

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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S Parts I-III Date/Time Prepared: 11/18/2015 12:50 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/18/2015 Time: 12:50 pm	
	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.		
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 COPLEY MEMORIAL HOSPITAL (140029) for the cost reporting period beginning 07/01/2014 and ending 06/30/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	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	396,838	-153,035	123,334	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-8,170	-27	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	Total	0	388,668	-153,062	123,334	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: 140029			Period: From 07/01/2014 To 06/30/2015		Worksheet S-2 Part I Date/Time Prepared: 11/18/2015 12:47 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60504		County: KANE		
1.00 Street: 2000 OGDEN AVENUE		2.00 City: AURORA								
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	COPLEY MEMORIAL HOSPITAL	140029	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	COPLEY MEMORIAL HOSPITAL REHAB	14T029	16974	5	01/01/1991	N	P	0	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2014	06/30/2015		20.00	
21.00	Type of Control (see instructions)					2		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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 column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,627	3,722	0	0	1,465	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	392	63	0	0	24			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/18/2015 12:47 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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 Wkst. D, Parts III & IV and D-2, Pt. 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, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, indicate which program year began during this cost reporting period. (see instructions)				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, indicate which program year began during this cost reporting period. (see instructions)			Y	N	0
				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		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		
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		
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.			N		
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		
				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.			Y	Y	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		

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		V 1.00	XIX 2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	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	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	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	
107.00	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 is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					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 column 1 is 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 hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §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.	1			118.00	
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,246,566	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part I Date/Time Prepared: 11/18/2015 12:47 pm	
			1.00	2.00	
140.00	All Providers Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00

		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	
161.10	CORF		N	N	N	161.10	
						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 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §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)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	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)			10/01/2013	09/30/2014	170.00	
						1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)				Y	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/18/2015 12:47 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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	10/23/2015	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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 Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	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	11/03/2015	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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part II Date/Time Prepared: 11/18/2015 12:47 pm
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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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			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.			N	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?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		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.	RI CHARD		SCHEFKE	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH-COPLEY			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)978-4909		RI CHARD. SCHEFKE@RUSHCOPLEY.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)	11/03/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF ACCT. & REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-2
Part V
Date/Time Prepared:
11/18/2015 12:47 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	RI CHARD	13.00
14.00	Last Name	SCHEFKE	14.00
15.00	Title	DI RECTOR OF ACCT. & REI MBURSEMENT	15.00
16.00	Employer	RUSH-COPLEY	16.00
17.00	Phone Number	(630)978-4909	17.00
18.00	E-mail Address	RI CHARD. SCHEFKE@RUSHCOPLEY. C OM	18.00
19.00	Department	ACCOUNTING & REI MBURSEMENT	19.00
20.00	Mailing Address 1	2000 OGDEN AVENUE	20.00
21.00	Mailing Address 2		21.00
22.00	City	AURORA	22.00
23.00	State	IL	23.00
24.00	Zip	60504	24.00

HFS Supplemental Information		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-2 Part IX Date/Time Prepared: 11/18/2015 12:47 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

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	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				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: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,431	6,837	30,029			1.00
2.00 HMO and other (see instructions)	2,448	1,465				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	24				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,431	6,837	30,029			7.00
8.00 INTENSIVE CARE UNIT	1,364	1,416	5,120			8.00
8.01 NICU	0	613	2,217			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,451	8,866			13.00
14.00 Total (see instructions)	12,795	11,317	46,232	12.00	1,468.01	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,505	455	4,615	1.00	26.38	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				13.00	1,494.39	27.00
28.00 Observation Bed Days		1,828	10,351			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1,032	2,295			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: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	3,244	3,979	12,052	1.00
2.00 HMO and other (see instructions)				617	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NICU							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	0	3,244	3,979	12,052	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	197	120	364	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part II Date/Time Prepared: 11/18/2015 12:47 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on 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	108,340,740	0	108,340,740	3,108,345.00	34.85
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		341,902	0	341,902	4,160.00	82.19
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	611,287	0	611,287	25,332.00	24.13
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)		2,301,947	67,645	2,369,592	72,656.00	32.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		163,063	0	163,063	1,949.00	83.66
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		524,475	0	524,475	3,497.00	149.98
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		28,468,052	0	28,468,052		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		668,955	0	668,955		
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		5,848	0	5,848		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		278,184	0	278,184		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	889,145	7,155	896,300	23,784.00	37.68
27.00	Administrative & General	5.00	21,082,080	-74,800	21,007,280	463,098.00	45.36
28.00	Administrative & General under contract (see inst.)		94,890	0	94,890	387.00	245.19
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,414,443	0	2,414,443	77,689.00	31.08
31.00	Laundry & Linen Service	8.00	100,636	0	100,636	6,559.00	15.34
32.00	Housekeeping	9.00	1,411,000	0	1,411,000	92,992.00	15.17
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,295,391	-831,382	464,009	28,944.00	16.03
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	831,382	831,382	51,861.00	16.03
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,545,353	0	2,545,353	42,293.00	60.18
39.00	Central Services and Supply	14.00	478,450	0	478,450	22,950.00	20.85
40.00	Pharmacy	15.00	2,234,756	0	2,234,756	55,585.00	40.20

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted 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	0.00	0.00	41.00
42.00	Social Service	17.00	165,190	165,190	4,160.00	39.71	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet S-3
Part III
Date/Time Prepared:
11/18/2015 12:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	107,482,441	0	107,482,441	3,079,240.00	34.91	1.00
2.00	Excluded area salaries (see instructions)	2,301,947	67,645	2,369,592	72,656.00	32.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,180,494	-67,645	105,112,849	3,006,584.00	34.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	687,538	0	687,538	5,446.00	126.25	4.00
5.00	Subtotal wage-related costs (see inst.)	28,468,052	0	28,468,052	0.00	27.08	5.00
6.00	Total (sum of lines 3 thru 5)	134,336,084	-67,645	134,268,439	3,012,030.00	44.58	6.00
7.00	Total overhead cost (see instructions)	32,711,334	-67,645	32,643,689	870,302.00	37.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part IV Date/Time Prepared: 11/18/2015 12:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,566,213 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			136,231 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)			13,867,430 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			484,944 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			149,681 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)			356,124 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,408,623 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			8,844,079 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			73,763 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			533,951 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			29,421,039 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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-3 Part V Date/Time Prepared: 11/18/2015 12:47 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	163,063	0	1.00
2.00	Hospital	163,063	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	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet S-10 Date/Time Prepared: 11/18/2015 12:47 pm
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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)		0.148644	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		31,860,596	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		11,119,000	5.00	
6.00	Medicaid charges		325,042,564	6.00	
7.00	Medicaid cost (line 1 times line 6)		48,315,627	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)		5,336,031	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,336,031	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	21,672,235	4,331,198	26,003,433	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,221,448	643,807	3,865,255	21.00
22.00	Partial payment by patients approved for charity care	60,238	99,405	159,643	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,161,210	544,402	3,705,612	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		31,636,963	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		580,116	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		31,056,847	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,616,414	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,322,026	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,658,057	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		7,021,074		7,021,074	5,129,737	12,150,811	1.00
1.01	00101	POB NEW CRC		0		0	0	0	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	1,253,860	1,253,860	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	889,145	-1,563,924	-674,779	31,213,625	30,538,846	4.00	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	2,330,990	34,060,152	36,391,142	-633,242	35,757,900	5.05	
5.06	00560	PURCHASING RECEIVING AND STORES	18,751,090	37,265,110	56,016,200	-6,474,143	49,542,057	5.06	
7.00	00700	OPERATION OF PLANT	2,414,443	4,363,808	6,778,251	-627,990	6,150,261	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	100,636	949,901	1,050,537	-26,165	1,024,372	8.00	
9.00	00900	HOUSEKEEPING	1,411,000	1,574,327	2,985,327	-366,860	2,618,467	9.00	
10.00	01000	DIETARY	1,295,391	2,258,822	3,554,213	-2,401,652	1,152,561	10.00	
11.00	01100	CAFETERIA	0	0	0	2,065,086	2,065,086	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	2,545,353	1,256,831	3,802,184	-661,791	3,140,393	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	478,450	798,911	1,277,361	-124,397	1,152,964	14.00	
15.00	01500	PHARMACY	2,234,756	15,026,921	17,261,677	-763,129	16,498,548	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,961,831	2,961,831	0	2,961,831	16.00	
17.00	01700	SOCIAL SERVICE	165,190	111,531	276,721	-42,949	233,772	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	611,287	159,180	770,467	-158,935	611,532	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	747,512	480,477	1,227,989	-194,353	1,033,636	22.00	
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	19,611,361	6,037,007	25,648,368	-5,098,954	20,549,414	30.00	
31.00	03100	INTENSIVE CARE UNIT	3,019,101	1,661,433	4,680,534	-784,966	3,895,568	31.00	
31.01	03101	NICU	3,266,694	1,174,524	4,441,218	-849,340	3,591,878	31.01	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	1,635,901	605,682	2,241,583	-425,334	1,816,249	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,659,864	16,686,408	20,346,272	-7,465,019	12,881,253	50.00	
50.01	05001	SAME DAY SURGERY	1,387,879	595,524	1,983,403	-360,849	1,622,554	50.01	
50.02	05002	G. I. LAB	1,169,168	1,672,865	2,842,033	-303,984	2,538,049	50.02	
51.00	05100	RECOVERY ROOM	766,535	237,490	1,004,025	-199,299	804,726	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,413,510	3,024,254	8,437,764	-1,407,513	7,030,251	52.00	
53.00	05300	ANESTHESIOLOGY	171,981	880,868	1,052,849	-44,715	1,008,134	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,579,003	5,725,656	11,304,659	-1,450,543	9,854,116	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	1,712,161	1,612,869	3,325,030	-624,168	2,700,862	55.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	2,679,359	6,141,718	8,821,077	-698,729	8,122,348	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	1,835,560	1,362,126	3,197,686	-477,246	2,720,440	65.00	
69.00	06900	ELECTROCARDIOLOGY	1,253,322	895,143	2,148,465	-548,755	1,599,710	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	700,266	700,266	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,698,853	8,698,853	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	674,853	674,853	0	674,853	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501	CARDIAC REHAB	211,959	228,279	440,238	1,808,638	2,248,876	75.01	
75.02	07502	HEART SURGERY	1,336,740	931,847	2,268,587	-2,260,755	7,832	75.02	
75.03	07503	REHAB SERVICES	3,008,205	1,199,812	4,208,017	-933,847	3,274,170	75.03	
75.04	07504	CV SURGERY	0	0	0	0	0	75.04	
75.05	07505	VASCULAR SERVICES	1,783,426	8,046,653	9,830,079	-2,466,997	7,363,082	75.05	
75.06	07506	YORKVILLE	3,724,202	3,674,041	7,398,243	-968,293	6,429,950	75.06	
75.07	07507	MCAI	2,060,187	3,238,091	5,298,278	-535,649	4,762,629	75.07	
76.00	03020	DIABETIC CENTER	234,773	130,959	365,732	-61,041	304,691	76.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	1,838,944	1,317,665	3,156,609	-478,125	2,678,484	90.00	
90.01	09001	WOUND CARE CENTER	0	750,668	750,668	0	750,668	90.01	
91.00	09100	EMERGENCY	6,339,616	3,317,432	9,657,048	-1,648,300	8,008,748	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A

Date/Time Prepared:
11/18/2015 12:47 pm

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	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE		6,383,597	6,383,597	-6,383,597	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,674,694	184,932,416	292,607,110	1,918,441	294,525,551
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	122,088	122,088	0	122,088
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07954	PHYSICIAN SERVICES	465,080	2,118,046	2,583,126	-1,325,647	1,257,479
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	200,966	1,473,704	1,674,670	-592,794	1,081,876
200.00		TOTAL (SUM OF LINES 118-199)	108,340,740	188,646,254	296,986,994	0	296,986,994

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-6,475,069	5,675,742	1.00
1.01	00101 POB NEW CRC	0	0	1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-29,032	1,224,828	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-109,376	30,429,470	4.00
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-31,791,090	3,966,810	5.05
5.06	00560 PURCHASING RECEIVING AND STORES	-11,722,148	37,819,909	5.06
7.00	00700 OPERATION OF PLANT	-384,260	5,766,001	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,024,372	8.00
9.00	00900 HOUSEKEEPING	0	2,618,467	9.00
10.00	01000 DIETARY	-1,563	1,150,998	10.00
11.00	01100 CAFETERIA	-273,566	1,791,520	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	-1,965	3,138,428	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,152,964	14.00
15.00	01500 PHARMACY	-4,203,828	12,294,720	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	2,961,831	16.00
17.00	01700 SOCIAL SERVICE	0	233,772	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000 NURSING SCHOOL	0	0	20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	611,532	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-144,920	888,716	22.00
23.00	02300 PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-161,489	20,387,925	30.00
31.00	03100 INTENSIVE CARE UNIT	-701,103	3,194,465	31.00
31.01	03101 NICU	-179,575	3,412,303	31.01
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	-124,494	1,691,755	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-430,350	12,450,903	50.00
50.01	05001 SAME DAY SURGERY	0	1,622,554	50.01
50.02	05002 G. I. LAB	-7,599	2,530,450	50.02
51.00	05100 RECOVERY ROOM	0	804,726	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-1,059,854	5,970,397	52.00
53.00	05300 ANESTHESIOLOGY	-16,111	992,023	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-93,985	9,760,131	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	-281,749	2,419,113	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-71,660	8,050,688	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	2,720,440	65.00
69.00	06900 ELECTROCARDIOLOGY	0	1,599,710	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	700,266	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,698,853	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	674,853	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	-51,299	2,197,577	75.01
75.02	07502 HEART SURGERY	-7,832	0	75.02
75.03	07503 REHAB SERVICES	-135,505	3,138,665	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	7,363,082	75.05
75.06	07506 YORKVILLE	-657,153	5,772,797	75.06
75.07	07507 MCAI	-16,978	4,745,651	75.07
76.00	03020 DIABETIC CENTER	0	304,691	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-5,420	2,673,064	90.00
90.01	09001 WOUND CARE CENTER	-7,129	743,539	90.01
91.00	09100 EMERGENCY	-577,415	7,431,333	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
110.00	11000	0	0	110.00
111.00	11100	0	0	111.00
113.00	11300	0	0	113.00
118.00		-59,723,517	234,802,034	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	122,088	190.00
192.00	19200	0	0	192.00
194.00	07954	-90,000	1,167,479	194.00
194.01	07950	0	0	194.01
194.02	07951	0	0	194.02
194.03	07952	0	0	194.03
194.04	07953	0	1,081,876	194.04
200.00		-59,813,517	237,173,477	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet Non-CMS W

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01	POB NEW CRC	00101		1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.06
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMEDICAL EDUCATION PRGM	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
31.01	NICU	03101		31.01
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
50.02	G. I. LAB	05002		50.02
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
62.30	BLOOD CLOTTING FACTORS FOR HEMOPH.	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	62.30
65.00	RESPIRATORY THERAPY	06500		65.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
75.01	CARDIAC REHAB	07501		75.01
75.02	HEART SURGERY	07502		75.02
75.03	REHAB SERVICES	07503		75.03
75.04	CV SURGERY	07504		75.04
75.05	VASCULAR SERVICES	07505		75.05
75.06	YORKVILLE	07506		75.06
75.07	MCAI	07507		75.07
76.00	DIABETIC CENTER	03020	ACUPUNCTURE	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	WOUND CARE CENTER	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet Non-CMS W
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	PHYSICIAN SERVICES	07954		194.00
194.01	ADVERTISING	07950		194.01
194.02	HOME HEALTH SERVICES PRIVATE	07951		194.02
194.03	HHA HME	07952		194.03
194.04	OTHER NONREIMBURSABLE COST CTRS	07953		194.04
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/18/2015 12:47 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,129,737	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	1,253,860	2.00	
	O		0	6,383,597		
B - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	700,266	1.00	
	O		0	700,266		
C - WORKMENS COMP INSURANCE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	7,155	1,410,483	1.00	
	O		7,155	1,410,483		
D - CAFETERIA						
1.00	CAFETERIA	11.00	831,382	1,233,704	1.00	
	O		831,382	1,233,704		
E - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	29,795,987	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	O		0	29,795,987		
G - ADVERTISING						
1.00	OTHER NONREIMBURSABLE COST CTRS	194.04	67,645	210,689	1.00	
	O		67,645	210,689		
H - HEART SURGERY						
1.00	CARDIAC REHAB	75.01	1,336,740	527,007	1.00	
	O		1,336,740	527,007		
I - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,698,853	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	O		0	8,698,853		
500.00	Grand Total: Increases		2,242,922	48,960,586	500.00	

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Date/Time Prepared:
11/18/2015 12:47 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	6,383,597	11		1.00
2.00		0.00	0	0	11		2.00
	0		0	6,383,597			
B - MEDICAL SUPPLIES							
1.00	PURCHASING RECEIVING AND STORES	5.06	0	700,266	0		1.00
	0		0	700,266			
C - WORKMENS COMP INSURANCE							
1.00	PURCHASING RECEIVING AND STORES	5.06	7,155	1,410,483	0		1.00
	0		7,155	1,410,483			
D - CAFETERIA							
1.00	DIETARY	10.00	831,382	1,233,704	0		1.00
	0		831,382	1,233,704			
E - EMPLOYEE BENEFITS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	633,242	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.06	0	4,077,905	0		2.00
3.00	OPERATION OF PLANT	7.00	0	627,990	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	26,165	0		4.00
5.00	HOUSEKEEPING	9.00	0	366,860	0		5.00
6.00	DIETARY	10.00	0	336,566	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	661,791	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	124,397	0		8.00
9.00	PHARMACY	15.00	0	581,037	0		9.00
10.00	SOCIAL SERVICE	17.00	0	42,949	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	158,935	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	194,353	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5,098,954	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	784,966	0		14.00
15.00	NICU	31.01	0	849,340	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	425,334	0		16.00
17.00	OPERATING ROOM	50.00	0	951,565	0		17.00
18.00	SAME DAY SURGERY	50.01	0	360,849	0		18.00
19.00	G. I. LAB	50.02	0	303,984	0		19.00
20.00	RECOVERY ROOM	51.00	0	199,299	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,407,513	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	44,715	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,450,543	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	624,168	0		24.00
25.00	LABORATORY	60.00	0	698,729	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	477,246	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	548,755	0		27.00
28.00	CARDIAC REHAB	75.01	0	55,109	0		28.00
29.00	HEART SURGERY	75.02	0	397,008	0		29.00
30.00	REHAB SERVICES	75.03	0	933,847	0		30.00
31.00	VASCULAR SERVICES	75.05	0	463,690	0		31.00
32.00	YORKVILLE	75.06	0	968,293	0		32.00
33.00	MCAI	75.07	0	535,649	0		33.00
34.00	DIABETIC CENTER	76.00	0	61,041	0		34.00
35.00	CLINIC	90.00	0	478,125	0		35.00
36.00	EMERGENCY	91.00	0	1,648,300	0		36.00
37.00	PHYSICIAN SERVICES	194.00	0	1,325,647	0		37.00
38.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	871,128	0		38.00
	0		0	29,795,987			
G - ADVERTISING							
1.00	PURCHASING RECEIVING AND STORES	5.06	67,645	210,689	0		1.00
	0		67,645	210,689			
H - HEART SURGERY							
1.00	HEART SURGERY	75.02	1,336,740	527,007	0		1.00
	0		1,336,740	527,007			
I - IMPLANTABLE DEVICES							
1.00	PHARMACY	15.00	0	182,092	0		1.00
2.00	OPERATING ROOM	50.00	0	6,513,454	0		2.00
3.00	VASCULAR SERVICES	75.05	0	2,003,307	0		3.00
	0		0	8,698,853			
500.00	Grand Total: Decreases		2,242,922	48,960,586			500.00

RECLASSIFICATIONS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/18/2015 12:47 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - INTEREST									
1.00	NEW CAP REL	1.00	0	5,129,737	INTEREST EXPENSE	113.00	0	6,383,597	1.00
	COSTS-BLDG & FIXT								
2.00	NEW CAP REL	2.00	0	1,253,860		0.00	0	0	2.00
	COSTS-MVBLE EQUIP								
	0		0	6,383,597	0		0	6,383,597	
B - MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES	71.00	0	700,266	PURCHASING RECEIVING	5.06	0	700,266	1.00
	CHARGED TO PATIENTS				AND STORES				
	0		0	700,266	0		0	700,266	
C - WORKMENS COMP INSURANCE									
1.00	EMPLOYEE BENEFITS	4.00	7,155	1,410,483	PURCHASING RECEIVING	5.06	7,155	1,410,483	1.00
	DEPARTMENT				AND STORES				
	0		7,155	1,410,483	0		7,155	1,410,483	
D - CAFETERIA									
1.00	CAFETERIA	11.00	831,382	1,233,704	DIETARY	10.00	831,382	1,233,704	1.00
	0		831,382	1,233,704	0		831,382	1,233,704	
E - EMPLOYEE BENEFITS									
1.00	EMPLOYEE BENEFITS	4.00	0	29,795,987	CASHIERING/ACCOUNTS	5.05	0	633,242	1.00
	DEPARTMENT				RECEIVABLE				
2.00		0.00	0		PURCHASING RECEIVING	5.06	0	4,077,905	2.00
					AND STORES				
3.00		0.00	0		OPERATION OF PLANT	7.00	0	627,990	3.00
4.00		0.00	0		LAUNDRY & LINEN	8.00	0	26,165	4.00
					SERVICE				
5.00		0.00	0		HOUSEKEEPING	9.00	0	366,860	5.00
6.00		0.00	0		DIETARY	10.00	0	336,566	6.00
7.00		0.00	0		NURSING	13.00	0	661,791	7.00
					ADMINISTRATION				
8.00		0.00	0		CENTRAL SERVICES &	14.00	0	124,397	8.00
					SUPPLY				
9.00		0.00	0		PHARMACY	15.00	0	581,037	9.00
10.00		0.00	0		SOCIAL SERVICE	17.00	0	42,949	10.00
11.00		0.00	0		I&R SERVICES-SALARY &	21.00	0	158,935	11.00
					FRINGES APPRVD				
12.00		0.00	0		I&R SERVICES-OTHER	22.00	0	194,353	12.00
					PRGM COSTS APPRVD				
13.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	5,098,954	13.00
14.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	784,966	14.00
15.00		0.00	0		NICU	31.01	0	849,340	15.00
16.00		0.00	0		SUBPROVIDER - I RF	41.00	0	425,334	16.00
17.00		0.00	0		OPERATING ROOM	50.00	0	951,565	17.00
18.00		0.00	0		SAME DAY SURGERY	50.01	0	360,849	18.00
19.00		0.00	0		G. I. LAB	50.02	0	303,984	19.00
20.00		0.00	0		RECOVERY ROOM	51.00	0	199,299	20.00
21.00		0.00	0		DELIVERY ROOM & LABOR	52.00	0	1,407,513	21.00
					ROOM				
22.00		0.00	0		ANESTHESIOLOGY	53.00	0	44,715	22.00
23.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	1,450,543	23.00
24.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	624,168	24.00
25.00		0.00	0		LABORATORY	60.00	0	698,729	25.00
26.00		0.00	0		RESPIRATORY THERAPY	65.00	0	477,246	26.00
27.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	548,755	27.00
28.00		0.00	0		CARDIAC REHAB	75.01	0	55,109	28.00
29.00		0.00	0		HEART SURGERY	75.02	0	397,008	29.00
30.00		0.00	0		REHAB SERVICES	75.03	0	933,847	30.00
31.00		0.00	0		VASCULAR SERVICES	75.05	0	463,690	31.00
32.00		0.00	0		YORKVILLE	75.06	0	968,293	32.00
33.00		0.00	0		MCAI	75.07	0	535,649	33.00
34.00		0.00	0		DIABETIC CENTER	76.00	0	61,041	34.00
35.00		0.00	0		CLINIC	90.00	0	478,125	35.00
36.00		0.00	0		EMERGENCY	91.00	0	1,648,300	36.00
37.00		0.00	0		PHYSICIAN SERVICES	194.00	0	1,325,647	37.00
38.00		0.00	0		OTHER NONREIMBURSABLE	194.04	0	871,128	38.00
					COST CTRS				
	0		0	29,795,987	0		0	29,795,987	
G - ADVERTISING									
1.00	OTHER NONREIMBURSABLE	194.04	67,645	210,689	PURCHASING RECEIVING	5.06	67,645	210,689	1.00
	COST CTRS				AND STORES				
	0		67,645	210,689	0		67,645	210,689	
H - HEART SURGERY									
1.00	CARDIAC REHAB	75.01	1,336,740	527,007	HEART SURGERY	75.02	1,336,740	527,007	1.00
	0		1,336,740	527,007	0		1,336,740	527,007	

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/18/2015 12:47 pm

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
I - IMPLANTABLE DEVICES									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,698,853	PHARMACY	15.00	0	182,092	1.00
2.00		0.00	0	0	OPERATING ROOM	50.00	0	6,513,454	2.00
3.00		0.00	0	0	VASCULAR SERVICES	75.05	0	2,003,307	3.00
	0		0	8,698,853	0		0	8,698,853	
500.00	Grand Total: Increases		2,242,922	48,960,586	Grand Total: Decreases		2,242,922	48,960,586	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

	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	2,441,298	0	0	0	1.00
2.00	Land Improvements	14,482,639	1,371,762	0	1,371,762	2.00
3.00	Buildings and Fixtures	106,215,622	2,805,391	0	2,805,391	3.00
4.00	Building Improvements	3,942,096	0	0	0	4.00
5.00	Fixed Equipment	74,299,654	4,955,577	0	4,955,577	5.00
6.00	Movable Equipment	112,994,333	13,285,407	0	13,285,407	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	314,375,642	22,418,137	0	22,418,137	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	314,375,642	22,418,137	0	22,418,137	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,441,298	0			1.00
2.00	Land Improvements	15,854,401	0			2.00
3.00	Buildings and Fixtures	109,021,013	0			3.00
4.00	Building Improvements	3,942,096	0			4.00
5.00	Fixed Equipment	79,255,231	0			5.00
6.00	Movable Equipment	126,279,740	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	336,793,779	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	336,793,779	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	7,021,074	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,021,074	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	7,021,074				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,021,074				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-7
Part III
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	206,571,943	0	206,571,943	0.620613	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	126,279,740	0	126,279,740	0.379387	0	2.00
3.00	Total (sum of lines 1-2)	332,851,683	0	332,851,683	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,947,935	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-29,032	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,918,903	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,272,193	0	0	0	5,675,742	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,253,860	0	0	0	1,224,828	2.00
3.00	Total (sum of lines 1-2)	-18,333	0	0	0	6,900,570	3.00

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - POB NEW CRC (chapter 2)			0POB NEW CRC	1.01		0 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)	B	-6,383,597	NEW CAP REL COSTS-BLDG & FIXT	1.00		11 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-197,163	OPERATION OF PLANT	7.00		0 7.00
8.00 Television and radio service (chapter 21)	A	-95,790	OPERATION OF PLANT	7.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,860,338				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-261,079	CAFETERIA	11.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines	B	-12,487	CAFETERIA	11.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-73,139	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 26.00
26.01 Depreciation - POB NEW CRC			0POB NEW CRC	1.01		0 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-27,490	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0		0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		68.00		31.00			
				Basis/Code (2)	Amount				Cost Center	Line #	Wkst. A-7 Ref.
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		0 32.00			
33.00	IDPA PROVIDER TAX	A	-11,242,189	PURCHASING RECEIVING AND STORES		5.06		0 33.00			
33.01	PATIENT TELEPHONE	A	-1,542	NEW CAP REL COSTS-MVBLE EQUIP		2.00		9 33.01			
33.02	MISC REV	B	-162,588	PURCHASING RECEIVING AND STORES		5.06		0 33.02			
33.03	MISC REV	B	-1,965	NURSING ADMINISTRATION		13.00		0 33.03			
33.04	PHYSICIAN COMPENSATION	A	-90,000	PHYSICIAN SERVICES		194.00		0 33.04			
33.05	BAD DEBTS	A	-31,636,964	CASHIERING/ACCOUNTS RECEIVABLE		5.05		0 33.05			
33.06	MISC REV	B	-149,986	ADULTS & PEDIATRICS		30.00		0 33.06			
33.07	MISC REV	B	-6,235	RADIOLOGY-DIAGNOSTIC		54.00		0 33.07			
33.08	MISC REV	B	-274,794	RADIOLOGY-THERAPEUTIC		55.00		0 33.08			
33.09	MISC REV	B	-1,563	DIETARY		10.00		0 33.09			
33.10	MISC REV	B	-36,602	EMERGENCY		91.00		0 33.10			
33.11	MISC REV	B	-4,203,828	PHARMACY		15.00		0 33.11			
33.12	MISC REV	B	-91,307	OPERATION OF PLANT		7.00		0 33.12			
34.00	MISC REV	B	-210	LABORATORY		60.00		0 34.00			
35.00	MISC REV	B	-5,420	CLINIC		90.00		0 35.00			
36.00	MISC REV	B	-200,600	OPERATING ROOM		50.00		0 36.00			
37.00	MISC REV	B	-19,376	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 37.00			
38.02	MISC REV	B	-7,832	HEART SURGERY		75.02		0 38.02			
38.07	MISC REV	B	-16,978	MCAI		75.07		0 38.07			
38.15	MISC REV	B	-135,505	REHAB SERVICES		75.03		0 38.15			
39.00	MISC REV	B	-78,264	PURCHASING RECEIVING AND STORES		5.06		0 39.00			
41.00	MISC REV	B	-17,393	PURCHASING RECEIVING AND STORES		5.06		0 41.00			
43.00	MISC REV	B	-154,126	CASHIERING/ACCOUNTS RECEIVABLE		5.05		0 43.00			
45.01	MISC REV	B	-7,599	G. I. LAB		50.02		0 45.01			
45.03	MISC REV	B	-29,521	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00		0 45.03			
45.04	AHA/IHA LOBBYING FEES	A	-48,217	PURCHASING RECEIVING AND STORES		5.06		0 45.04			
45.05	MEMBERSHIP DUES	A	-38,058	PURCHASING RECEIVING AND STORES		5.06		0 45.05			
45.07	PHYSICIAN REFERRAL	A	-74,394	PURCHASING RECEIVING AND STORES		5.06		0 45.07			
45.09	AMORTZ OF ARCHITECT FEE REFUND	A	-18,333	NEW CAP REL COSTS-BLDG & FIXT		1.00		11 45.09			
45.10	UNFUNDED DEFERRED COMP	A	-90,000	EMPLOYEE BENEFITS DEPARTMENT		4.00		0 45.10			
45.11	OTHER N/A COSTS	A	-61,045	PURCHASING RECEIVING AND STORES		5.06		0 45.11			
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-59,813,517					50.00			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet A-8-2

Date/Time Prepared:
11/18/2015 12:47 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	166,174	76,774	89,400	177,200	596	1.00
2.00	30.00	ADULTS & PEDIATRICS	25,815	615	25,200	177,200	168	2.00
3.00	31.00	INTENSIVE CARE UNIT	701,103	701,103	0	177,200	0	3.00
4.00	31.01	NICU	208,200	157,800	50,400	177,200	336	4.00
5.00	41.00	SUBPROVIDER - IRF	124,494	124,494	0	177,200	0	5.00
6.00	50.00	OPERATING ROOM	247,750	220,750	27,000	208,000	180	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	1,093,590	1,034,190	59,400	177,200	396	7.00
8.00	53.00	ANESTHESIOLOGY	45,000	0	45,000	200,300	300	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	87,750	87,750	0	215,700	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	43,025	0	43,025	225,300	333	10.00
11.00	60.00	LABORATORY	71,450	71,450	0	215,700	0	11.00
12.00	75.01	CARDIAC REHAB	82,650	27,450	55,200	177,200	368	12.00
13.00	75.06	YORKVILLE	657,153	657,153	0	177,200	0	13.00
14.00	90.01	WOUND CARE CENTER	16,500	0	16,500	177,200	110	14.00
15.00	91.00	EMERGENCY	601,300	494,800	106,500	177,200	710	15.00
200.00			4,171,954	3,654,329	517,625		3,497	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	50,775	2,539	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	14,312	716	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NICU	28,625	1,431	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	18,000	900	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	33,736	1,687	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	28,889	1,444	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	36,070	1,804	0	0	0	10.00
11.00	60.00	LABORATORY	0	0	0	0	0	11.00
12.00	75.01	CARDIAC REHAB	31,351	1,568	0	0	0	12.00
13.00	75.06	YORKVILLE	0	0	0	0	0	13.00
14.00	90.01	WOUND CARE CENTER	9,371	469	0	0	0	14.00
15.00	91.00	EMERGENCY	60,487	3,024	0	0	0	15.00
200.00			311,616	15,582	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	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	50,775	38,625	115,399	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	14,312	10,888	11,503	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	701,103	3.00
4.00	31.01	NICU	0	28,625	21,775	179,575	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	124,494	5.00
6.00	50.00	OPERATING ROOM	0	18,000	9,000	229,750	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	33,736	25,664	1,059,854	7.00
8.00	53.00	ANESTHESIOLOGY	0	28,889	16,111	16,111	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	87,750	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	0	36,070	6,955	6,955	10.00
11.00	60.00	LABORATORY	0	0	0	71,450	11.00
12.00	75.01	CARDIAC REHAB	0	31,351	23,849	51,299	12.00
13.00	75.06	YORKVILLE	0	0	0	657,153	13.00
14.00	90.01	WOUND CARE CENTER	0	9,371	7,129	7,129	14.00
15.00	91.00	EMERGENCY	0	60,487	46,013	540,813	15.00
200.00			0	311,616	206,009	3,860,338	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

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	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	5,675,742	5,675,742			1.00
1.01 00101	POB NEW CRC	0	0	0		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,224,828			1,224,828	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	30,429,470	58,003	0	311	30,487,784
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	3,966,810	0	0	282	661,428
5.06 00560	PURCHASING RECEIVING AND STORES	37,819,909	1,239,885	0	364,250	5,299,472
7.00 00700	OPERATION OF PLANT	5,766,001	546,430	0	38,456	685,108
8.00 00800	LAUNDRY & LINEN SERVICE	1,024,372	0	0	92	28,556
9.00 00900	HOUSEKEEPING	2,618,467	53,345	0	2,119	400,377
10.00 01000	DIETARY	1,150,998	98,404	0	10,494	131,664
11.00 01100	CAFETERIA	1,791,520	95,299	0	0	235,908
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,138,428	0	0	29,715	722,254
14.00 01400	CENTRAL SERVICES & SUPPLY	1,152,964	95,468	0	7,013	135,762
15.00 01500	PHARMACY	12,294,720	29,128	0	120,488	634,121
16.00 01600	MEDICAL RECORDS & LIBRARY	2,961,831	51,742	0	1,449	0
17.00 01700	SOCIAL SERVICE	233,772	0	0	0	46,873
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	611,532	0	0	0	173,455
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	888,716	0	0	416	212,110
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	20,387,925	1,323,067	0	56,130	5,564,800
31.00 03100	INTENSIVE CARE UNIT	3,194,465	130,114	0	21,259	856,682
31.01 03101	NICU	3,412,303	26,867	0	7,390	926,937
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	1,691,755	66,660	0	939	464,193
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,450,903	130,773	0	96,170	1,038,501
50.01 05001	SAME DAY SURGERY	1,622,554	117,339	0	4,999	393,816
50.02 05002	G. I. LAB	2,530,450	118,571	0	15,269	331,756
51.00 05100	RECOVERY ROOM	804,726	30,276	0	61	217,507
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,970,397	123,263	0	10,196	1,536,105
53.00 05300	ANESTHESIOLOGY	992,023	8,759	0	8,562	48,800
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,760,131	373,771	0	120,911	1,583,064
55.00 05500	RADIOLOGY-THERAPEUTIC	2,419,113	350,330	0	18,057	485,833
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	8,050,688	112,901	0	11,897	760,279
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,720,440	22,580	0	11,243	520,847
69.00 06900	ELECTROCARDIOLOGY	1,599,710	64,467	0	8,579	355,635
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	700,266	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,698,853	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	674,853	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	CARDIAC REHAB	2,197,577	41,735	0	1,796	439,450
75.02 07502	HEART SURGERY	0	0	0	0	0
75.03 07503	REHAB SERVICES	3,138,665	42,663	0	5,157	853,590
75.04 07504	CV SURGERY	0	0	0	0	0
75.05 07505	VASCULAR SERVICES	7,363,082	0	0	80,250	506,054
75.06 07506	YORKVILLE	5,772,797	0	0	77,249	1,056,757
75.07 07507	MCAI	4,745,651	0	0	67,738	584,586
76.00 03020	DIABETIC CENTER	304,691	0	0	0	66,618
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	2,673,064	0	0	13,174	521,808
90.01 09001	WOUND CARE CENTER	743,539	49,177	0	1,793	0
91.00 09100	EMERGENCY	7,431,333	256,482	0	10,244	1,798,891
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

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	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
		0	1.00	1.01		
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	234,802,034	5,657,499	0	1,224,148	30,279,597	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,088	3,696	0	60	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	14,547	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	1,167,479	0	0	438	131,968	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	1,081,876	0	0	182	76,219	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	237,173,477	5,675,742	0	1,224,828	30,487,784	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,628,520					5.05
5.06	00560	PURCHASING RECEIVING AND STORES	0	44,723,516	44,723,516			5.06
7.00	00700	OPERATION OF PLANT	0	7,035,995	1,635,095	8,671,090		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,053,020	244,711	0	1,297,731	8.00
9.00	00900	HOUSEKEEPING	0	3,074,308	714,438	120,728	0	9.00
10.00	01000	DIETARY	0	1,391,560	323,385	222,704	0	10.00
11.00	01100	CAFETERIA	0	2,122,727	493,301	215,676	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,890,397	904,089	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,391,207	323,303	216,058	0	14.00
15.00	01500	PHARMACY	0	13,078,457	3,039,303	65,921	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,015,022	700,661	117,100	0	16.00
17.00	01700	SOCIAL SERVICE	0	280,645	65,219	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	784,987	182,423	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,101,242	255,918	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	224,911	27,556,833	6,404,002	2,994,303	573,141	30.00
31.00	03100	INTENSIVE CARE UNIT	33,838	4,236,358	984,487	294,469	36,013	31.00
31.01	03101	NI CU	67,480	4,440,977	1,032,039	60,803	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	14,371	2,237,918	520,070	150,863	82,979	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	562,769	14,279,116	3,318,324	295,958	156,209	50.00
50.01	05001	SAME DAY SURGERY	55,033	2,193,741	509,803	265,556	61,790	50.01
50.02	05002	G. I. LAB	56,310	3,052,356	709,337	268,345	0	50.02
51.00	05100	RECOVERY ROOM	53,443	1,106,013	257,026	68,518	44,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	144,471	7,784,432	1,809,024	278,962	0	52.00
53.00	05300	ANESTHESIOLOGY	59,094	1,117,238	259,635	19,822	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,840	12,541,717	2,914,570	845,900	46,389	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	98,177	3,371,510	783,505	792,850	49,446	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	436,402	9,372,167	2,177,998	255,512	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	100,262	3,375,372	784,403	51,102	0	65.00
69.00	06900	ELECTROCARDIOLOGY	123,314	2,151,705	500,035	145,898	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	124,089	824,355	191,572	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,840	8,764,693	2,036,827	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	520,794	520,794	121,027	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,694	688,547	160,011	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	8,187	2,688,745	624,837	94,451	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	135,131	4,175,206	970,276	96,552	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	192,015	8,141,401	1,891,980	0	0	75.05
75.06	07506	YORKVILLE	199,817	7,106,620	1,651,507	0	0	75.06
75.07	07507	MCAI	80,793	5,478,768	1,273,211	0	0	75.07
76.00	03020	DIABETIC CENTER	1,127	372,436	86,550	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	40,669	3,248,715	754,969	0	0	90.00
90.01	09001	WOUND CARE CENTER	7,490	801,999	186,377	111,295	246,865	90.01
91.00	09100	EMERGENCY	505,159	10,002,109	2,324,390	580,458	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	PURCHASING RECEIVING AND STORES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,628,520	234,574,924	44,119,638	8,629,804	1,297,731 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125,844	29,245	8,364	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,547	3,381	32,922	0 192.00
194.00	07954	PHYSICIAN SERVICES	0	1,299,885	302,080	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,158,277	269,172	0	0 194.04
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)	4,628,520	237,173,477	44,723,516	8,671,090	1,297,731 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part I Date/Time Prepared: 11/18/2015 12:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	PURCHASING RECEIVING AND STORES						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	3,909,474					9.00
10.00	01000	DIETARY	101,827	2,039,476				10.00
11.00	01100	CAFETERIA	98,613	0	2,930,317			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	61,324	0	4,855,810	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	98,788	0	28,540	0	48,320	14.00
15.00	01500	PHARMACY	30,141	0	69,139	0	117,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,542	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	5,175	0	8,759	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	31,516	0	53,335	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	13,584	0	22,998	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,369,082	1,687,474	752,762	0	1,274,010	30.00
31.00	03100	INTENSIVE CARE UNIT	134,640	123,391	99,335	0	168,140	31.00
31.01	03101	NICU	27,801	0	104,070	0	176,141	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	68,979	228,611	68,259	0	115,548	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	135,321	0	123,942	0	209,784	50.00
50.01	05001	SAME DAY SURGERY	121,420	0	47,533	0	80,442	50.01
50.02	05002	G. I. LAB	122,695	0	40,391	0	68,372	50.02
51.00	05100	RECOVERY ROOM	31,329	0	21,269	0	35,997	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	127,550	0	183,404	0	310,417	52.00
53.00	05300	ANESTHESIOLOGY	9,063	0	9,833	0	16,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	386,770	0	183,999	0	311,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	362,514	0	67,069	0	113,502	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	116,827	0	130,023	0	220,081	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	23,365	0	68,078	0	115,207	65.00
69.00	06900	ELECTROCARDIOLOGY	66,709	0	114,524	0	193,839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	43,186	0	28,825	0	48,796	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	44,146	0	89,632	0	151,678	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	55,476	0	93,881	75.05
75.06	07506	YORKVILLE	0	0	146,609	0	248,149	75.06
75.07	07507	MCAI	0	0	90,977	0	153,975	75.07
76.00	03020	DIABETIC CENTER	0	0	6,676	0	11,287	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	51,595	0	87,342	90.00
90.01	09001	WOUND CARE CENTER	50,887	0	0	0	0	90.01
91.00	09100	EMERGENCY	265,402	0	217,041	0	367,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,890,597	2,039,476	2,910,600	0	4,822,433	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,824	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,053	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	19,717	0	33,377	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	3,909,474	2,039,476	2,930,317	0	4,855,810	202.00

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	PURCHASING RECEIVING AND STORES					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,106,216				14.00
15.00	01500	PHARMACY	19,234	16,419,226			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,886,325		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	359,798	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,335	0	188,826	359,798	0
31.00	03100	INTENSIVE CARE UNIT	1,247	0	28,409	0	0
31.01	03101	NI CU	70	0	56,653	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	332	0	12,065	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	818,211	0	472,476	0	0
50.01	05001	SAME DAY SURGERY	11,059	0	46,203	0	0
50.02	05002	G. I. LAB	61,583	0	47,276	0	0
51.00	05100	RECOVERY ROOM	2,985	0	44,868	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,399	0	121,291	0	0
53.00	05300	ANESTHESIOLOGY	48,840	0	49,612	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	180,999	0	591,337	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,342	0	82,425	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	77	0	366,384	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,318	0	84,176	0	0
69.00	06900	ELECTROCARDIOLOGY	8,712	0	103,529	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	104,180	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	55,277	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,419,226	437,236	0	0
74.00	07400	RENAL DIALYSIS	0	0	11,497	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	73	0	6,873	0	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	469	0	113,450	0	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	782,955	0	161,207	0	0
75.06	07506	YORKVILLE	14,002	0	167,758	0	0
75.07	07507	MCAI	45,365	0	67,830	0	0
76.00	03020	DIABETIC CENTER	0	0	946	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	6,425	0	34,144	0	0
90.01	09001	WOUND CARE CENTER	2,812	0	6,288	0	0
91.00	09100	EMERGENCY	42,261	0	424,109	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,106,105	16,419,226	3,886,325	359,798	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07954	PHYSICIAN SERVICES	111	0	0	0	0 194.00
194.01	07950	ADVERTISING	0	0	0	0	0 194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0 194.02
194.03	07952	HHA HME	0	0	0	0	0 194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0 194.04
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,106,216	16,419,226	3,886,325	359,798	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMEDICAL EDUCATION PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 POB NEW CRC							1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 PURCHASING RECEIVING AND STORES							5.06
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL	0						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		1,052,261					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			1,393,742				22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	664,408	880,024	0	44,711,998		30.00
31.00 03100 INTENSIVE CARE UNIT	0	33,726	44,671	0	6,184,886		31.00
31.01 03101 NICU	0	0	0	0	5,898,554		31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	107,924	142,948	0	3,736,496		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	26,981	35,737	0	19,872,059		50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0	3,337,547		50.01
50.02 05002 G. I. LAB	0	13,491	17,868	0	4,401,714		50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	1,612,904		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	67,453	89,342	0	10,815,274		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,530,684		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	13,491	17,868	0	18,034,447		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	5,625,163		55.00
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0	12,639,069		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	4,507,021		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	3,284,951		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,120,107		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,856,797		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	17,498,283		73.00
74.00 07400 RENAL DIALYSIS	0	16,863	22,336	0	899,254		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC REHAB	0	53,962	71,474	0	3,661,222		75.01
75.02 07502 HEART SURGERY	0	0	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0	0	5,641,409		75.03
75.04 07504 CV SURGERY	0	0	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0	0	11,126,900		75.05
75.06 07506 YORKVILLE	0	0	0	0	9,334,645		75.06
75.07 07507 MCAI	0	0	0	0	7,110,126		75.07
76.00 03020 DIABETIC CENTER	0	0	0	0	477,895		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	4,183,190		90.00
90.01 09001 WOUND CARE CENTER	0	0	0	0	1,406,523		90.01
91.00 09100 EMERGENCY	0	53,962	71,474	0	14,348,560		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,052,261	1,393,742	0	233,857,678
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	167,277
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	65,903
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	1,655,170
194.01	07950	ADVERTISING	0	0	0	0	0
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0
194.03	07952	HHA HME	0	0	0	0	0
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	1,427,449
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	1,052,261	1,393,742	0	237,173,477

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,544,432	30.00
31.00	03100	INTENSIVE CARE UNIT	-78,397	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	-250,872	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-62,718	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	-31,359	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-156,795	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-31,359	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	-39,199	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	-125,436	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-125,436	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,446,003	231,411,675	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	167,277	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	65,903	192.00
194.00	07954	PHYSICIAN SERVICES	0	1,655,170	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,427,449	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,446,003	234,727,474	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet Non-CMS W
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
1.01	POB NEW CRC	4	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS	SALARIES	4.00
5.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	5.05
5.06	PURCHASING RECEIVING AND STORES	-8	ACCUM.	COST	5.06
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	3	SQUARE	FEET	9.00
10.00	DIETARY	12	MEALS	SERVED	10.00
11.00	CAFETERIA	13	NUMBER	FTE'S	11.00
12.00	MAINTENANCE OF PERSONNEL	14	NUMBER	HOUSED	12.00
13.00	NURSING ADMINISTRATION	15	DIRECT	NRSG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS	14.00
15.00	PHARMACY	17	COSTED	REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	16.00
17.00	SOCIAL SERVICE	18	TIME	SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED	TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	22.00
23.00	PARAMEDICAL EDUCATION PRGM	22	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP			
		0	1.00	1.01		2.00	2A
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01 00101	POB NEW CRC				1.01		
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	58,003	0	311	58,314	4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	282	282	5.05
5.06 00560	PURCHASING RECEIVING AND STORES	0	1,239,885	0	364,250	1,604,135	5.06
7.00 00700	OPERATION OF PLANT	0	546,430	0	38,456	584,886	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	92	92	8.00
9.00 00900	HOUSEKEEPING	0	53,345	0	2,119	55,464	9.00
10.00 01000	DIETARY	0	98,404	0	10,494	108,898	10.00
11.00 01100	CAFETERIA	0	95,299	0	0	95,299	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	29,715	29,715	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	95,468	0	7,013	102,481	14.00
15.00 01500	PHARMACY	0	29,128	0	120,488	149,616	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	51,742	0	1,449	53,191	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	416	416	22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,323,067	0	56,130	1,379,197	30.00
31.00 03100	INTENSIVE CARE UNIT	0	130,114	0	21,259	151,373	31.00
31.01 03101	NICU	0	26,867	0	7,390	34,257	31.01
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	66,660	0	939	67,599	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	130,773	0	96,170	226,943	50.00
50.01 05001	SAME DAY SURGERY	0	117,339	0	4,999	122,338	50.01
50.02 05002	G. I. LAB	0	118,571	0	15,269	133,840	50.02
51.00 05100	RECOVERY ROOM	0	30,276	0	61	30,337	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	123,263	0	10,196	133,459	52.00
53.00 05300	ANESTHESIOLOGY	0	8,759	0	8,562	17,321	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	373,771	0	120,911	494,682	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	350,330	0	18,057	368,387	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	112,901	0	11,897	124,798	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	0	22,580	0	11,243	33,823	65.00
69.00 06900	ELECTROCARDIOLOGY	0	64,467	0	8,579	73,046	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	CARDIAC REHAB	0	41,735	0	1,796	43,531	75.01
75.02 07502	HEART SURGERY	0	0	0	0	0	75.02
75.03 07503	REHAB SERVICES	0	42,663	0	5,157	47,820	75.03
75.04 07504	CV SURGERY	0	0	0	0	0	75.04
75.05 07505	VASCULAR SERVICES	0	0	0	80,250	80,250	75.05
75.06 07506	YORKVILLE	0	0	0	77,249	77,249	75.06
75.07 07507	MCAI	0	0	0	67,738	67,738	75.07
76.00 03020	DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	13,174	13,174	90.00
90.01 09001	WOUND CARE CENTER	0	49,177	0	1,793	50,970	90.01
91.00 09100	EMERGENCY	0	256,482	0	10,244	266,726	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	POB NEW CRC	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	2A	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00						118.00
	0	5,657,499	0	1,224,148	6,881,647	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,696	0	60	3,756	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	14,547	0	0	14,547	192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0	438	438	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	182	182	194.04
200.00						200.00
						200.00
201.00						201.00
						201.00
202.00						202.00
	0	5,675,742	0	1,224,828	6,900,570	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	PURCHASING RECEIVING AND STORES 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	58,314				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,266	1,548			5.05
5.06	00560	PURCHASING RECEIVING AND STORES	10,141	0	1,614,276		5.06
7.00	00700	OPERATION OF PLANT	1,311	0	59,018	645,215	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55	0	8,833	0	8,980
9.00	00900	HOUSEKEEPING	766	0	25,787	8,983	0
10.00	01000	DIETARY	252	0	11,672	16,571	0
11.00	01100	CAFETERIA	451	0	17,805	16,048	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,382	0	32,633	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	260	0	11,669	16,077	0
15.00	01500	PHARMACY	1,213	0	109,702	4,905	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	25,290	8,713	0
17.00	01700	SOCIAL SERVICE	90	0	2,354	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	332	0	6,584	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	406	0	9,237	0	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,621	76	231,153	222,809	3,966
31.00	03100	INTENSIVE CARE UNIT	1,639	11	35,535	21,911	249
31.01	03101	NI CU	1,774	23	37,251	4,524	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	888	5	18,772	11,226	574
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,987	189	119,773	22,022	1,081
50.01	05001	SAME DAY SURGERY	754	19	18,401	19,760	428
50.02	05002	G. I. LAB	635	19	25,603	19,967	0
51.00	05100	RECOVERY ROOM	416	18	9,277	5,098	311
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,940	49	65,296	20,758	0
53.00	05300	ANESTHESIOLOGY	93	20	9,371	1,475	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,029	226	105,200	62,943	321
55.00	05500	RADIOLOGY-THERAPEUTIC	930	33	28,280	58,996	342
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,455	147	78,614	19,013	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	997	34	28,313	3,803	0
69.00	06900	ELECTROCARDIOLOGY	681	41	18,049	10,856	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42	6,915	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22	73,518	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	175	4,368	0	0
74.00	07400	RENAL DIALYSIS	0	5	5,776	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	841	3	22,553	7,028	0
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	1,633	45	35,022	7,184	0
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	968	65	68,290	0	0
75.06	07506	YORKVILLE	2,022	67	59,610	0	0
75.07	07507	MCAI	1,119	27	45,956	0	0
76.00	03020	DIABETIC CENTER	127	0	3,124	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	999	14	27,250	0	0
90.01	09001	WOUND CARE CENTER	0	3	6,727	8,281	1,708
91.00	09100	EMERGENCY	3,442	170	83,898	43,192	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	CASHIERING/ACCOUNTS RECEIVABLE 5.05	PURCHASING RECEIVING AND STORES 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,915	1,548	1,592,479	642,143	8,980
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,056	622	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	122	2,450	192.00
194.00	07954	PHYSICIAN SERVICES	253	0	10,903	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	146	0	9,716	0	194.04
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)	58,314	1,548	1,614,276	645,215	8,980

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	PURCHASING RECEIVING AND STORES						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	91,000					9.00
10.00	01000	DIETARY	2,370	139,763				10.00
11.00	01100	CAFETERIA	2,295	0	131,898			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,760	0	66,490	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,299	0	1,285	0	662	14.00
15.00	01500	PHARMACY	702	0	3,112	0	1,602	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,246	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	233	0	120	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,419	0	730	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	611	0	315	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,869	115,641	33,886	0	17,449	30.00
31.00	03100	INTENSIVE CARE UNIT	3,134	8,456	4,471	0	2,302	31.00
31.01	03101	NICU	647	0	4,684	0	2,412	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,606	15,666	3,072	0	1,582	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,150	0	5,579	0	2,872	50.00
50.01	05001	SAME DAY SURGERY	2,826	0	2,140	0	1,101	50.01
50.02	05002	G. I. LAB	2,856	0	1,818	0	936	50.02
51.00	05100	RECOVERY ROOM	729	0	957	0	493	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,969	0	8,255	0	4,250	52.00
53.00	05300	ANESTHESIOLOGY	211	0	443	0	228	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,003	0	8,282	0	4,264	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,438	0	3,019	0	1,554	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,719	0	5,853	0	3,013	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	544	0	3,064	0	1,577	65.00
69.00	06900	ELECTROCARDIOLOGY	1,553	0	5,155	0	2,654	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,005	0	1,297	0	668	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,028	0	4,034	0	2,077	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	2,497	0	1,285	75.05
75.06	07506	YORKVILLE	0	0	6,599	0	3,398	75.06
75.07	07507	MCAI	0	0	4,095	0	2,108	75.07
76.00	03020	DIABETIC CENTER	0	0	300	0	155	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	2,322	0	1,196	90.00
90.01	09001	WOUND CARE CENTER	1,184	0	0	0	0	90.01
91.00	09100	EMERGENCY	6,178	0	9,769	0	5,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,561	139,763	131,011	0	66,033	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	350	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	887	0	457	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	91,000	139,763	131,898	0	66,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
			14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	PURCHASING RECEIVING AND STORES					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	134,733				14.00
15.00	01500	PHARMACY	1,230	272,082			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	88,440		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,797	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	469	0	4,312	2,797	30.00
31.00	03100	INTENSIVE CARE UNIT	80	0	649	0	31.00
31.01	03101	NI CU	4	0	1,294	0	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	21	0	276	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,341	0	10,790	0	50.00
50.01	05001	SAME DAY SURGERY	707	0	1,055	0	50.01
50.02	05002	G. I. LAB	3,939	0	1,080	0	50.02
51.00	05100	RECOVERY ROOM	191	0	1,025	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,776	0	2,770	0	52.00
53.00	05300	ANESTHESIOLOGY	3,124	0	1,133	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,579	0	13,192	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	150	0	1,882	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5	0	8,367	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	340	0	1,922	0	65.00
69.00	06900	ELECTROCARDIOLOGY	557	0	2,364	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,379	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,262	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	272,082	9,985	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	263	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	5	0	157	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	30	0	2,591	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	50,086	0	3,681	0	75.05
75.06	07506	YORKVILLE	896	0	3,831	0	75.06
75.07	07507	MCAI	2,902	0	1,549	0	75.07
76.00	03020	DIABETIC CENTER	0	0	22	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	411	0	780	0	90.00
90.01	09001	WOUND CARE CENTER	180	0	144	0	90.01
91.00	09100	EMERGENCY	2,703	0	9,685	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm				
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,726	272,082	88,440	2,797	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07954	PHYSICIAN SERVICES	7	0	0	0	194.00	
194.01	07950	ADVERTISING	0	0	0	0	194.01	
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02	
194.03	07952	HHA HME	0	0	0	0	194.03	
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	194.04	
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	134,733	272,082	88,440	2,797	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMEDICAL		
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	POB NEW CRC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	PURCHASING RECEIVING AND STORES					5.06
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		9,065			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			10,985		22.00
23.00 02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				2,054,245	30.00
31.00 03100	INTENSIVE CARE UNIT				229,810	31.00
31.01 03101	NICU				86,870	31.01
40.00 04000	SUBPROVIDER - I PF				0	40.00
41.00 04100	SUBPROVIDER - I RF				121,287	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				446,727	50.00
50.01 05001	SAME DAY SURGERY				169,529	50.01
50.02 05002	G. I. LAB				190,693	50.02
51.00 05100	RECOVERY ROOM				48,852	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				243,522	52.00
53.00 05300	ANESTHESIOLOGY				33,419	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				712,721	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				472,011	55.00
57.00 05700	CT SCAN				0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				243,984	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
62.30 06250	BLOOD CLOTTING FACTORS FOR HEMOPH.				0	62.30
65.00 06500	RESPIRATORY THERAPY				74,417	65.00
69.00 06900	ELECTROCARDIOLOGY				114,956	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				9,336	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				74,802	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				286,610	73.00
74.00 07400	RENAL DIALYSIS				6,044	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
75.01 07501	CARDIAC REHAB				77,088	75.01
75.02 07502	HEART SURGERY				0	75.02
75.03 07503	REHAB SERVICES				101,464	75.03
75.04 07504	CV SURGERY				0	75.04
75.05 07505	VASCULAR SERVICES				207,122	75.05
75.06 07506	YORKVILLE				153,672	75.06
75.07 07507	MCAI				125,494	75.07
76.00 03020	DIABETIC CENTER				3,728	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				46,146	90.00
90.01 09001	WOUND CARE CENTER				69,197	90.01
91.00 09100	EMERGENCY				430,793	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF				0	99.10
101.00 10100	HOME HEALTH AGENCY				0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION				0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	110.00
111.00	11100	ISLET ACQUISITION				0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	6,834,539
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				5,523	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				17,469	192.00
194.00	07954	PHYSICIAN SERVICES				12,945	194.00
194.01	07950	ADVERTISING				0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE				0	194.02
194.03	07952	HHA HME				0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS				10,044	194.04
200.00		Cross Foot Adjustments	0	9,065	10,985	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,065	10,985	0	6,900,570

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet B Part II Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	PURCHASING RECEIVING AND STORES		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,054,245	30.00
31.00	03100	INTENSIVE CARE UNIT	229,810	31.00
31.01	03101	NICU	86,870	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	121,287	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	446,727	50.00
50.01	05001	SAME DAY SURGERY	169,529	50.01
50.02	05002	G. I. LAB	190,693	50.02
51.00	05100	RECOVERY ROOM	48,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	243,522	52.00
53.00	05300	ANESTHESIOLOGY	33,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	712,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	472,011	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	243,984	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	74,417	65.00
69.00	06900	ELECTROCARDIOLOGY	114,956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	74,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	286,610	73.00
74.00	07400	RENAL DIALYSIS	6,044	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	77,088	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	101,464	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	207,122	75.05
75.06	07506	YORKVILLE	153,672	75.06
75.07	07507	MCAI	125,494	75.07
76.00	03020	DIABETIC CENTER	3,728	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	46,146	90.00
90.01	09001	WOUND CARE CENTER	69,197	90.01
91.00	09100	EMERGENCY	430,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
101.00	10100	HOME HEALTH AGENCY	25.00	26.00	
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	6,834,539	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,523	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,469	192.00
194.00	07954	PHYSICIAN SERVICES	0	12,945	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	10,044	194.04
200.00		Cross Foot Adjustments	0	20,050	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	6,900,570	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	336,319				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			9,915,155		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,437	0	2,520	107,444,440	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,280	2,330,990	1,556,818,871
5.06	00560	PURCHASING RECEIVING AND STORES	73,470	0	2,948,684	18,676,290	0
7.00	00700	OPERATION OF PLANT	32,379	0	311,306	2,414,443	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	747	100,636	0
9.00	00900	HOUSEKEEPING	3,161	0	17,155	1,411,000	0
10.00	01000	DIETARY	5,831	0	84,954	464,009	0
11.00	01100	CAFETERIA	5,647	0	0	831,382	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	240,543	2,545,353	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	56,769	478,450	0
15.00	01500	PHARMACY	1,726	0	975,370	2,234,756	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,066	0	11,728	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	165,190	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	611,287	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,366	747,512	0
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	78,399	0	454,377	19,611,361	75,651,278
31.00	03100	INTENSIVE CARE UNIT	7,710	0	172,095	3,019,101	11,381,776
31.01	03101	NICU	1,592	0	59,821	3,266,694	22,697,665
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	3,950	0	7,604	1,635,901	4,833,809
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,749	0	778,505	3,659,864	189,293,368
50.01	05001	SAME DAY SURGERY	6,953	0	40,466	1,387,879	18,510,977
50.02	05002	G. I. LAB	7,026	0	123,606	1,169,168	18,940,520
51.00	05100	RECOVERY ROOM	1,794	0	490	766,535	17,976,009
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	82,534	5,413,510	48,594,220
53.00	05300	ANESTHESIOLOGY	519	0	69,310	171,981	19,876,756
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,148	0	978,791	5,579,003	236,711,559
55.00	05500	RADIOLOGY-THERAPEUTIC	20,759	0	146,174	1,712,161	33,022,780
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,690	0	96,306	2,679,359	146,788,463
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,338	0	91,011	1,835,560	33,724,318
69.00	06900	ELECTROCARDIOLOGY	3,820	0	69,451	1,253,322	41,477,860
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	41,738,704
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	22,146,051
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	175,174,492
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,606,018
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	2,473	0	14,539	1,548,699	2,753,733
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	2,528	0	41,748	3,008,205	45,452,682
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	649,635	1,783,426	64,586,292
75.06	07506	YORKVILLE	0	0	625,339	3,724,202	67,210,554
75.07	07507	MCAI	0	0	548,346	2,060,187	27,175,599
76.00	03020	DIABETIC CENTER	0	0	0	234,773	379,201
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	106,647	1,838,944	13,679,300
90.01	09001	WOUND CARE CENTER	2,914	0	14,513	0	2,519,388
91.00	09100	EMERGENCY	15,198	0	82,927	6,339,616	169,915,499
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	335,238	0	9,909,657	106,710,749	1,556,818,871	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	219	0	482	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	862	0	0	0	0	192.00
194.00 07954 PHYSICIAN SERVICES	0	0	3,546	465,080	0	194.00
194.01 07950 ADVERTISING	0	0	0	0	0	194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03 07952 HHA HME	0	0	0	0	0	194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	1,470	268,611	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,675,742	0	1,224,828	30,487,784	4,628,520	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.876067	0.000000	0.123531	0.283754	0.002973	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				58,314	1,548	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000543	0.000001	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560	-44,723,516	192,449,961				5.06
7.00	00700	0	7,035,995	227,033			7.00
8.00	00800	0	1,053,020	0	1,393,575		8.00
9.00	00900	0	3,074,308	3,161	0	223,872	9.00
10.00	01000	0	1,391,560	5,831	0	5,831	10.00
11.00	01100	0	2,122,727	5,647	0	5,647	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	3,890,397	0	0	0	13.00
14.00	01400	0	1,391,207	5,657	0	5,657	14.00
15.00	01500	0	13,078,457	1,726	0	1,726	15.00
16.00	01600	0	3,015,022	3,066	0	3,066	16.00
17.00	01700	0	280,645	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	784,987	0	0	0	21.00
22.00	02200	0	1,101,242	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	27,556,833	78,399	615,471	78,399	30.00
31.00	03100	0	4,236,358	7,710	38,673	7,710	31.00
31.01	03101	0	4,440,977	1,592	0	1,592	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	2,237,918	3,950	89,107	3,950	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	14,279,116	7,749	167,746	7,749	50.00
50.01	05001	0	2,193,741	6,953	66,353	6,953	50.01
50.02	05002	0	3,052,356	7,026	0	7,026	50.02
51.00	05100	0	1,106,013	1,794	48,215	1,794	51.00
52.00	05200	0	7,784,432	7,304	0	7,304	52.00
53.00	05300	0	1,117,238	519	0	519	53.00
54.00	05400	0	12,541,717	22,148	49,815	22,148	54.00
55.00	05500	0	3,371,510	20,759	53,098	20,759	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	9,372,167	6,690	0	6,690	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	3,375,372	1,338	0	1,338	65.00
69.00	06900	0	2,151,705	3,820	0	3,820	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	824,355	0	0	0	71.00
72.00	07200	0	8,764,693	0	0	0	72.00
73.00	07300	0	520,794	0	0	0	73.00
74.00	07400	0	688,547	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	2,688,745	2,473	0	2,473	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	4,175,206	2,528	0	2,528	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	8,141,401	0	0	0	75.05
75.06	07506	0	7,106,620	0	0	0	75.06
75.07	07507	0	5,478,768	0	0	0	75.07
76.00	03020	0	372,436	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	3,248,715	0	0	0	90.00
90.01	09001	0	801,999	2,914	265,097	2,914	90.01
91.00	09100	0	10,002,109	15,198	0	15,198	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Reconciliation	PURCHASING RECEIVING AND STORES (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.06	5.06	7.00	8.00	9.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-44,723,516	189,851,408	225,952	1,393,575	222,791	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	125,844	219	0	219	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,547	862	0	862	192.00
194.00	07954 PHYSICIAN SERVICES	0	1,299,885	0	0	0	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	1,158,277	0	0	0	194.04
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)		44,723,516	8,671,090	1,297,731	3,909,474	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.232390	38.193082	0.931224	17.462988	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		1,614,276	645,215	8,980	91,000	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.008388	2.841944	0.006444	0.406482	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	126,939					10.00
11.00	01100	0	113,248				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	2,370	0	2,306,320		13.00
14.00	01400	0	1,103	0	22,950	10,379,504	14.00
15.00	01500	0	2,672	0	55,585	94,786	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	200	0	4,160	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	1,218	0	25,332	0	21.00
22.00	02200	0	525	0	10,923	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	105,030	29,092	0	605,105	36,149	30.00
31.00	03100	7,680	3,839	0	79,860	6,143	31.00
31.01	03101	0	4,022	0	83,660	345	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	14,229	2,638	0	54,881	1,637	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	4,790	0	99,639	4,032,184	50.00
50.01	05001	0	1,837	0	38,207	54,497	50.01
50.02	05002	0	1,561	0	32,474	303,482	50.02
51.00	05100	0	822	0	17,097	14,712	51.00
52.00	05200	0	7,088	0	147,436	213,870	52.00
53.00	05300	0	380	0	7,904	240,684	53.00
54.00	05400	0	7,111	0	147,906	891,969	54.00
55.00	05500	0	2,592	0	53,909	11,541	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	5,025	0	104,530	377	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	2,631	0	54,719	26,205	65.00
69.00	06900	0	4,426	0	92,066	42,935	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
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	1,114	0	23,176	360	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	3,464	0	72,041	2,313	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	2,144	0	44,590	3,858,425	75.05
75.06	07506	0	5,666	0	117,861	69,003	75.06
75.07	07507	0	3,516	0	73,132	223,558	75.07
76.00	03020	0	258	0	5,361	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,994	0	41,484	31,661	90.00
90.01	09001	0	0	0	0	13,859	90.01
91.00	09100	0	8,388	0	174,479	208,262	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	126,939	112,486	0	2,290,467	10,378,957	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	762	0	15,853	547	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	2,039,476	2,930,317	0	4,855,810	2,106,216	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.066583	25.875221	0.000000	2.105436	0.202921	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	139,763	131,898	0	66,490	134,733	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.101025	1.164683	0.000000	0.028829	0.012981	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.05	00580						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	10,000					15.00
16.00	01600	0	1,556,818,871				16.00
17.00	01700	0	0	100			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	75,651,278	100	0	0	30.00
31.00	03100	0	11,381,776	0	0	0	31.00
31.01	03101	0	22,697,665	0	0	0	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	4,833,809	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	189,293,368	0	0	0	50.00
50.01	05001	0	18,510,977	0	0	0	50.01
50.02	05002	0	18,940,520	0	0	0	50.02
51.00	05100	0	17,976,009	0	0	0	51.00
52.00	05200	0	48,594,220	0	0	0	52.00
53.00	05300	0	19,876,756	0	0	0	53.00
54.00	05400	0	236,711,559	0	0	0	54.00
55.00	05500	0	33,022,780	0	0	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	146,788,463	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	33,724,318	0	0	0	65.00
69.00	06900	0	41,477,860	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	41,738,704	0	0	0	71.00
72.00	07200	0	22,146,051	0	0	0	72.00
73.00	07300	10,000	175,174,492	0	0	0	73.00
74.00	07400	0	4,606,018	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	2,753,733	0	0	0	75.01
75.02	07502	0	0	0	0	0	75.02
75.03	07503	0	45,452,682	0	0	0	75.03
75.04	07504	0	0	0	0	0	75.04
75.05	07505	0	64,586,292	0	0	0	75.05
75.06	07506	0	67,210,554	0	0	0	75.06
75.07	07507	0	27,175,599	0	0	0	75.07
76.00	03020	0	379,201	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	13,679,300	0	0	0	90.00
90.01	09001	0	2,519,388	0	0	0	90.01
91.00	09100	0	169,915,499	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,556,818,871	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
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)	16,419,226	3,886,325	359,798	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,641.922600	0.002496	3,597.980000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	272,082	88,440	2,797	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	27.208200	0.000057	27.970000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 POB NEW CRC					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 PURCHASING RECEIVING AND STORES					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,600				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		15,600			22.00
23.00 02300 PARAMEDICAL EDUCATION PRGM			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	9,850	9,850	0		30.00
31.00 03100 INTENSIVE CARE UNIT	500	500	0		31.00
31.01 03101 NICU	0	0	0		31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	1,600	1,600	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	400	400	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0		50.01
50.02 05002 G. I. LAB	200	200	0		50.02
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,000	1,000	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	200	200	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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
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 PATIENTS	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	250	250	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC REHAB	800	800	0		75.01
75.02 07502 HEART SURGERY	0	0	0		75.02
75.03 07503 REHAB SERVICES	0	0	0		75.03
75.04 07504 CV SURGERY	0	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	0	0		75.05
75.06 07506 YORKVILLE	0	0	0		75.06
75.07 07507 MCAI	0	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0	0		90.01
91.00 09100 EMERGENCY	800	800	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet B-1

Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	15,600	15,600	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00 07954 PHYSICIAN SERVICES	0	0	0		194.00
194.01 07950 ADVERTISING	0	0	0		194.01
194.02 07951 HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03 07952 HHA HME	0	0	0		194.03
194.04 07953 OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,052,261	1,393,742	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	67.452628	89.342436	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	9,065	10,985	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.581090	0.704167	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,167,566		43,167,566	10,888	43,178,454	30.00
31.00	03100	INTENSIVE CARE UNIT	6,106,489		6,106,489	0	6,106,489	31.00
31.01	03101	NICU	5,898,554		5,898,554	21,775	5,920,329	31.01
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,485,624		3,485,624	0	3,485,624	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,809,341		19,809,341	9,000	19,818,341	50.00
50.01	05001	SAME DAY SURGERY	3,337,547		3,337,547	0	3,337,547	50.01
50.02	05002	G. I. LAB	4,370,355		4,370,355	0	4,370,355	50.02
51.00	05100	RECOVERY ROOM	1,612,904		1,612,904	0	1,612,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,658,479		10,658,479	25,664	10,684,143	52.00
53.00	05300	ANESTHESIOLOGY	1,530,684		1,530,684	16,111	1,546,795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,003,088		18,003,088	0	18,003,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,625,163		5,625,163	6,955	5,632,118	55.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	12,639,069		12,639,069	0	12,639,069	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,507,021	0	4,507,021	0	4,507,021	65.00
69.00	06900	ELECTROCARDIOLOGY	3,284,951		3,284,951	0	3,284,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,120,107		1,120,107	0	1,120,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,856,797		10,856,797	0	10,856,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,498,283		17,498,283	0	17,498,283	73.00
74.00	07400	RENAL DIALYSIS	860,055		860,055	0	860,055	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501	CARDIAC REHAB	3,535,786		3,535,786	23,849	3,559,635	75.01
75.02	07502	HEART SURGERY	0		0	0	0	75.02
75.03	07503	REHAB SERVICES	5,641,409		5,641,409	0	5,641,409	75.03
75.04	07504	CV SURGERY	0		0	0	0	75.04
75.05	07505	VASCULAR SERVICES	11,126,900		11,126,900	0	11,126,900	75.05
75.06	07506	YORKVILLE	9,334,645		9,334,645	0	9,334,645	75.06
75.07	07507	MCAI	7,110,126		7,110,126	0	7,110,126	75.07
76.00	03020	DIABETIC CENTER	477,895		477,895	0	477,895	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	4,183,190		4,183,190	0	4,183,190	90.00
90.01	09001	WOUND CARE CENTER	1,406,523		1,406,523	7,129	1,413,652	90.01
91.00	09100	EMERGENCY	14,223,124		14,223,124	46,013	14,269,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	11,068,324		11,068,324	0	11,068,324	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	242,479,999	0	242,479,999	167,384	242,647,383	200.00
201.00		Less Observation Beds	11,068,324		11,068,324	0	11,068,324	201.00
202.00		Total (see instructions)	231,411,675	0	231,411,675	167,384	231,579,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,007,398		65,007,398		30.00
31.00	03100	INTENSIVE CARE UNIT	11,381,776		11,381,776		31.00
31.01	03101	NICU	22,697,665		22,697,665		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	4,833,809		4,833,809		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,097,990	95,195,378	189,293,368	0.104649	50.00
50.01	05001	SAME DAY SURGERY	2,378,938	16,132,039	18,510,977	0.180301	50.01
50.02	05002	G. I. LAB	3,287,641	15,652,879	18,940,520	0.230741	50.02
51.00	05100	RECOVERY ROOM	7,092,348	10,883,661	17,976,009	0.089725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,110,633	10,483,587	48,594,220	0.219336	52.00
53.00	05300	ANESTHESIOLOGY	10,346,389	9,530,367	19,876,756	0.077009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,048,460	190,663,099	236,711,559	0.076055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	889,862	32,132,918	33,022,780	0.170342	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	61,126,315	85,662,148	146,788,463	0.086104	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	27,535,239	6,189,079	33,724,318	0.133643	65.00
69.00	06900	ELECTROCARDIOLOGY	9,564,332	31,913,528	41,477,860	0.079198	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,591,151	8,147,553	41,738,704	0.026836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,975,453	6,170,598	22,146,051	0.490236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,007,938	98,166,554	175,174,492	0.099891	73.00
74.00	07400	RENAL DIALYSIS	4,606,018	0	4,606,018	0.186724	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,960	2,750,773	2,753,733	1.283997	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	28,646,587	16,806,095	45,452,682	0.124116	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	26,350,863	38,235,429	64,586,292	0.172280	75.05
75.06	07506	YORKVILLE	1,491,814	65,718,740	67,210,554	0.138887	75.06
75.07	07507	MCAI	6,031	27,169,568	27,175,599	0.261636	75.07
76.00	03020	DIABETIC CENTER	640	378,561	379,201	1.260268	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	521,790	13,157,510	13,679,300	0.305804	90.00
90.01	09001	WOUND CARE CENTER	19,171	2,500,217	2,519,388	0.558280	90.01
91.00	09100	EMERGENCY	26,545,855	143,369,644	169,915,499	0.083707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,800,371	8,843,509	10,643,880	1.039877	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	620,965,437	935,853,434	1,556,818,871		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	620,965,437	935,853,434	1,556,818,871		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet C Part I Date/Time Prepared: 11/18/2015 12:47 pm
			Title XVII I	Hospital	PPS
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
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.104696		50.00
50.01	05001	SAME DAY SURGERY	0.180301		50.01
50.02	05002	G. I. LAB	0.230741		50.02
51.00	05100	RECOVERY ROOM	0.089725		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.219864		52.00
53.00	05300	ANESTHESIOLOGY	0.077819		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076055		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170553		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.086104		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.133643		65.00
69.00	06900	ELECTROCARDIOLOGY	0.079198		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026836		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490236		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099891		73.00
74.00	07400	RENAL DIALYSIS	0.186724		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	1.292658		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.124116		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.172280		75.05
75.06	07506	YORKVILLE	0.138887		75.06
75.07	07507	MCAI	0.261636		75.07
76.00	03020	DIABETIC CENTER	1.260268		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.305804		90.00
90.01	09001	WOUND CARE CENTER	0.561109		90.01
91.00	09100	EMERGENCY	0.083978		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.039877		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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		43,167,566	10,888	43,178,454	30.00
31.00	03100	INTENSIVE CARE UNIT		6,106,489	0	6,106,489	31.00
31.01	03101	NICU		5,898,554	21,775	5,920,329	31.01
40.00	04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF		3,485,624	0	3,485,624	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		19,809,341	9,000	19,818,341	50.00
50.01	05001	SAME DAY SURGERY		3,337,547	0	3,337,547	50.01
50.02	05002	G. I. LAB		4,370,355	0	4,370,355	50.02
51.00	05100	RECOVERY ROOM		1,612,904	0	1,612,904	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		10,658,479	25,664	10,684,143	52.00
53.00	05300	ANESTHESIOLOGY		1,530,684	16,111	1,546,795	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		18,003,088	0	18,003,088	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		5,625,163	6,955	5,632,118	55.00
57.00	05700	CT SCAN		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000	LABORATORY		12,639,069	0	12,639,069	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,507,021	0	4,507,021	65.00
69.00	06900	ELECTROCARDIOLOGY		3,284,951	0	3,284,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,120,107	0	1,120,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		10,856,797	0	10,856,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		17,498,283	0	17,498,283	73.00
74.00	07400	RENAL DIALYSIS		860,055	0	860,055	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC REHAB		3,535,786	23,849	3,559,635	75.01
75.02	07502	HEART SURGERY		0	0	0	75.02
75.03	07503	REHAB SERVICES		5,641,409	0	5,641,409	75.03
75.04	07504	CV SURGERY		0	0	0	75.04
75.05	07505	VASCULAR SERVICES		11,126,900	0	11,126,900	75.05
75.06	07506	YORKVILLE		9,334,645	0	9,334,645	75.06
75.07	07507	MCAI		7,110,126	0	7,110,126	75.07
76.00	03020	DIABETIC CENTER		477,895	0	477,895	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		4,183,190	0	4,183,190	90.00
90.01	09001	WOUND CARE CENTER		1,406,523	7,129	1,413,652	90.01
91.00	09100	EMERGENCY		14,223,124	46,013	14,269,137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		11,068,324	0	11,068,324	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)		242,479,999	167,384	242,647,383	200.00
201.00		Less Observation Beds		11,068,324	0	11,068,324	201.00
202.00		Total (see instructions)		231,411,675	167,384	231,579,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	65,007,398		65,007,398		30.00
31.00	03100	INTENSIVE CARE UNIT	11,381,776		11,381,776		31.00
31.01	03101	NICU	22,697,665		22,697,665		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	4,833,809		4,833,809		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,097,990	95,195,378	189,293,368	0.104649	50.00
50.01	05001	SAME DAY SURGERY	2,378,938	16,132,039	18,510,977	0.180301	50.01
50.02	05002	G. I. LAB	3,287,641	15,652,879	18,940,520	0.230741	50.02
51.00	05100	RECOVERY ROOM	7,092,348	10,883,661	17,976,009	0.089725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,110,633	10,483,587	48,594,220	0.219336	52.00
53.00	05300	ANESTHESIOLOGY	10,346,389	9,530,367	19,876,756	0.077009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,048,460	190,663,099	236,711,559	0.076055	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	889,862	32,132,918	33,022,780	0.170342	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	61,126,315	85,662,148	146,788,463	0.086104	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	27,535,239	6,189,079	33,724,318	0.133643	65.00
69.00	06900	ELECTROCARDIOLOGY	9,564,332	31,913,528	41,477,860	0.079198	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,591,151	8,147,553	41,738,704	0.026836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,975,453	6,170,598	22,146,051	0.490236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	77,007,938	98,166,554	175,174,492	0.099891	73.00
74.00	07400	RENAL DIALYSIS	4,606,018	0	4,606,018	0.186724	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,960	2,750,773	2,753,733	1.283997	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	28,646,587	16,806,095	45,452,682	0.124116	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	26,350,863	38,235,429	64,586,292	0.172280	75.05
75.06	07506	YORKVILLE	1,491,814	65,718,740	67,210,554	0.138887	75.06
75.07	07507	MCAI	6,031	27,169,568	27,175,599	0.261636	75.07
76.00	03020	DIABETIC CENTER	640	378,561	379,201	1.260268	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	521,790	13,157,510	13,679,300	0.305804	90.00
90.01	09001	WOUND CARE CENTER	19,171	2,500,217	2,519,388	0.558280	90.01
91.00	09100	EMERGENCY	26,545,855	143,369,644	169,915,499	0.083707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,800,371	8,843,509	10,643,880	1.039877	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	620,965,437	935,853,434	1,556,818,871		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	620,965,437	935,853,434	1,556,818,871		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet C
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 NICU				31.01
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 SAME DAY SURGERY	0.000000			50.01
50.02	05002 G. I. LAB	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	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
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 CARDIAC REHAB	0.000000			75.01
75.02	07502 HEART SURGERY	0.000000			75.02
75.03	07503 REHAB SERVICES	0.000000			75.03
75.04	07504 CV SURGERY	0.000000			75.04
75.05	07505 VASCULAR SERVICES	0.000000			75.05
75.06	07506 YORKVILLE	0.000000			75.06
75.07	07507 MCAI	0.000000			75.07
76.00	03020 DIABETIC CENTER	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOUND CARE CENTER	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
113.00	11300 INTEREST EXPENSE				113.00
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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part I Date/Time Prepared: 11/18/2015 12:47 pm
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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	2,054,245	0	2,054,245	40,380	50.87	30.00
31.00	INTENSIVE CARE UNIT	229,810		229,810	5,120	44.88	31.00
31.01	NICU	86,870		86,870	2,217	39.18	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	121,287	0	121,287	4,615	26.28	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	8,866	0.00	43.00
200.00	Total (lines 30-199)	2,492,212		2,492,212	61,198		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	11,431	581,495				
31.00	INTENSIVE CARE UNIT	1,364	61,216				
31.01	NICU	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,505	65,831				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	15,300	708,542				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part II Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	446,727	189,293,368	0.002360	27,544,665	65,005	50.00
50.01	05001 SAME DAY SURGERY	169,529	18,510,977	0.009158	819,589	7,506	50.01
50.02	05002 G. I. LAB	190,693	18,940,520	0.010068	1,376,546	13,859	50.02
51.00	05100 RECOVERY ROOM	48,852	17,976,009	0.002718	2,345,601	6,375	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	243,522	48,594,220	0.005011	56,119	281	52.00
53.00	05300 ANESTHESIOLOGY	33,419	19,876,756	0.001681	2,772,602	4,661	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	712,721	236,711,559	0.003011	21,082,867	63,481	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	472,011	33,022,780	0.014293	410,378	5,866	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	243,984	146,788,463	0.001662	24,103,199	40,060	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	74,417	33,724,318	0.002207	11,680,307	25,778	65.00
69.00	06900 ELECTROCARDIOLOGY	114,956	41,477,860	0.002772	4,935,266	13,681	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,336	41,738,704	0.000224	9,750,703	2,184	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	74,802	22,146,051	0.003378	13,738,424	46,408	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	286,610	175,174,492	0.001636	28,045,345	45,882	73.00
74.00	07400 RENAL DIALYSIS	6,044	4,606,018	0.001312	2,650,023	3,477	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	77,088	2,753,733	0.027994	1,690	47	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	101,464	45,452,682	0.002232	6,667,091	14,881	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	207,122	64,586,292	0.003207	10,006,924	32,092	75.05
75.06	07506 YORKVILLE	153,672	67,210,554	0.002286	1,238,098	2,830	75.06
75.07	07507 MCAI	125,494	27,175,599	0.004618	5,982	28	75.07
76.00	03020 DIABETIC CENTER	3,728	379,201	0.009831	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	46,146	13,679,300	0.003373	165,769	559	90.00
90.01	09001 WOUND CARE CENTER	69,197	2,519,388	0.027466	5,655	155	90.01
91.00	09100 EMERGENCY	430,793	169,915,499	0.002535	12,391,753	31,413	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	526,587	10,643,880	0.049473	731,894	36,209	92.00
200.00	Total (lines 50-199)	4,868,914	1,452,898,223		182,526,490	462,718	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part III Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description		Title XVIII					Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)				
		1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
31.01	03101	NI CU	0	0	0	0	0	31.01		
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		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
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)	PSA Adj. Nursing School				
		6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	40,380	0.00	11,431	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	5,120	0.00	1,364	0	0	31.00		
31.01	03101	NI CU	2,217	0.00	0	0	0	31.01		
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	0	40.00		
41.00	04100	SUBPROVIDER - I RF	4,615	0.00	2,505	0	0	41.00		
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00		
43.00	04300	NURSERY	8,866	0.00	0	0	0	43.00		
200.00		Total (lines 30-199)	61,198		15,300	0	0	200.00		
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost							
		12.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00		
31.01	03101	NI CU	0	0				31.01		
40.00	04000	SUBPROVIDER - I PF	0	0				40.00		
41.00	04100	SUBPROVIDER - I RF	0	0				41.00		
42.00	04200	SUBPROVIDER	0	0				42.00		
43.00	04300	NURSERY	0	0				43.00		
200.00		Total (lines 30-199)	0	0				200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00	
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01	
50.02	05002 G. I. LAB	0	0	0	0	0	50.02	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
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 PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01	
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02	
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03	
75.04	07504 CV SURGERY	0	0	0	0	0	75.04	
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05	
75.06	07506 YORKVILLE	0	0	0	0	0	75.06	
75.07	07507 MCAI	0	0	0	0	0	75.07	
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01	
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	
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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/18/2015 12:47 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	189,293,368	0.000000	0.000000	27,544,665	50.00
50.01	05001 SAME DAY SURGERY	0	18,510,977	0.000000	0.000000	819,589	50.01
50.02	05002 G. I. LAB	0	18,940,520	0.000000	0.000000	1,376,546	50.02
51.00	05100 RECOVERY ROOM	0	17,976,009	0.000000	0.000000	2,345,601	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	48,594,220	0.000000	0.000000	56,119	52.00
53.00	05300 ANESTHESIOLOGY	0	19,876,756	0.000000	0.000000	2,772,602	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	236,711,559	0.000000	0.000000	21,082,867	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	33,022,780	0.000000	0.000000	410,378	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	146,788,463	0.000000	0.000000	24,103,199	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	33,724,318	0.000000	0.000000	11,680,307	65.00
69.00	06900 ELECTROCARDIOLOGY	0	41,477,860	0.000000	0.000000	4,935,266	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,738,704	0.000000	0.000000	9,750,703	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,146,051	0.000000	0.000000	13,738,424	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	175,174,492	0.000000	0.000000	28,045,345	73.00
74.00	07400 RENAL DIALYSIS	0	4,606,018	0.000000	0.000000	2,650,023	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	2,753,733	0.000000	0.000000	1,690	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	45,452,682	0.000000	0.000000	6,667,091	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	64,586,292	0.000000	0.000000	10,006,924	75.05
75.06	07506 YORKVILLE	0	67,210,554	0.000000	0.000000	1,238,098	75.06
75.07	07507 MCAI	0	27,175,599	0.000000	0.000000	5,982	75.07
76.00	03020 DIABETIC CENTER	0	379,201	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	13,679,300	0.000000	0.000000	165,769	90.00
90.01	09001 WOUND CARE CENTER	0	2,519,388	0.000000	0.000000	5,655	90.01
91.00	09100 EMERGENCY	0	169,915,499	0.000000	0.000000	12,391,753	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,643,880	0.000000	0.000000	731,894	92.00
200.00	Total (lines 50-199)	0	1,452,898,223			182,526,490	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	13,772,169	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	2,691,685	0	0	0	50.01
50.02	05002 G. I. LAB	0	3,225,874	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	1,480,590	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	36,487	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,297,961	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	32,148,516	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	10,958,096	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	13,190,806	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	1,417,271	0	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	14,139,275	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,105,422	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,333,763	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	28,390,462	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	847,496	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	1,873	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	8,317,081	0	0	0	75.05
75.06	07506 YORKVILLE	0	9,315,428	0	0	0	75.06
75.07	07507 MCAI	0	2,508,761	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	1,171,305	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	400,440	0	0	0	90.01
91.00	09100 EMERGENCY	0	16,681,824	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,837,884	0	0	0	92.00
200.00	Total (lines 50-199)	0	172,270,469	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part IV
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		PSA Adj .	PSA Adj . All	Hospital	PPS
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	75.05
75.06	07506	YORKVILLE	0	0	75.06
75.07	07507	MCAI	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.104649	13,772,169	243	0	1,441,244	50.00
50.01	05001 SAME DAY SURGERY	0.180301	2,691,685	0	0	485,313	50.01
50.02	05002 G. I. LAB	0.230741	3,225,874	38	0	744,341	50.02
51.00	05100 RECOVERY ROOM	0.089725	1,480,590	0	0	132,846	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.219336	36,487	0	0	8,003	52.00
53.00	05300 ANESTHESIOLOGY	0.077009	1,297,961	0	0	99,955	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076055	32,148,516	125,538	1,129	2,445,055	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.170342	10,958,096	0	0	1,866,624	55.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.086104	13,190,806	5,362	0	1,135,781	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.133643	1,417,271	7	0	189,408	65.00
69.00	06900 ELECTROCARDIOLOGY	0.079198	14,139,275	0	0	1,119,802	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026836	2,105,422	0	0	56,501	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490236	5,333,763	0	0	2,614,803	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099891	28,390,462	54	180,593	2,835,952	73.00
74.00	07400 RENAL DIALYSIS	0.186724	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	1.283997	847,496	0	0	1,088,182	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0.124116	1,873	0	0	232	75.03
75.04	07504 CV SURGERY	0.000000	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.172280	8,317,081	2,376	564	1,432,867	75.05
75.06	07506 YORKVILLE	0.138887	9,315,428	110	0	1,293,792	75.06
75.07	07507 MCAI	0.261636	2,508,761	39,194	0	656,382	75.07
76.00	03020 DIABETIC CENTER	1.260268	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.305804	1,171,305	27	0	358,190	90.00
90.01	09001 WOUND CARE CENTER	0.558280	400,440	0	0	223,558	90.01
91.00	09100 EMERGENCY	0.083707	16,681,824	13	0	1,396,385	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.039877	2,837,884	0	0	2,951,050	92.00
200.00	Subtotal (see instructions)		172,270,469	172,962	182,286	24,576,266	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		172,270,469	172,962	182,286	24,576,266	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet D
Part V
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII		Hospital	PPS
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	25	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	9	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,548	86	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	462	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5	18,040	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	409	97	75.05
75.06	07506	YORKVILLE	15	0	75.06
75.07	07507	MCAI	10,255	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	8	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
91.00	09100	EMERGENCY	1	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	20,738	18,223	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	20,738	18,223	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140029 Component CCN: 14T029		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part II Date/Time Prepared: 11/18/2015 12:47 pm	
		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	446,727	189,293,368	0.002360	1,179	3	50.00
50.01	05001 SAME DAY SURGERY	169,529	18,510,977	0.009158	0	0	50.01
50.02	05002 G. I. LAB	190,693	18,940,520	0.010068	5,089	51	50.02
51.00	05100 RECOVERY ROOM	48,852	17,976,009	0.002718	1,953	5	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	243,522	48,594,220	0.005011	22	0	52.00
53.00	05300 ANESTHESIOLOGY	33,419	19,876,756	0.001681	2,073	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	712,721	236,711,559	0.003011	214,004	644	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	472,011	33,022,780	0.014293	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	243,984	146,788,463	0.001662	767,769	1,276	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	74,417	33,724,318	0.002207	368,941	814	65.00
69.00	06900 ELECTROCARDIOLOGY	114,956	41,477,860	0.002772	14,941	41	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,336	41,738,704	0.000224	1,307,466	293	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	74,802	22,146,051	0.003378	16,556	56	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	286,610	175,174,492	0.001636	1,611,762	2,637	73.00
74.00	07400 RENAL DIALYSIS	6,044	4,606,018	0.001312	99,900	131	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	77,088	2,753,733	0.027994	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	101,464	45,452,682	0.002232	8,272,558	18,464	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	207,122	64,586,292	0.003207	38,909	125	75.05
75.06	07506 YORKVILLE	153,672	67,210,554	0.002286	12,156	28	75.06
75.07	07507 MCAI	125,494	27,175,599	0.004618	0	0	75.07
76.00	03020 DIABETIC CENTER	3,728	379,201	0.009831	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	46,146	13,679,300	0.003373	0	0	90.00
90.01	09001 WOUND CARE CENTER	69,197	2,519,388	0.027466	0	0	90.01
91.00	09100 EMERGENCY	430,793	169,915,499	0.002535	16,013	41	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,643,880	0.000000	0	0	92.00
200.00	Total (lines 50-199)	4,342,327	1,452,898,223		12,751,291	24,612	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/18/2015 12:47 pm
	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
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
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
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: 140029 Component CCN: 14T029		Period: From 07/01/2014 To 06/30/2015		Worksheet D Part IV Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	189,293,368	0.000000	0.000000	1,179	50.00
50.01	05001 SAME DAY SURGERY	0	18,510,977	0.000000	0.000000	0	50.01
50.02	05002 G. I. LAB	0	18,940,520	0.000000	0.000000	5,089	50.02
51.00	05100 RECOVERY ROOM	0	17,976,009	0.000000	0.000000	1,953	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	48,594,220	0.000000	0.000000	22	52.00
53.00	05300 ANESTHESIOLOGY	0	19,876,756	0.000000	0.000000	2,073	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	236,711,559	0.000000	0.000000	214,004	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	33,022,780	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	146,788,463	0.000000	0.000000	767,769	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	33,724,318	0.000000	0.000000	368,941	65.00
69.00	06900 ELECTROCARDIOLOGY	0	41,477,860	0.000000	0.000000	14,941	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,738,704	0.000000	0.000000	1,307,466	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,146,051	0.000000	0.000000	16,556	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	175,174,492	0.000000	0.000000	1,611,762	73.00
74.00	07400 RENAL DIALYSIS	0	4,606,018	0.000000	0.000000	99,900	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	2,753,733	0.000000	0.000000	0	75.01
75.02	07502 HEART SURGERY	0	0	0.000000	0.000000	0	75.02
75.03	07503 REHAB SERVICES	0	45,452,682	0.000000	0.000000	8,272,558	75.03
75.04	07504 CV SURGERY	0	0	0.000000	0.000000	0	75.04
75.05	07505 VASCULAR SERVICES	0	64,586,292	0.000000	0.000000	38,909	75.05
75.06	07506 YORKVILLE	0	67,210,554	0.000000	0.000000	12,156	75.06
75.07	07507 MCAI	0	27,175,599	0.000000	0.000000	0	75.07
76.00	03020 DIABETIC CENTER	0	379,201	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	13,679,300	0.000000	0.000000	0	90.00
90.01	09001 WOUND CARE CENTER	0	2,519,388	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	169,915,499	0.000000	0.000000	16,013	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,643,880	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	1,452,898,223			12,751,291	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/18/2015 12:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002 G. I. LAB	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	84	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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 PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	897	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502 HEART SURGERY	0	0	0	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504 CV SURGERY	0	0	0	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506 YORKVILLE	0	0	0	0	0	75.06
75.07	07507 MCAI	0	0	0	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	63	0	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	11	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	1,055	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part IV Date/Time Prepared: 11/18/2015 12:47 pm PPS
Title XVII I		Subprovider - IRF	

Cost Center Description		PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SAME DAY SURGERY	0	0	50.01
50.02	05002 G. I. LAB	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	75.01
75.02	07502 HEART SURGERY	0	0	75.02
75.03	07503 REHAB SERVICES	0	0	75.03
75.04	07504 CV SURGERY	0	0	75.04
75.05	07505 VASCULAR SERVICES	0	0	75.05
75.06	07506 YORKVILLE	0	0	75.06
75.07	07507 MCAI	0	0	75.07
76.00	03020 DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE CENTER	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/18/2015 12:47 pm
		Component CCN: 14T029	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	0.104649	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0.180301	0	0	0	50.01
50.02	05002	G. I. LAB	0.230741	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.089725	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.219336	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077009	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076055	0	0	27	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170342	84	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.086104	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.133643	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0.079198	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026836	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490236	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099891	897	0	1,305	73.00
74.00	07400	RENAL DIALYSIS	0.186724	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.283997	0	0	0	75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	75.02
75.03	07503	REHAB SERVICES	0.124116	0	0	0	75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0.172280	0	0	13	75.05
75.06	07506	YORKVILLE	0.138887	0	0	0	75.06
75.07	07507	MCAI	0.261636	0	0	0	75.07
76.00	03020	DIABETIC CENTER	1.260268	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.305804	63	0	19	90.00
90.01	09001	WOUND CARE CENTER	0.558280	0	0	0	90.01
91.00	09100	EMERGENCY	0.083707	11	0	1	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.039877	0	0	0	92.00
200.00		Subtotal (see instructions)		1,055	0	1,345	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		1,055	0	1,345	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D Part V Date/Time Prepared: 11/18/2015 12:47 pm
	Component CCN: 14T029	Title XVIII	Subprovider - IRF

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0		50.01
50.02 05002 G. I. LAB	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.30 06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	130		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
75.02 07502 HEART SURGERY	0	0		75.02
75.03 07503 REHAB SERVICES	0	0		75.03
75.04 07504 CV SURGERY	0	0		75.04
75.05 07505 VASCULAR SERVICES	0	2		75.05
75.06 07506 YORKVILLE	0	0		75.06
75.07 07507 MCAI	0	0		75.07
76.00 03020 DIABETIC CENTER	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE CENTER	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	134		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	134		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/18/2015 12:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,380	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,380	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)		30,029	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)		11,431	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		43,178,454	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		43,178,454	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		43,178,454	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,069.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,223,168	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)		12,223,168	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/18/2015 12: 47 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,106,489	5,120	1,192.67	1,364	1,626,802	0	43.00
43.01 NICU	5,920,329	2,217	2,670.42	0	0	0	43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,364,272		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,214,242		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)					642,711		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					462,718		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,105,429		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					37,108,813		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/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID 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)					10,351		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,069.30		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					11,068,324		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/18/2015 12:47 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,054,245	43,178,454	0.047576	11,068,324	526,587	90.00
91.00	Nursing School cost	0	43,178,454	0.000000	11,068,324	0	91.00
92.00	Allied health cost	0	43,178,454	0.000000	11,068,324	0	92.00
93.00	All other Medical Education	0	43,178,454	0.000000	11,068,324	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2014 To 06/30/2015	Worksheet D-1 Date/Time Prepared: 11/18/2015 12:47 pm
		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)		4,615	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,615	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)		4,615	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)		2,505	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)		3,485,624	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)		3,485,624	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)		3,485,624	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)		755.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,891,976	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,891,976	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1	
		Component CCN: 14T029		Date/Time Prepared: 11/18/2015 12:47 pm		PPS	
		Title XVIII		Subprovider - IRF			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,393,862	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,285,838	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)					65,831	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,612	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					90,443	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,195,395	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID 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: 140029 Component CCN: 14T029		Period: From 07/01/2014 To 06/30/2015		Worksheet D-1 Date/Time Prepared: 11/18/2015 12:47 pm	
		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	121,287	3,485,624	0.034796	0	0	90.00
91.00	Nursing School cost	0	3,485,624	0.000000	0	0	91.00
92.00	Allied health cost	0	3,485,624	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,485,624	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3 Date/Time Prepared: 11/18/2015 12:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		22,586,298	30.00
31.00	03100	INTENSIVE CARE UNIT		4,476,356	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.104696	27,544,665	50.00
50.01	05001	SAME DAY SURGERY	0.180301	819,589	50.01
50.02	05002	G. I. LAB	0.230741	1,376,546	50.02
51.00	05100	RECOVERY ROOM	0.089725	2,345,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.219864	56,119	52.00
53.00	05300	ANESTHESIOLOGY	0.077819	2,772,602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076055	21,082,867	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170553	410,378	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.086104	24,103,199	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.133643	11,680,307	65.00
69.00	06900	ELECTROCARDIOLOGY	0.079198	4,935,266	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026836	9,750,703	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.490236	13,738,424	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.099891	28,045,345	73.00
74.00	07400	RENAL DIALYSIS	0.186724	2,650,023	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.292658	1,690	75.01
75.02	07502	HEART SURGERY	0.000000	0	75.02
75.03	07503	REHAB SERVICES	0.124116	6,667,091	75.03
75.04	07504	CV SURGERY	0.000000	0	75.04
75.05	07505	VASCULAR SERVICES	0.172280	10,006,924	75.05
75.06	07506	YORKVILLE	0.138887	1,238,098	75.06
75.07	07507	MCAI	0.261636	5,982	75.07
76.00	03020	DIABETIC CENTER	1.260268	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.305804	165,769	90.00
90.01	09001	WOUND CARE CENTER	0.561109	5,655	90.01
91.00	09100	EMERGENCY	0.083978	12,391,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.039877	731,894	92.00
200.00		Total (sum of lines 50-94 and 96-98)		182,526,490	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		182,526,490	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet D-3
		Component CCN: 14T029		Date/Time Prepared: 11/18/2015 12:47 pm
		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
31.01	03101 NICU		0	31.01
40.00	04000 SUBPROVIDER - I PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		2,585,000	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.104696	1,179	123 50.00
50.01	05001 SAME DAY SURGERY	0.180301	0	0 50.01
50.02	05002 G. I. LAB	0.230741	5,089	1,174 50.02
51.00	05100 RECOVERY ROOM	0.089725	1,953	175 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.219864	22	5 52.00
53.00	05300 ANESTHESIOLOGY	0.077819	2,073	161 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076055	214,004	16,276 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.170553	0	0 55.00
57.00	05700 CT SCAN	0.000000	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.086104	767,769	66,108 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.133643	368,941	49,306 65.00
69.00	06900 ELECTROCARDIOLOGY	0.079198	14,941	1,183 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.026836	1,307,466	35,087 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.490236	16,556	8,116 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.099891	1,611,762	161,001 73.00
74.00	07400 RENAL DIALYSIS	0.186724	99,900	18,654 74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501 CARDIAC REHAB	1.292658	0	0 75.01
75.02	07502 HEART SURGERY	0.000000	0	0 75.02
75.03	07503 REHAB SERVICES	0.124116	8,272,558	1,026,757 75.03
75.04	07504 CV SURGERY	0.000000	0	0 75.04
75.05	07505 VASCULAR SERVICES	0.172280	38,909	6,703 75.05
75.06	07506 YORKVILLE	0.138887	12,156	1,688 75.06
75.07	07507 MCAI	0.261636	0	0 75.07
76.00	03020 DIABETIC CENTER	1.260268	0	0 76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.305804	0	0 90.00
90.01	09001 WOUND CARE CENTER	0.561109	0	0 90.01
91.00	09100 EMERGENCY	0.083978	16,013	1,345 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.039877	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		12,751,291	1,393,862 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		12,751,291	1,393,862 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
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 (see instructions)		6,360,299		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		21,546,261		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		470,771		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		5,673,853		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		163.64		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		12.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.27		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), 64 FR 26340 (May 12, 1998), and 67 FR 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)		11.73		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		11.73		12.00
13.00	Total allowable FTE count for the prior year.		11.73		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.		10.97		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.48		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		11.48		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.070154		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.071682		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.070154		21.00
22.00	IME payment adjustment (see instructions)		1,262,120		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.27		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,262,120		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1.00	1.01	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.92		30.00
31.00	Percentage of Medicaid patient days (see instructions)		28.47		31.00
32.00	Sum of lines 30 and 31		31.39		32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.11		33.00
34.00	Disproportionate share adjustment (see instructions)		1,054,170		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000355369	0.000372623	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		3,214,802	2,849,686	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		810,307	2,131,408	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,941,715		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		33,635,336		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		33,635,336		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,468,102		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		263,952		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		23,861		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,391,251		59.00
60.00	Primary payer payments		38,109		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,353,142		61.00
62.00	Deductibles billed to program beneficiaries		2,810,728		62.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	1.01	On/After October 1 2.00
63.00	Coinsurance billed to program beneficiaries		92,187		63.00
64.00	Allowable bad debts (see instructions)		392,722		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		255,269		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		392,722		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,705,496		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-56,505		70.93
70.94	HRR adjustment amount (see instructions)		-6,468		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
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,642,523		71.00
71.01	Sequestration adjustment (see instructions)		672,850		71.01
72.00	Interim payments		32,572,835		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)		396,838		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		941,748		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1		On/After 10/1
		1.00	1.01	2.00
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0		0
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0		0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0		0
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000		0.0000
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0		0

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 11/18/2015 12:47 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.92	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	28.47	0.00			28.47	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	31.39	0.00			28.47	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	163.64	0.00			163.64	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	15.11	0.00			12.70	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	2.92	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	2.47	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	8,627	0			8,627	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,722	0			3,722	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	1,465	0			1,465	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	13,814	0			13,814	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	46,232	0			46,232	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	2,295	0			2,295	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	48,527	0			48,527	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	28.47	0.00			28.47	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140029		Period: From 07/01/2014 To 06/30/2015		Worksheet DSH Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	15.11		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		15.11		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		15.11		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet DSH Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	12.70	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	12.70	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	12.70	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,360,299	0	6,360,299	0	6,360,299	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,546,261	0	0	21,546,261	21,546,261	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	470,771	0	57,758	413,014	470,772	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,673,853	0	1,522,971	4,150,882	5,673,853	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.070154	0.070154	0.070154	0.070154		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,262,120	0	296,293	965,827	1,262,120	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,262,120	0	296,293	965,827	1,262,120	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1511	0.1511	0.1511	0.1511		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,054,170	0	240,260	813,910	1,054,170	11.00
11.01	Uncompensated care payments	36.00	2,941,715	0	810,307	2,131,408	2,941,715	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	33,635,336	0	7,764,917	25,870,419	33,635,336	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,635,336	0	7,764,917	25,870,419	33,635,336	15.00
16.00	Payment for inpatient program capital	50.00	2,468,102	0	560,118	1,907,984	2,468,102	16.00
17.00	Special add-on payments for new technologies	54.00	23,861	0	4,946	18,915	23,861	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	8,329,981	27,797,318	36,127,299	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,231,234	0	508,267	1,722,966	2,231,233	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	22,670	0	3,058	19,611	22,669	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0303	0.0303	0.0303	0.0303		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	67,606	0	15,400	52,206	67,606	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0657	0.0657	0.0657	0.0657		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	146,592	0	33,393	113,199	146,592	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,468,102	0	560,118	1,907,984	2,468,102	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVIII	Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00				1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,360,299	6,360,299		1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	21,546,261		21,546,261	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	470,771	57,758	413,014	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,673,853	0	4,150,882	4.00	
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.070154	0.070154	0.070154	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,262,120	239,052	1,023,068	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,262,120	239,052	1,023,068	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	9.01	
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1511	0.1511	0.1511	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,054,170	240,260	813,910	11.00	
11.01	Uncompensated care payments	36.00	2,941,715	810,307	2,131,408	11.01	
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	33,635,336	7,707,676	25,927,660	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	33,635,336	7,707,676	25,927,660	15.00	
16.00	Payment for inpatient program capital	50.00	2,468,102	560,118	1,907,984	16.00	
17.00	Special add-on payments for new technologies	54.00	23,861	4,946	18,915	17.00	
17.01	Net organ acquisition cost	55.00	0	0	0	17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	18.00	
19.00	SUBTOTAL			8,272,740	27,854,559	36,127,299	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,231,234	508,267	1,722,967	2,231,234	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	22,670	3,058	19,612	22,670	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0303	0.0303	0.0303		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	67,606	15,400	52,206	67,606	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0657	0.0657	0.0657		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	146,592	33,393	113,199	146,592	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	2,468,102	560,118	1,907,984	2,468,102	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-56,505	-176	-56,329	-56,505	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-6,468	0	-6,468	-6,468	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,961	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,576,266	2.00
3.00	PPS payments		20,039,365	3.00
4.00	Outlier payment (see instructions)		118,010	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 Wkst. D, Pt. IV, col. 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)		38,961	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		355,248	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		355,248	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)		355,248	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		316,287	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)		38,961	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)		20,157,375	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,791	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,063,941	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		16,123,604	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		156,702	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		16,280,306	30.00
31.00	Primary payer payments		628	31.00
32.00	Subtotal (line 30 minus line 31)		16,279,678	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		499,765	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		324,847	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		499,765	36.00
37.00	Subtotal (see instructions)		16,604,525	37.00
38.00	MSP-LCC reconciliation amount from PS&R		54	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		16,604,471	40.00
40.01	Sequestration adjustment (see instructions)		332,089	40.01
41.00	Interim payments		16,425,417	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-153,035	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		374,319	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E Part B Date/Time Prepared: 11/18/2015 12:47 pm
		Component CCN: 14T029	Title XVII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		134	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		124	2.00
3.00	PPS payments		402	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 Wkst. D, Pt. IV, col. 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)		134	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,345	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		1,345	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,345	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,211	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)		134	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)		402	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		536	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		536	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		536	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 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)		536	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		536	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
41.00	Interim payments		552	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-27	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/18/2015 12:47 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		32,589,216		16,430,052	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	02/12/2015	16,381	02/12/2015	4,635	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)		-16,381		-4,635	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)		32,572,835		16,425,417	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		396,838		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		153,035	6.02
7.00	Total Medicare program liability (see instructions)		32,969,673		16,272,382	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: 140029
Component CCN: 14T029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part I
Date/Time Prepared:
11/18/2015 12:47 pm
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		3,719,316		552	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	02/12/2015	15,212		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)		-15,212		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,704,104		552	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		8,170		27	6.02
7.00	Total Medicare program liability (see instructions)		3,695,934		525	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: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet E-1
Part II
Date/Time Prepared:
11/18/2015 12:47 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			12,052 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			12,795 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,448 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			37,366 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,556,818,871 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			26,003,433 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,300,898 8.00
9.00	Sequestration adjustment amount (see instructions)			26,018 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,274,880 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,151,546 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)			123,334 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140029 Component CCN: 14T029	Period: From 07/01/2014 To 06/30/2015	Worksheet E-3 Part III Date/Time Prepared: 11/18/2015 12:47 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,369,672 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0247 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			132,091 3.00
4.00	Outlier Payments			31,818 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)			1.00 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 42 CFR §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 instructions)			1.00 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 instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			1.00 9.00
10.00	Average Daily Census (see instructions)			12.643836 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.080430 11.00
12.00	Teaching Adjustment (see instructions)			271,023 12.00
13.00	Total PPS Payment (see instructions)			3,804,604 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)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,804,604 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,804,604 19.00
20.00	Deductibles			19,896 20.00
21.00	Subtotal (line 19 minus line 20)			3,784,708 21.00
22.00	Coinsurance			13,347 22.00
23.00	Subtotal (line 21 minus line 22)			3,771,361 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,771,361 27.00
28.00	Direct graduate medical education payments (from Wkst. 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	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,771,361 32.00
32.01	Sequestration adjustment (see instructions)			75,427 32.01
33.00	Interim payments			3,704,104 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)			-8,170 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 Wkst. E-3, Pt. III, line 4			31,818 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: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/18/2015 12:47 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	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)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.00	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	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.	12.00	1.00	13.00	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.	10.83	0.90	11.73	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	10.83	0.90		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.89	0.84		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.75	0.98		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.82	0.91		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	10.82	0.91		17.00
18.00	Per resident amount	91,241.45	91,241.45		18.00
19.00	Approved amount for resident costs	987,232	83,030	1,070,262	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.27	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)			1,070,262	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,300	2,448		26.00
27.00	Total Inpatient Days (see instructions)	44,276	44,276		27.00
28.00	Ratio of inpatient days to total inpatient days	0.345560	0.055290		28.00
29.00	Program direct GME amount	369,840	59,175		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		8,361		30.00
31.00	Net Program direct GME amount			420,654	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet E-4 Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from 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)		4,606,018	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)		41,500,080	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)		38,109	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		41,461,971	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,615,485	42.00
43.00	Primary payer payments (see instructions)		628	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,614,857	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		66,076,828	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.627481	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.372519	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		420,654	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		263,952	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		156,702	50.00

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

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet G

Date/Time Prepared:
11/18/2015 12:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,930,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	50,261,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	14,341,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	84,532,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	192,792,029	0	0	0	15.00
16.00	Accumulated depreciation	-227,215,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	205,534,971	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	171,112,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	238,058,000	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	43,687,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	281,745,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	537,389,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,929,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	45,247,000	0	0	0	43.00
44.00	Other current liabilities	33,984,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	92,160,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	109,984,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	50,545,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	160,529,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	252,689,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	284,700,000				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)	284,700,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	537,389,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-1

Date/Time Prepared:
11/18/2015 12:47 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		272,171,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,786,000			2.00
3.00	Total (sum of line 1 and line 2)		277,957,000		0	3.00
4.00	UNRESTRICTED NET ASSETS	6,135,000		0		4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS	956,000		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		7,091,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		285,048,000		0	11.00
12.00	TEMPORARILY RESTRICTED ASSETS	348,000		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		348,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		284,700,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	UNRESTRICTED NET ASSETS		0			4.00
5.00	PERMANENTLY RESTRICTED NET ASSETS		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	TEMPORARILY RESTRICTED ASSETS		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: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/18/2015 12:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	65,007,398		65,007,398	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,833,809		4,833,809	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,841,207		69,841,207	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,381,776		11,381,776	11.00
11.01	NICU	22,697,665		22,697,665	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	34,079,441		34,079,441	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	103,920,648		103,920,648	17.00
18.00	Ancillary services	517,909,666	793,198,892	1,311,108,558	18.00
19.00	Outpatient services	0	143,369,644	143,369,644	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	109,039	125,845	234,884	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	621,939,353	936,694,381	1,558,633,734	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		296,986,994		29.00
30.00	RUSH COPLEY CARDIOVASCULAR, LLC	5,981,000			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)		5,981,000		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)		302,967,994		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140029

Period:
From 07/01/2014
To 06/30/2015

Worksheet G-3

Date/Time Prepared:
11/18/2015 12:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,558,633,734	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,233,239,740	2.00
3.00	Net patient revenues (line 1 minus line 2)	325,393,994	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	302,967,994	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,426,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,252,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	-25,289,000	24.00
24.01	CHANGE IN FAIR MARKET VALUE OF INTER	-1,104,000	24.01
24.02	GAIN ON SALE POB 1	1,501,000	24.02
25.00	Total other income (sum of lines 6-24)	-16,640,000	25.00
26.00	Total (line 5 plus line 25)	5,786,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,786,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140029	Period: From 07/01/2014 To 06/30/2015	Worksheet L Parts I-III Date/Time Prepared: 11/18/2015 12:47 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,231,234	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		22,670	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)		108.66	3.00
4.00	Number of interns & residents (see instructions)		11.48	4.00
5.00	Indirect medical education percentage (see instructions)		3.03	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		67,606	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		28.47	8.00
9.00	Sum of lines 7 and 8		31.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.57	10.00
11.00	Disproportionate share adjustment (see instructions)		146,592	11.00
12.00	Total prospective capital payments (see instructions)		2,468,102	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