	2,562	0	0	357	0	58.00
59.00	05900	10,930	0	0	3,338	27,162	59.00
60.00	06000	16,724	0	0	7,928	0	60.00
63.00	06300	338	0	0	0	0	63.00
65.00	06500	5,981	0	0	4,010	8	65.00
66.00	06600	60,148	0	0	14,183	2,303	66.00
69.00	06900	2,400	0	0	3,497	30,926	69.00
70.00	07000	5,230	0	0	1,108	1,768	70.00
71.00	07100	790	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,549	0	0	3,041	26,911	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	0	0	0	208	0	90.01
90.02	09002	3,880	0	0	2,138	22,044	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	1,655	0	0	568	3,717	90.04
90.05	09005	0	0	0	707	6,288	90.05
91.00	09100	18,233	0	0	9,104	146,946	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		450,416	523,311	320,848	130,323	1,283,633	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	99	0	190.00
190.01	19001	0	0	0	15	3	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)		
			9.00	10.00	11.00	11.01	13.00		
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	361	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	52	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	412	7,111	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,124,419	2,892,103	2,097,486	2,097,486	2,049,064	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.156911	5.526547	6.537320	15.979385	1.587502	0	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	437,403	277,005	274,230	274,230	112,869	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.971109	0.529332	0.854704	2.089180	0.087445	0	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	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 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SB						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	46,756,046					14.00
15.00 01500 PHARMACY	228,041	17,122,644				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	861,850,972			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	68,360		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,763,683	0	76,685,496	48,379	0	30.00
31.00 03100 INTENSIVE CARE UNIT	486,447	0	14,232,661	4,715	0	31.00
32.01 03201 NICU	60,020	0	4,651,759	2,518	0	32.01
40.00 04000 SUBPROVIDER - IPF	11,963	0	6,782,445	6,058	0	40.00
41.00 04100 SUBPROVIDER - IRF	69,450	0	7,347,163	6,690	0	41.00
43.00 04300 NURSERY	0	0	3,281,404	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,735,863	0	72,180,549	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	481,555	0	66,870,147	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	106,274	4,808,167	34,709,658	0	0	55.00
57.00 05700 CT SCAN	125,048	0	32,398,208	0	0	57.00
58.00 05800 MRI	11,341	0	13,600,556	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	850,462	0	98,018,871	0	0	59.00
60.00 06000 LABORATORY	1,724,400	0	50,624,800	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	3,368,120	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	219,350	0	24,317,216	0	0	65.00
66.00 06600 PHYSICAL THERAPY	158,450	0	32,695,885	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	69,967	0	19,155,311	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	38,330	0	5,070,829	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	14,943,183	0	63,094,913	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	20,229,711	0	71,719,326	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,054,391	70,579,833	0	0	73.00
74.00 07400 RENAL DIALYSIS	613,003	1,260,086	14,722,700	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	5	0	551,413	0	0	90.01
90.02 09002 OP INSTITUTES	128,598	0	7,148,641	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1,229	0	336,597	0	0	90.04
90.05 09005 PAIN MANAGEMENT	49,776	0	2,781,185	0	0	90.05
91.00 09100 EMERGENCY	631,953	0	64,925,286	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,738,102	17,122,644	861,850,972	68,360	0 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	510	0	0	0	0	190.00
190.01 19001 AUXILIARY	3,114	0	0	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	2,692	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	20	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	11,608	0	0	0	0	192.08
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)	6,443,791	7,966,207	4,177,950	135,205		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.137817	0.465244	0.004848	1.977838	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	874,660	518,474	162,415	48,928		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.018707	0.030280	0.000188	0.715740	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1
Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	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 OTHER ADMINISTRATIVE AND GENERAL			5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL			5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SB			5.03	
6.00 00600 MAINTENANCE & REPAIRS			6.00	
6.01 00601 MOB I			6.01	
6.02 00602 MOB II			6.02	
6.03 00603 BETT MED PARK			6.03	
6.04 00604 NW CLINICS			6.04	
6.05 00605 CPMP I			6.05	
6.06 00606 CPMP II			6.06	
6.07 00607 BETT PLAZA			6.07	
6.08 00608 HEART INSTITUTE			6.08	
6.09 00609 53RD STREET			6.09	
6.10 00610 ELDRI DGE			6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA			11.01	
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	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	38,152		22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	19,769	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,031	0	31.00	
32.01 03201 NICU	963	0	32.01	
40.00 04000 SUBPROVIDER - IPF	1,465	0	40.00	
41.00 04100 SUBPROVIDER - IRF	0	0	41.00	
43.00 04300 NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	1,926	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	444	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00	
57.00 05700 CT SCAN	0	0	57.00	
58.00 05800 MRI	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00	
60.00 06000 LABORATORY	125	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	433	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0	90.01	
90.02 09002 OP INSTITUTES	0	0	90.02	
90.03 09003 MARC	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	90.05	
91.00 09100 EMERGENCY	2,502	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00	
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	95.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	28,658	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00		
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 AUXILIARY	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	190.02
190.03 19003 EAP	0	0	190.03
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	9,494	0	192.00
192.01 19201 NON REIMBURSEABLE COST	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	192.05
192.06 19206 AFFILIATES	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,432,899	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	116.190475	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	267,668	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.015831	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2014 10:14 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	40,752,920		40,752,920	0	40,752,920	30.00
31.00	03100 INTENSIVE CARE UNIT	5,857,937		5,857,937	0	5,857,937	31.00
32.01	03201 NICU	2,027,746		2,027,746	0	2,027,746	32.01
40.00	04000 SUBPROVIDER - I PF	3,607,193		3,607,193	0	3,607,193	40.00
41.00	04100 SUBPROVIDER - I RF	3,696,321		3,696,321	0	3,696,321	41.00
43.00	04300 NURSERY	2,942,302		2,942,302	0	2,942,302	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,255,406		21,255,406	0	21,255,406	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,253,124		24,253,124	0	24,253,124	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,527,385		15,527,385	0	15,527,385	55.00
57.00	05700 CT SCAN	2,149,670		2,149,670	0	2,149,670	57.00
58.00	05800 MRI	1,570,228		1,570,228	0	1,570,228	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,746,938		9,746,938	0	9,746,938	59.00
60.00	06000 LABORATORY	14,608,089		14,608,089	0	14,608,089	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,101,440		2,101,440	0	2,101,440	63.00
65.00	06500 RESPIRATORY THERAPY	4,507,892	0	4,507,892	0	4,507,892	65.00
66.00	06600 PHYSICAL THERAPY	18,012,747	0	18,012,747	0	18,012,747	66.00
69.00	06900 ELECTROCARDIOLOGY	5,311,856		5,311,856	0	5,311,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,493,094		1,493,094	0	1,493,094	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,332,111		21,332,111	0	21,332,111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,574,935		28,574,935	0	28,574,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,822,757		19,822,757	0	19,822,757	73.00
74.00	07400 RENAL DIALYSIS	6,361,491		6,361,491	0	6,361,491	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	315,596		315,596	0	315,596	90.01
90.02	09002 OP INSTITUTES	3,190,743		3,190,743	0	3,190,743	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	616,732		616,732	0	616,732	90.04
90.05	09005 PAIN MANAGEMENT	966,954		966,954	0	966,954	90.05
91.00	09100 EMERGENCY	10,808,664		10,808,664	0	10,808,664	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,406,077		3,406,077	0	3,406,077	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	274,818,348	0	274,818,348	0	274,818,348	200.00
201.00	Less Observation Beds	3,406,077		3,406,077		3,406,077	201.00
202.00	Total (see instructions)	271,412,271	0	271,412,271	0	271,412,271	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIIII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	70,520,493		70,520,493			30.00
31.00 03100 INTENSIVE CARE UNIT	14,232,661		14,232,661			31.00
32.01 03201 NICU	4,651,759		4,651,759			32.01
40.00 04000 SUBPROVIDER - I/PF	6,782,445		6,782,445			40.00
41.00 04100 SUBPROVIDER - I/RF	7,347,163		7,347,163			41.00
43.00 04300 NURSERY	3,281,404		3,281,404			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	40,100,207	32,080,342	72,180,549	0.294476	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,280,327	56,589,820	66,870,147	0.362690	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	611,347	34,098,311	34,709,658	0.447351	0.000000	55.00
57.00 05700 CT SCAN	10,170,153	22,228,055	32,398,208	0.066352	0.000000	57.00
58.00 05800 MRI	4,457,477	9,143,079	13,600,556	0.115453	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	35,394,794	62,624,077	98,018,871	0.099439	0.000000	59.00
60.00 06000 LABORATORY	27,970,384	22,654,416	50,624,800	0.288556	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,476,910	891,210	3,368,120	0.623921	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	21,659,103	2,658,113	24,317,216	0.185379	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	13,328,519	19,367,366	32,695,885	0.550918	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	8,371,462	10,783,849	19,155,311	0.277305	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	446,614	4,624,215	5,070,829	0.294448	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,506,263	29,588,650	63,094,913	0.338096	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	46,395,811	25,323,515	71,719,326	0.398427	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48,808,679	21,771,154	70,579,833	0.280856	0.000000	73.00
74.00 07400 RENAL DIALYSIS	241,432	14,481,268	14,722,700	0.432087	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	300,163	251,250	551,413	0.572341	0.000000	90.01
90.02 09002 OP INSTITUTES	185,183	6,963,458	7,148,641	0.446343	0.000000	90.02
90.03 09003 MARC	0	0	0	0.000000	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	519	336,078	336,597	1.832256	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	1,860	2,779,325	2,781,185	0.347677	0.000000	90.05
91.00 09100 EMERGENCY	11,699,534	53,225,752	64,925,286	0.166478	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,538,445	2,626,558	6,165,003	0.552486	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00	Subtotal (see instructions)	426,761,111	435,089,861	861,850,972		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	426,761,111	435,089,861	861,850,972		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/21/2014 10:14 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.294476		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.362690		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.447351		55.00
57.00	05700 CT SCAN	0.066352		57.00
58.00	05800 MRI	0.115453		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099439		59.00
60.00	06000 LABORATORY	0.288556		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.623921		63.00
65.00	06500 RESPIRATORY THERAPY	0.185379		65.00
66.00	06600 PHYSICAL THERAPY	0.550918		66.00
69.00	06900 ELECTROCARDIOLOGY	0.277305		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294448		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280856		73.00
74.00	07400 RENAL DIALYSIS	0.432087		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	0.572341		90.01
90.02	09002 OP INSTITUTES	0.446343		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	1.832256		90.04
90.05	09005 PAIN MANAGEMENT	0.347677		90.05
91.00	09100 EMERGENCY	0.166478		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160033

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

Worksheet C
Part I
Date/Time Prepared:
11/21/2014 10:14 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	40,752,920		40,752,920	0	40,752,920	30.00
31.00	03100 INTENSIVE CARE UNIT	5,857,937		5,857,937	0	5,857,937	31.00
32.01	03201 NICU	2,027,746		2,027,746	0	2,027,746	32.01
40.00	04000 SUBPROVIDER - I PF	3,607,193		3,607,193	0	3,607,193	40.00
41.00	04100 SUBPROVIDER - I RF	3,696,321		3,696,321	0	3,696,321	41.00
43.00	04300 NURSERY	2,942,302		2,942,302	0	2,942,302	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,255,406		21,255,406	0	21,255,406	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	24,253,124		24,253,124	0	24,253,124	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	15,527,385		15,527,385	0	15,527,385	55.00
57.00	05700 CT SCAN	2,149,670		2,149,670	0	2,149,670	57.00
58.00	05800 MRI	1,570,228		1,570,228	0	1,570,228	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,746,938		9,746,938	0	9,746,938	59.00
60.00	06000 LABORATORY	14,608,089		14,608,089	0	14,608,089	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,101,440		2,101,440	0	2,101,440	63.00
65.00	06500 RESPIRATORY THERAPY	4,507,892	0	4,507,892	0	4,507,892	65.00
66.00	06600 PHYSICAL THERAPY	18,012,747	0	18,012,747	0	18,012,747	66.00
69.00	06900 ELECTROCARDIOLOGY	5,311,856		5,311,856	0	5,311,856	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,493,094		1,493,094	0	1,493,094	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,332,111		21,332,111	0	21,332,111	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,574,935		28,574,935	0	28,574,935	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,822,757		19,822,757	0	19,822,757	73.00
74.00	07400 RENAL DIALYSIS	6,361,491		6,361,491	0	6,361,491	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	315,596		315,596	0	315,596	90.01
90.02	09002 OP INSTITUTES	3,190,743		3,190,743	0	3,190,743	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	616,732		616,732	0	616,732	90.04
90.05	09005 PAIN MANAGEMENT	966,954		966,954	0	966,954	90.05
91.00	09100 EMERGENCY	10,808,664		10,808,664	0	10,808,664	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,406,077		3,406,077	0	3,406,077	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	274,818,348	0	274,818,348	0	274,818,348	200.00
201.00	Less Observation Beds	3,406,077		3,406,077		3,406,077	201.00
202.00	Total (see instructions)	271,412,271	0	271,412,271	0	271,412,271	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/21/2014 10:14 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	70,520,493		70,520,493			30.00
31.00 03100 INTENSIVE CARE UNIT	14,232,661		14,232,661			31.00
32.01 03201 NICU	4,651,759		4,651,759			32.01
40.00 04000 SUBPROVIDER - I/PF	6,782,445		6,782,445			40.00
41.00 04100 SUBPROVIDER - I/RF	7,347,163		7,347,163			41.00
43.00 04300 NURSERY	3,281,404		3,281,404			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	40,100,207	32,080,342	72,180,549	0.294476	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,280,327	56,589,820	66,870,147	0.362690	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	611,347	34,098,311	34,709,658	0.447351	0.000000	55.00
57.00 05700 CT SCAN	10,170,153	22,228,055	32,398,208	0.066352	0.000000	57.00
58.00 05800 MRI	4,457,477	9,143,079	13,600,556	0.115453	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	35,394,794	62,624,077	98,018,871	0.099439	0.000000	59.00
60.00 06000 LABORATORY	27,970,384	22,654,416	50,624,800	0.288556	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,476,910	891,210	3,368,120	0.623921	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	21,659,103	2,658,113	24,317,216	0.185379	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	13,328,519	19,367,366	32,695,885	0.550918	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	8,371,462	10,783,849	19,155,311	0.277305	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	446,614	4,624,215	5,070,829	0.294448	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	33,506,263	29,588,650	63,094,913	0.338096	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	46,395,811	25,323,515	71,719,326	0.398427	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48,808,679	21,771,154	70,579,833	0.280856	0.000000	73.00
74.00 07400 RENAL DIALYSIS	241,432	14,481,268	14,722,700	0.432087	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	300,163	251,250	551,413	0.572341	0.000000	90.01
90.02 09002 OP INSTITUTES	185,183	6,963,458	7,148,641	0.446343	0.000000	90.02
90.03 09003 MARC	0	0	0	0.000000	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	519	336,078	336,597	1.832256	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	1,860	2,779,325	2,781,185	0.347677	0.000000	90.05
91.00 09100 EMERGENCY	11,699,534	53,225,752	64,925,286	0.166478	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	3,538,445	2,626,558	6,165,003	0.552486	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00	Subtotal (see instructions)	426,761,111	435,089,861	861,850,972		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	426,761,111	435,089,861	861,850,972		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 11/21/2014 10:14 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,719,360	0	2,719,360	51,544	52.76	30.00
31.00	INTENSIVE CARE UNIT	376,627		376,627	4,715	79.88	31.00
32.01	NICU	178,837		178,837	2,518	71.02	32.01
40.00	SUBPROVIDER - IPF	299,671	0	299,671	6,058	49.47	40.00
41.00	SUBPROVIDER - IRF	306,495	0	306,495	6,690	45.81	41.00
43.00	NURSERY	18,726		18,726	3,858	4.85	43.00
200.00	Total (Lines 30-199)	3,899,716		3,899,716	75,383		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	23,976	1,264,974				
31.00	INTENSIVE CARE UNIT	2,572	205,451				
32.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	1,562	77,272				
41.00	SUBPROVIDER - IRF	4,193	192,081				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	32,303	1,739,778				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part II Date/Time Prepared: 11/21/2014 10:14 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3,801,311	72,180,549	0.052664	17,383,616	915,491	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,933,167	66,870,147	0.028909	5,297,237	153,138	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,701,270	34,709,658	0.077825	288,943	22,487	55.00
57.00	05700 CT SCAN	52,724	32,398,208	0.001627	3,724,551	6,060	57.00
58.00	05800 MRI	486,116	13,600,556	0.035742	2,081,837	74,409	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,370,347	98,018,871	0.013980	22,026,898	307,936	59.00
60.00	06000 LABORATORY	635,009	50,624,800	0.012543	12,159,893	152,522	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	21,388	3,368,120	0.006350	1,521,754	9,663	63.00
65.00	06500 RESPIRATORY THERAPY	282,774	24,317,216	0.011629	11,614,588	135,066	65.00
66.00	06600 PHYSICAL THERAPY	2,249,740	32,695,885	0.068808	4,448,446	306,089	66.00
69.00	06900 ELECTROCARDIOLOGY	1,690,896	19,155,311	0.088273	4,701,091	414,979	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	206,963	5,070,829	0.040814	237,253	9,683	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	415,537	63,094,913	0.006586	18,724,426	123,319	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	543,787	71,719,326	0.007582	23,941,567	181,525	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	433,590	70,579,833	0.006143	21,600,162	132,690	73.00
74.00	07400 RENAL DIALYSIS	614,384	14,722,700	0.041730	218,945	9,137	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	2,465	551,413	0.004470	17,080	76	90.01
90.02	09002 OP INSTITUTES	449,435	7,148,641	0.062870	102,758	6,460	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	132,001	336,597	0.392163	519	204	90.04
90.05	09005 PAIN MANAGEMENT	345,121	2,781,185	0.124091	1,860	231	90.05
91.00	09100 EMERGENCY	589,863	64,925,286	0.009085	6,307,523	57,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	227,281	6,165,003	0.036866	927,654	34,199	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	19,185,169	755,035,047		157,328,601	3,052,668	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part III Date/Time Prepared: 11/21/2014 10:14 am
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Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201	NICU	0	0	0	0	0	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,544	0.00	23,976	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,715	0.00	2,572	0		31.00
32.01	03201	NICU	2,518	0.00	0	0		32.01
40.00	04000	SUBPROVIDER - I PF	6,058	0.00	1,562	0		40.00
41.00	04100	SUBPROVIDER - I RF	6,690	0.00	4,193	0		41.00
43.00	04300	NURSERY	3,858	0.00	0	0		43.00
200.00		Total (lines 30-199)	75,383		32,303	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
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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									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	72,180,549	0.000000	0.000000	17,383,616	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	66,870,147	0.000000	0.000000	5,297,237	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	34,709,658	0.000000	0.000000	288,943	55.00
57.00	05700	CT SCAN	0	32,398,208	0.000000	0.000000	3,724,551	57.00
58.00	05800	MRI	0	13,600,556	0.000000	0.000000	2,081,837	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	98,018,871	0.000000	0.000000	22,026,898	59.00
60.00	06000	LABORATORY	0	50,624,800	0.000000	0.000000	12,159,893	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,368,120	0.000000	0.000000	1,521,754	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,317,216	0.000000	0.000000	11,614,588	65.00
66.00	06600	PHYSICAL THERAPY	0	32,695,885	0.000000	0.000000	4,448,446	66.00
69.00	06900	ELECTROCARDIOLOGY	0	19,155,311	0.000000	0.000000	4,701,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,070,829	0.000000	0.000000	237,253	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	63,094,913	0.000000	0.000000	18,724,426	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	71,719,326	0.000000	0.000000	23,941,567	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	70,579,833	0.000000	0.000000	21,600,162	73.00
74.00	07400	RENAL DIALYSIS	0	14,722,700	0.000000	0.000000	218,945	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	551,413	0.000000	0.000000	17,080	90.01
90.02	09002	OP INSTITUTES	0	7,148,641	0.000000	0.000000	102,758	90.02
90.03	09003	MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	0	336,597	0.000000	0.000000	519	90.04
90.05	09005	PAIN MANAGEMENT	0	2,781,185	0.000000	0.000000	1,860	90.05
91.00	09100	EMERGENCY	0	64,925,286	0.000000	0.000000	6,307,523	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,165,003	0.000000	0.000000	927,654	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	755,035,047			157,328,601	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,917,972	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,882,180	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,215,473	0	55.00
57.00	05700 CT SCAN	0	7,364,983	0	57.00
58.00	05800 MRI	0	2,251,207	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	32,013,044	0	59.00
60.00	06000 LABORATORY	0	3,661,526	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	496,559	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,541,569	0	65.00
66.00	06600 PHYSICAL THERAPY	0	193,056	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	4,007,689	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,264,387	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,836,321	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,039,543	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	14,226,368	0	73.00
74.00	07400 RENAL DIALYSIS	0	384,628	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	109,242	0	90.01
90.02	09002 OP INSTITUTES	0	3,624,177	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	39,935	0	90.04
90.05	09005 PAIN MANAGEMENT	0	1,148,208	0	90.05
91.00	09100 EMERGENCY	0	7,974,315	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	462,251	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	136,654,633	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
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Title XVIII		Hospital		PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.294476	7,917,972	0	0	2,331,653	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.362690	14,882,180	0	0	5,397,618	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.447351	8,215,473	0	0	3,675,200	55.00
57.00	05700 CT SCAN	0.066352	7,364,983	0	0	488,681	57.00
58.00	05800 MRI	0.115453	2,251,207	0	0	259,909	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099439	32,013,044	0	0	3,183,345	59.00
60.00	06000 LABORATORY	0.288556	3,661,526	6,727	0	1,056,555	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	496,559	36,176	0	309,814	63.00
65.00	06500 RESPIRATORY THERAPY	0.185379	1,541,569	0	0	285,775	65.00
66.00	06600 PHYSICAL THERAPY	0.550918	193,056	320	0	106,358	66.00
69.00	06900 ELECTROCARDIOLOGY	0.277305	4,007,689	0	0	1,111,352	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294448	1,264,387	0	0	372,296	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	11,836,321	0	0	4,001,813	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	13,039,543	0	0	5,195,306	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280856	14,226,368	174,453	0	3,995,561	73.00
74.00	07400 RENAL DIALYSIS	0.432087	384,628	258,766	0	166,193	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0.572341	109,242	0	0	62,524	90.01
90.02	09002 OP INSTITUTES	0.446343	3,624,177	0	0	1,617,626	90.02
90.03	09003 MARC	0.000000	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.832256	39,935	0	0	73,171	90.04
90.05	09005 PAIN MANAGEMENT	0.347677	1,148,208	0	0	399,206	90.05
91.00	09100 EMERGENCY	0.166478	7,974,315	0	0	1,327,548	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	462,251	0	0	255,387	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		136,654,633	476,442	0	35,672,891	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		136,654,633	476,442	0	35,672,891	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,941	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	22,571	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	176	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	48,996	0		73.00
74.00 07400 RENAL DIALYSIS	111,809	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	185,493	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	185,493	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/21/2014 10:14 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,801,311	72,180,549	0.052664	13,516	712	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,933,167	66,870,147	0.028909	19,998	578	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,270	34,709,658	0.077825	0	0	55.00
57.00	05700	CT SCAN	52,724	32,398,208	0.001627	18,062	29	57.00
58.00	05800	MRI	486,116	13,600,556	0.035742	17,876	639	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,370,347	98,018,871	0.013980	0	0	59.00
60.00	06000	LABORATORY	635,009	50,624,800	0.012543	141,411	1,774	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,388	3,368,120	0.006350	745	5	63.00
65.00	06500	RESPIRATORY THERAPY	282,774	24,317,216	0.011629	38,435	447	65.00
66.00	06600	PHYSICAL THERAPY	2,249,740	32,695,885	0.068808	291,976	20,090	66.00
69.00	06900	ELECTROCARDIOLOGY	1,690,896	19,155,311	0.088273	12,053	1,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206,963	5,070,829	0.040814	1,808	74	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	415,537	63,094,913	0.006586	13,735	90	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	543,787	71,719,326	0.007582	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	433,590	70,579,833	0.006143	349,512	2,147	73.00
74.00	07400	RENAL DIALYSIS	614,384	14,722,700	0.041730	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	2,465	551,413	0.004470	0	0	90.01
90.02	09002	OP INSTITUTES	449,435	7,148,641	0.062870	6,655	418	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	132,001	336,597	0.392163	0	0	90.04
90.05	09005	PAIN MANAGEMENT	345,121	2,781,185	0.124091	0	0	90.05
91.00	09100	EMERGENCY	589,863	64,925,286	0.009085	121,943	1,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,165,003	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,957,888	755,035,047		1,047,725	29,175	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	72,180,549	0.000000	0.000000	13,516	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	66,870,147	0.000000	0.000000	19,998	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,709,658	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	32,398,208	0.000000	0.000000	18,062	57.00
58.00 05800 MRI	0	13,600,556	0.000000	0.000000	17,876	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	98,018,871	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	50,624,800	0.000000	0.000000	141,411	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,368,120	0.000000	0.000000	745	63.00
65.00 06500 RESPIRATORY THERAPY	0	24,317,216	0.000000	0.000000	38,435	65.00
66.00 06600 PHYSICAL THERAPY	0	32,695,885	0.000000	0.000000	291,976	66.00
69.00 06900 ELECTROCARDIOLOGY	0	19,155,311	0.000000	0.000000	12,053	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,070,829	0.000000	0.000000	1,808	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	63,094,913	0.000000	0.000000	13,735	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	71,719,326	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70,579,833	0.000000	0.000000	349,512	73.00
74.00 07400 RENAL DIALYSIS	0	14,722,700	0.000000	0.000000	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	551,413	0.000000	0.000000	0	90.01
90.02 09002 OP INSTITUTES	0	7,148,641	0.000000	0.000000	6,655	90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04 09004 BARIATRIC CLINIC	0	336,597	0.000000	0.000000	0	90.04
90.05 09005 PAIN MANAGEMENT	0	2,781,185	0.000000	0.000000	0	90.05
91.00 09100 EMERGENCY	0	64,925,286	0.000000	0.000000	121,943	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,165,003	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	755,035,047			1,047,725	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	195	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	349	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	544	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.294476	0	0	0	0	50.00	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.362690	195	0	0	71	54.00	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.447351	0	0	0	0	55.00	55.00
57.00 05700 CT SCAN	0.066352	0	0	0	0	57.00	57.00
58.00 05800 MRI	0.115453	0	0	0	0	58.00	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.099439	0	0	0	0	59.00	59.00
60.00 06000 LABORATORY	0.288556	349	0	0	101	60.00	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	0	0	0	0	63.00	63.00
65.00 06500 RESPIRATORY THERAPY	0.185379	0	0	0	0	65.00	65.00
66.00 06600 PHYSICAL THERAPY	0.550918	0	0	0	0	66.00	66.00
69.00 06900 ELECTROCARDIOLOGY	0.277305	0	0	0	0	69.00	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294448	0	0	0	0	70.00	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	0	0	0	0	71.00	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	0	0	0	0	72.00	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280856	0	0	0	0	73.00	73.00
74.00 07400 RENAL DIALYSIS	0.432087	0	0	0	0	74.00	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0.572341	0	0	0	0	90.01	90.01
90.02 09002 OP INSTITUTES	0.446343	0	0	0	0	90.02	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03	90.03
90.04 09004 BARIATRIC CLINIC	1.832256	0	0	0	0	90.04	90.04
90.05 09005 PAIN MANAGEMENT	0.347677	0	0	0	0	90.05	90.05
91.00 09100 EMERGENCY	0.166478	0	0	0	0	91.00	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	0	0	0	0	92.00	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00	95.00
200.00	Subtotal (see instructions)		544	0	172	200.00	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00	201.00
202.00	Net Charges (line 200 +/- line 201)		544	0	172	202.00	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
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 ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 11/21/2014 10:14 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,801,311	72,180,549	0.052664	8,450	445	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,933,167	66,870,147	0.028909	155,146	4,485	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,701,270	34,709,658	0.077825	26,362	2,052	55.00
57.00	05700	CT SCAN	52,724	32,398,208	0.001627	78,325	127	57.00
58.00	05800	MRI	486,116	13,600,556	0.035742	26,604	951	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,370,347	98,018,871	0.013980	66,384	928	59.00
60.00	06000	LABORATORY	635,009	50,624,800	0.012543	516,080	6,473	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	21,388	3,368,120	0.006350	11,344	72	63.00
65.00	06500	RESPIRATORY THERAPY	282,774	24,317,216	0.011629	353,876	4,115	65.00
66.00	06600	PHYSICAL THERAPY	2,249,740	32,695,885	0.068808	3,036,006	208,902	66.00
69.00	06900	ELECTROCARDIOLOGY	1,690,896	19,155,311	0.088273	47,648	4,206	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	206,963	5,070,829	0.040814	4,304	176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	415,537	63,094,913	0.006586	420,273	2,768	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	543,787	71,719,326	0.007582	52,749	400	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	433,590	70,579,833	0.006143	967,232	5,942	73.00
74.00	07400	RENAL DIALYSIS	614,384	14,722,700	0.041730	22,487	938	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	2,465	551,413	0.004470	133,554	597	90.01
90.02	09002	OP INSTITUTES	449,435	7,148,641	0.062870	7,794	490	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	132,001	336,597	0.392163	0	0	90.04
90.05	09005	PAIN MANAGEMENT	345,121	2,781,185	0.124091	0	0	90.05
91.00	09100	EMERGENCY	589,863	64,925,286	0.009085	3,578	33	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	6,165,003	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	18,957,888	755,035,047		5,938,196	244,100	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 11/21/2014 10:14 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	72,180,549	0.000000	0.000000	8,450 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	66,870,147	0.000000	0.000000	155,146 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	34,709,658	0.000000	0.000000	26,362 55.00
57.00 05700 CT SCAN	0	32,398,208	0.000000	0.000000	78,325 57.00
58.00 05800 MRI	0	13,600,556	0.000000	0.000000	26,604 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	98,018,871	0.000000	0.000000	66,384 59.00
60.00 06000 LABORATORY	0	50,624,800	0.000000	0.000000	516,080 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,368,120	0.000000	0.000000	11,344 63.00
65.00 06500 RESPIRATORY THERAPY	0	24,317,216	0.000000	0.000000	353,876 65.00
66.00 06600 PHYSICAL THERAPY	0	32,695,885	0.000000	0.000000	3,036,006 66.00
69.00 06900 ELECTROCARDIOLOGY	0	19,155,311	0.000000	0.000000	47,648 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,070,829	0.000000	0.000000	4,304 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	63,094,913	0.000000	0.000000	420,273 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	71,719,326	0.000000	0.000000	52,749 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70,579,833	0.000000	0.000000	967,232 73.00
74.00 07400 RENAL DIALYSIS	0	14,722,700	0.000000	0.000000	22,487 74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 CLINICAL PSYCH	0	551,413	0.000000	0.000000	133,554 90.01
90.02 09002 OP INSTITUTES	0	7,148,641	0.000000	0.000000	7,794 90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0 90.03
90.04 09004 BARIATRIC CLINIC	0	336,597	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	2,781,185	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	64,925,286	0.000000	0.000000	3,578 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,165,003	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	755,035,047			5,938,196 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033
Component CCN: 16T033

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

Worksheet D
Part IV
Date/Time Prepared:
11/21/2014 10:14 am
PPS

Title XVIII

Subprovider -
IRF

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	350	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	1,520	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,839	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	147	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	721	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	2,175	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	6,752	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.294476	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.362690	350	0	0	127	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.447351	0	0	0	0	55.00
57.00 05700 CT SCAN	0.066352	1,520	0	0	101	57.00
58.00 05800 MRI	0.115453	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.099439	1,839	0	0	183	59.00
60.00 06000 LABORATORY	0.288556	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.185379	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.550918	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.277305	147	0	0	41	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.294448	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280856	721	0	0	202	73.00
74.00 07400 RENAL DIALYSIS	0.432087	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.572341	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.446343	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	1.832256	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.347677	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.166478	2,175	0	0	362	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		6,752	0	1,016	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		6,752	0	1,016	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 11/21/2014 10:14 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 11/21/2014 10:14 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,544	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,544	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)		47,236	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)		23,976	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)		40,752,920	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)		40,752,920	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)		40,752,920	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)		790.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,956,385	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)		18,956,385	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,857,937	4,715	1,242.40	2,572	3,195,453	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,027,746	2,518	805.30	0	0	44.01
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)					43,933,557	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					66,085,395	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)					1,470,425	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,052,668	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,523,093	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					61,562,302	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,308	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					790.64	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,406,077	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,719,360	40,752,920	0.066728	3,406,077	227,281	90.00
91.00	Nursing School cost	0	40,752,920	0.000000	3,406,077	0	91.00
92.00	Allied health cost	0	40,752,920	0.000000	3,406,077	0	92.00
93.00	All other Medical Education	0	40,752,920	0.000000	3,406,077	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,058	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,058	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)		6,058	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,562	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)		3,607,193	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)		3,607,193	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)		3,607,193	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)		595.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		930,077	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)		930,077	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Component CCN: 16S033				Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0		44.01
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)					353,697		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,283,774		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)					77,272		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,175		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					106,447		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,177,327		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	299,671	3,607,193	0.083076	0	0	90.00
91.00	Nursing School cost	0	3,607,193	0.000000	0	0	91.00
92.00	Allied health cost	0	3,607,193	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,607,193	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,690	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,690	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)		6,690	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)		4,193	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)		3,696,321	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)		3,696,321	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)		3,696,321	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)		552.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,316,674	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)		2,316,674	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT						44.00	
44.01	NICU	0	0	0.00	0	0	44.01	
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)						2,519,080	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,835,754	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)						192,081	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						244,100	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						436,181	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,399,573	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: 160033 Component CCN: 16T033		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	306,495	3,696,321	0.082919	0	0	90.00
91.00	Nursing School cost	0	3,696,321	0.000000	0	0	91.00
92.00	Allied health cost	0	3,696,321	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,696,321	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/21/2014 10:14 am
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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		30,229,329		30.00
31.00	03100 INTENSIVE CARE UNIT		8,134,269		31.00
32.01	03201 NICU		0		32.01
40.00	04000 SUBPROVIDER - I/PF		5,432		40.00
41.00	04100 SUBPROVIDER - I/RF		11,997		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.294476	17,383,616	5,119,058	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.362690	5,297,237	1,921,255	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.447351	288,943	129,259	55.00
57.00	05700 CT SCAN	0.066352	3,724,551	247,131	57.00
58.00	05800 MRI	0.115453	2,081,837	240,354	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099439	22,026,898	2,190,333	59.00
60.00	06000 LABORATORY	0.288556	12,159,893	3,508,810	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	1,521,754	949,454	63.00
65.00	06500 RESPIRATORY THERAPY	0.185379	11,614,588	2,153,101	65.00
66.00	06600 PHYSICAL THERAPY	0.550918	4,448,446	2,450,729	66.00
69.00	06900 ELECTROCARDIOLOGY	0.277305	4,701,091	1,303,636	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294448	237,253	69,859	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	18,724,426	6,330,654	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	23,941,567	9,538,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280856	21,600,162	6,066,535	73.00
74.00	07400 RENAL DIALYSIS	0.432087	218,945	94,603	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0.572341	17,080	9,776	90.01
90.02	09002 OP INSTITUTES	0.446343	102,758	45,865	90.02
90.03	09003 MARC	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	1.832256	519	951	90.04
90.05	09005 PAIN MANAGEMENT	0.347677	1,860	647	90.05
91.00	09100 EMERGENCY	0.166478	6,307,523	1,050,064	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	927,654	512,516	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		157,328,601	43,933,557	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)		157,328,601		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		1,863,913	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.294476	13,516	3,980 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.362690	19,998	7,253 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.447351	0	0 55.00
57.00	05700 CT SCAN	0.066352	18,062	1,198 57.00
58.00	05800 MRI	0.115453	17,876	2,064 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099439	0	0 59.00
60.00	06000 LABORATORY	0.288556	141,411	40,805 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	745	465 63.00
65.00	06500 RESPIRATORY THERAPY	0.185379	38,435	7,125 65.00
66.00	06600 PHYSICAL THERAPY	0.550918	291,976	160,855 66.00
69.00	06900 ELECTROCARDIOLOGY	0.277305	12,053	3,342 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294448	1,808	532 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	13,735	4,644 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280856	349,512	98,163 73.00
74.00	07400 RENAL DIALYSIS	0.432087	0	0 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.572341	0	0 90.01
90.02	09002 OP INSTITUTES	0.446343	6,655	2,970 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.832256	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.347677	0	0 90.05
91.00	09100 EMERGENCY	0.166478	121,943	20,301 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		1,047,725	353,697 200.00
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)		1,047,725	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,702,501	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.294476	8,450	2,488 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.362690	155,146	56,270 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.447351	26,362	11,793 55.00
57.00	05700 CT SCAN	0.066352	78,325	5,197 57.00
58.00	05800 MRI	0.115453	26,604	3,072 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.099439	66,384	6,601 59.00
60.00	06000 LABORATORY	0.288556	516,080	148,918 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.623921	11,344	7,078 63.00
65.00	06500 RESPIRATORY THERAPY	0.185379	353,876	65,601 65.00
66.00	06600 PHYSICAL THERAPY	0.550918	3,036,006	1,672,590 66.00
69.00	06900 ELECTROCARDIOLOGY	0.277305	47,648	13,213 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.294448	4,304	1,267 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.338096	420,273	142,093 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.398427	52,749	21,017 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280856	967,232	271,653 73.00
74.00	07400 RENAL DIALYSIS	0.432087	22,487	9,716 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.572341	133,554	76,438 90.01
90.02	09002 OP INSTITUTES	0.446343	7,794	3,479 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	1.832256	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.347677	0	0 90.05
91.00	09100 EMERGENCY	0.166478	3,578	596 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.552486	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		5,938,196	2,519,080 200.00
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)		5,938,196	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		14,322,919		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		37,455,753		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		2,298,347		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		10,995,664		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		233.20		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		11.57		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.34		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		11.57		12.00
13.00	Total allowable FTE count for the prior year.		11.57		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		11.57		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		11.57		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.049614		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.050313		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.049614		21.00
22.00	IME payment adjustment (see instructions)		1,678,397		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		3.08		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.77		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		3.08		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.013208		26.00
27.00	IME payments adjustment factor. (see instructions)		0.003516		27.00
28.00	IME add-on adjustment amount (see instructions)		220,715		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,899,112		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.15		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.63		31.00
32.00	Sum of lines 30 and 31		23.78		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		8.83	1.01	
34.00	Disproportionate share adjustment (see instructions)		2,091,550		
			Prior to October 1		On/After October 1
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0
35.01	Factor 3 (see instructions)				0.00000000
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				3,393,844
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				2,538,409
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,538,409		
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		
47.00	Subtotal (see instructions)		60,606,090		
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		60,606,090		
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,680,412		
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		607,909		
53.00	Nursing and Allied Health Managed Care payment		0		
54.00	Special add-on payments for new technologies		39,862		
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0		
59.00	Total (sum of amounts on lines 49 through 58)		65,934,273		
60.00	Primary payer payments		84,450		
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		65,849,823		
62.00	Deductibles billed to program beneficiaries		5,494,176		
63.00	Coinurance billed to program beneficiaries		99,960		
64.00	Allowable bad debts (see instructions)		217,268		
65.00	Adjusted reimbursable bad debts (see instructions)		141,224		

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		35,664		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		60,396,911		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		477		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	MISC		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		2,027		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of accelerated depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		60,398,461		71.00
71.01	Sequestration adjustment (see instructions)		1,207,969		71.01
72.00	Interim payments		59,116,044		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		74,448		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:14 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		185,493	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,672,891	2.00
3.00	PPS payments		33,149,360	3.00
4.00	Outlier payment (see instructions)		285,323	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		185,493	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		476,442	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)		476,442	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)		476,442	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		290,949	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)		185,493	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)		33,434,683	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		109,173	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,226,631	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)		27,284,372	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		301,767	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)		27,586,139	30.00
31.00	Primary payer payments		58,854	31.00
32.00	Subtotal (line 30 minus line 31)		27,527,285	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		27,180	33.00
34.00	Allowable bad debts (see instructions)		226,705	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		147,358	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,200	36.00
37.00	Subtotal (see instructions)		27,701,823	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	MISC		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)		27,701,823	40.00
40.01	Sequestration adjustment (see instructions)		554,036	40.01
41.00	Interim payments		27,017,888	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		129,899	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:14 am
		Component CCN: 16S033	Title XVII I	Subprovider - IPF
		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)		172	2.00
3.00	PPS payments		55	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		55	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		44	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		44	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		44	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		44	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)		44	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		43	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/21/2014 10:14 am
		Component CCN: 16T033	Title XVII I	Subprovider - IRF
		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)		1,016	2.00
3.00	PPS payments		1,473	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		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)		1,473	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		345	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,128	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		1,128	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,128	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,128	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)		1,128	40.00
40.01	Sequestration adjustment (see instructions)		23	40.01
41.00	Interim payments		1,105	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2014 10:14 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		59,116,044		27,017,888	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)		59,116,044		27,017,888	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		74,448		129,899	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		59,190,492		27,147,787	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: 160033
Component CCN: 16S033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2014 10:14 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		974,593		43	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)		974,593		43	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		26,474		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,001,067		43	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: 160033
Component CCN: 16T033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/21/2014 10:14 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,267,109		1,105	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)		5,267,109		1,105	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		0	6.01
6.02	SETTLEMENT TO PROGRAM		110,216		0	6.02
7.00	Total Medicare program liability (see instructions)		5,156,893		1,105	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160033

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

Worksheet E-1
Part II
Date/Time Prepared:
11/21/2014 10:14 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	14,821	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	26,548	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	5,590	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	54,469	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	861,850,972	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	17,840,521	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,426,238	8.00
9.00	Sequestration adjustment amount (see instructions)	28,525	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,397,713	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	1,397,713	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,161,759 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			12,660 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			16.597260 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,174,419 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,174,419 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,174,419 18.00
19.00	Deductibles			162,912 19.00
20.00	Subtotal (line 18 minus line 19)			1,011,507 20.00
21.00	Coinsurance			16,920 21.00
22.00	Subtotal (line 20 minus line 21)			994,587 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			41,400 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			26,910 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			19,171 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,021,497 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	MISC			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,021,497 31.00
31.01	Sequestration adjustment (see instructions)			20,430 31.01
32.00	Interim payments			974,593 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			26,474 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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: 160033 Component CCN: 16T033	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		1,238,006	3,716,181	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0306		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		71,185	146,046	3.00
4.00	Outlier Payments		165,066		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		18.328767		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		5,336,484		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)		5,336,484		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		5,336,484		19.00
20.00	Deductibles		15,584		20.00
21.00	Subtotal (line 19 minus line 20)		5,320,900		21.00
22.00	Coinsurance		73,104		22.00
23.00	Subtotal (line 21 minus line 22)		5,247,796		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		22,061		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		14,340		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,171		26.00
27.00	Subtotal (sum of lines 23 and 25)		5,262,136		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		0		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	MISC		0		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		5,262,136		32.00
32.01	Sequestration adjustment (see instructions)		105,243		32.01
33.00	Interim payments		5,267,109		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		-110,216		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		165,066		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/21/2014 10:14 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			15.51	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			2.71	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)			12.80	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.34	6.00
7.00	Enter the lesser of line 5 or line 6			12.80	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.	18.34	0.00	18.34	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.	12.80	0.00	12.80	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	12.80	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.80	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	12.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.80	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	12.80	0.00		17.00
18.00	Per resident amount	127,665.18	124,593.29		18.00
19.00	Approved amount for resident costs	1,634,114	0	1,634,114	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)			5.54	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)			1,634,114	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	32,303	5,957		26.00
27.00	Total Inpatient Days (see instructions)	67,217	67,217		27.00
28.00	Ratio of inpatient days to total inpatient days	0.480578	0.088623		28.00
29.00	Program direct GME amount	785,319	144,820		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		20,463		30.00
31.00	Net Program direct GME amount			909,676	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 11/21/2014 10:14 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)		14,722,700	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)		72,204,923	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)		84,450	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		72,120,473	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		35,859,572	42.00
43.00	Primary payer payments (see instructions)		58,854	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		35,800,718	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		107,921,191	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.668270	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.331730	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		909,676	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		607,909	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		301,767	50.00

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

Provider CCN: 160033

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

Worksheet G

Date/Time Prepared:

11/21/2014 10:14 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	12,383,639	0	0	0	1.00
2.00	Temporary investments	15,180,019	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	106,615,246	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-63,079,738	0	0	0	6.00
7.00	Inventory	8,873,043	0	0	0	7.00
8.00	Prepaid expenses	738,455	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	80,710,664	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,835,842	0	0	0	12.00
13.00	Land improvements	14,820,547	0	0	0	13.00
14.00	Accumulated depreciation	-11,742,403	0	0	0	14.00
15.00	Buildings	178,131,019	0	0	0	15.00
16.00	Accumulated depreciation	-115,023,839	0	0	0	16.00
17.00	Leasehold improvements	14,573,258	0	0	0	17.00
18.00	Accumulated depreciation	-13,643,515	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	168,641,665	0	0	0	23.00
24.00	Accumulated depreciation	-134,257,677	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)	107,334,897	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	385,745,960	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	683,763	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	386,429,723	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	574,475,284	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,679,989	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,500,065	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,042,955	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	7,068,440	0	0	0	43.00
44.00	Other current liabilities	5,166,584	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,458,033	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	188,314,011	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	188,314,011	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	235,772,044	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	338,703,240				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)	338,703,240	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	574,475,284	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

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

Worksheet G-1

Date/Time Prepared:
11/21/2014 10:14 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		313,564,012		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		46,020,197				2.00
3.00	Total (sum of line 1 and line 2)		359,584,209		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		359,584,209		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	20,880,969		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		20,880,969		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		338,703,240		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160033

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2014 10:14 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	75,547,105		75,547,105	1.00
2.00	SUBPROVIDER - IPF	6,842,209		6,842,209	2.00
3.00	SUBPROVIDER - IRF	7,392,229		7,392,229	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	89,781,543		89,781,543	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,473,396		14,473,396	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,843,968		4,843,968	12.01
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)	19,317,364		19,317,364	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	109,098,907		109,098,907	17.00
18.00	Ancillary services	244,002,436	323,338,482	567,340,918	18.00
19.00	Outpatient services	0	75,743,142	75,743,142	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	SUPPLIES	74,285,918	55,787,200	130,073,118	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	427,387,261	454,868,824	882,256,085	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		301,037,504		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)		301,037,504		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160033

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

Worksheet G-3

Date/Time Prepared:

11/21/2014 10:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	882,256,085	1.00
2.00	Less contractual allowances and discounts on patients' accounts	579,190,023	2.00
3.00	Net patient revenues (line 1 minus line 2)	303,066,062	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	301,037,504	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,028,558	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,585,542	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	192,037	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	1,972,806	14.00
15.00	Revenue from rental of living quarters	321,196	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	INTERCOMPANY REVENUE	2,210,850	24.00
24.01	OUTREACH REVENUE	2,611,010	24.01
24.02	MISCELLANEOUS REVENUE	2,205,162	24.02
24.03	GRANT REVENUE	83,900	24.03
24.04	INTEREST INCOME - RELATED	312,582	24.04
24.05	SPONSOR REVENUE	238,239	24.05
24.06	NON OPERATING GAINS	29,258,315	24.06
25.00	Total other income (sum of lines 6-24)	43,991,639	25.00
26.00	Total (line 5 plus line 25)	46,020,197	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	46,020,197	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160033

Period: From 07/01/2013

Worksheet I-1

Component CCN: 162303

To 06/30/2014

Date/Time Prepared: 11/21/2014 10:14 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	845,938	HOURS OF SERVICE	28,474.00	13.69	1.00
2.00	LICENSED PRACTICAL NURSES		HOURS OF SERVICE	0.00	0.00	2.00
3.00	NURSES AIDES	2,610	HOURS OF SERVICE	191.00	0.09	3.00
4.00	TECHNICIANS	345,526	HOURS OF SERVICE	22,360.00	10.75	4.00
5.00	SOCIAL WORKERS		HOURS OF SERVICE	0.00	0.00	5.00
6.00	DIETICIANS	71,433	HOURS OF SERVICE	2,388.00	1.15	6.00
7.00	PHYSICIANS		ACCUMULATED COST			7.00
8.00	NON-PATIENT CARE SALARY	308,382	ACCUMULATED COST			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,573,889				9.00
10.00	EMPLOYEE BENEFITS	116,632	SALARY			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	7,587	PERCENTAGE OF TIME			12.00
13.00	MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME			13.00
14.00	SUPPLIES	577,543	REQUISITIONS			14.00
15.00	DRUGS	1,260,086	REQUISITIONS			15.00
16.00	OTHER	399,458	ACCUMULATED COST			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	3,935,195				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	48,166	SQUARE FEET			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	41,300	PERCENTAGE OF TIME			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	149,985	SALARY			20.00
21.00	ADMINISTRATIVE & GENERAL	1,073,970	ACCUMULATED COST			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	279,359	SQUARE FEET			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	84,482	REQUISITIONS			24.00
25.00	PHARMACY	586,247	REQUISITIONS			25.00
26.00	OTHER ALLOCATED COSTS	162,787	ACCUMULATED COST			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	6,361,491				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)		CHARGES	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS		CHARGES	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	6,361,491				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES		Provider CCN: 160033 Component CCN: 162303		Period: From 07/01/2013 To 06/30/2014	Worksheet 1-2 Date/Time Prepared: 11/21/2014 10:14 am
				Renal Dialysis	

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	327,525	48,887	845,938	419,569	266,617	1,846,333	1.00
MAINTENANCE								
2.00	Hemodialysis	312,273	46,368	802,628	410,573	252,423	1,846,333	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	15,252	2,519	43,310	8,996	14,194	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						919,330	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	327,525	48,887	845,938	419,569	266,617	1,846,333	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	662,025	0	4,416,894	1,944,597	6,361,491		1.00
MAINTENANCE								
2.00	Hemodialysis	630,164	0	4,300,762	1,893,468	6,194,230		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	31,861	0	116,132	51,129	167,261		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	662,025	0	4,416,894	1,944,597	6,361,491		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					6,361,491		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033
Component CCN: 162303

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

Worksheet 1-3
Date/Time Prepared:
11/21/2014 10:14 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department (Salary)		
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)			
		0	1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs		327,525	48,887	845,938	419,569	266,617	1.00
MAINTENANCE								
2.00	Hemodialysis		4,279	94.07	25,315.00	23,460.00	1,480,537	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	3.00
TRAINING								
4.00	Hemodialysis		0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	5.00
6.00	CAPD		0	0.00	0.00	0.00	0	6.00
7.00	CCPD		0	0.00	0.00	0.00	0	7.00
HOME								
8.00	Hemodialysis		0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	0	9.00
10.00	CAPD		0	0.00	0.00	0.00	0	10.00
11.00	CCPD		0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	1,024	209	5.11	1,366.00	514.00	83,253	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	0	13.00
14.00	EPO							14.00
15.00	ARANESP							15.00
16.00	Other		0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis		4,488	99.18	26,681.00	23,974.00	1,563,790	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		72.977941	492.911877	31.705633	17.501001	0.170494	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)		
		6.00	7.00	8.00	9.00	10.00		
1.00	Total Renal Department Costs	1,846,333	662,025	0	4,416,894	1,944,597		1.00
MAINTENANCE								
2.00	Hemodialysis	0	576,644	0				2.00
3.00	Intermittent Peritoneal	0	0	0				3.00
TRAINING								
4.00	Hemodialysis	0	0	0				4.00
5.00	Intermittent Peritoneal	0	0	0				5.00
6.00	CAPD	0	0	0				6.00
7.00	CCPD	0	0	0				7.00
HOME								
8.00	Hemodialysis	0	0	0				8.00
9.00	Intermittent Peritoneal	0	0	0				9.00
10.00	CAPD	0	0	0				10.00
11.00	CCPD	0	0	0				11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis Treatments	0	29,155	0				12.00
13.00	Method II Home Patient	0	0	0				13.00
14.00	EPO	0						14.00
15.00	ARANESP	919,330						15.00
16.00	Other	0	0	0				16.00
17.00	Total Statistical Basis	919,330	605,799	0		4,416,894		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	2.008346	1.092813	0.000000		0.440263		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033
Component CCN: 162303

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

Worksheet 1-4
Date/Time Prepared:
11/21/2014 10:14 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	19,338	6,194,230	320.31	6,956	6,956	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	19,338	6,194,230		6,956	6,956	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	19,338					12.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	4,456,153	1,662,037	1,662,037	238.94	238.94	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	4,456,153	1,662,037	1,662,037			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet 1-5 Date/Time Prepared: 11/21/2014 10:14 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	4,456,153		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	1,662,037	1,662,037	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	1,662,037	1,662,037	2.02
2.03	Total payment due (see instructions)	3,324,074	3,324,074	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	30,886	30,886	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	30,886	30,886	5.05
6.00	Allowable bad debts (see instructions)	27,180		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	4,554		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	-30,886	8.00
9.00	Program payment (see instructions)	0	2,659,259	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	27,180		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	6,194,230		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	6,194,230		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160033	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/21/2014 10:14 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,108,334	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		256,147	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		152.29	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.75	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		112,979	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.15	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.63	8.00
9.00	Sum of lines 7 and 8		23.78	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.94	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		202,952	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,680,412	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00