

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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED
 OMB NO. 0938-0050
 Worksheet S
 Parts I-III
 Date/Time Prepared:
 5/19/2016 11:19 am

Provider CCN: 140065

Period:
 From 02/01/2015
 To 12/31/2015

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/19/2016 Time: 11:19 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Contractor use only 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL (140065) for the cost reporting period beginning 02/01/2015 and ending 12/31/2015 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.

Encryption Information

ECR: Date: 5/19/2016 Time: 11:19 am
 spMs51YrGCCHKlwxrhuKiv.pqsolh0
 .XilG0TcGPF1VvvMeakdxRISKL1GH1
 AaKjl29:Vh0GSzko
 PI: Date: 5/19/2016 Time: 11:19 am
 YHutcdyyyr7zx8T9wM.mG1s1bUTYP0
 p9u8iONpoyRuINSksMepQ2z6HEedqI
 vDXY0yMJ:80878ka

(Signed)

Rebecca Mathis
 Officer or Administrator of Provider(s)

Title

CFO/VP

5/23/16

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	117,563	-130,886	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	63,414	-273	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
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	180,977	131,159	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 02/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/17/2016 7:08 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 5101 S. WILLOW SPRINGS ROAD	PO Box:						1.00		
2.00	City: LAGRANGE	State: IL	Zip Code: 60525-	County: COOK				2.00		
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ADVENTIST LA GRANGE REHAB SUBPROV.	14T065	16974	5	01/01/2015	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					02/01/2015	12/31/2015		20.00	
21.00	Type of Control (see instructions)						1		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		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.						3		N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.	768	65	0	0	1,938	5		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.	53	9	0	0	141			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/17/2016 7:08 pm			
		Urban/Rural S 1.00	Date of Geogr 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: 1.00	Ending: 2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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 1.00	Y/N 2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	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 1.00	XVIII 2.00	XIX 3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
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)				Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140065

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From 02/01/2015
To 12/31/2015

Worksheet S-2
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

		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)	FAMILY PRACTICE	1350	0.71	17.10	0.039865	67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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)			N		0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
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	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
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	87.00
				V		XIX	
				1.00		2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00

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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	95.00
96.00	Does title v or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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. I, col. 25 and the program is cost reimbursed. If yes complete wkst. D-2, Pt. II.				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.				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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,492,342	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: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/17/2016 7:08 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HF8013			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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00	
142.00	Street: 900 HOPE WAY	PO Box:				142.00	
143.00	City: ALTAMONTE SPRINGS	State: FL	Zip Code:	32714		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
				1.00			
145.00	If costs for renal services are claimed on wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
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			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (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)	9.99				169.00	
				Beginning 1.00	Ending 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)	10/01/2014		09/30/2015		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet S-2 Part I Date/Time Prepared: 5/17/2016 7:08 pm
			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)		N 171.00

		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)	Y	02/01/2015	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)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for 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		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
Description		Y/N	Date	Y/N
0		1.00	2.00	3.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2016	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
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 relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARLIN	THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	SUNBELT 407-357-2338	MIKE.THOMPSON3@AHSS.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/01/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Component	Worksheet A	No. of Beds	Bed Days	CAH Hours	I/P Days / O/P	Title V
	Line Number		Available		visits / Trips	
	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	133	44,422	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)		133	44,422	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,018	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		160	53,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,344		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						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		176			0	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)		5	1,670			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,853	661	25,094			1.00
2.00 HMO and other (see instructions)	3,044	1,938				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	141				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,853	661	25,094			7.00
8.00 INTENSIVE CARE UNIT	1,495	89	2,827			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		83	900			13.00
14.00 Total (see instructions)	15,348	833	28,821	19.46	781.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,726	62	4,267	0.00	22.11	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	335			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						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)				19.46	803.47	27.00
28.00 Observation Bed Days		25	1,047			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	5	49			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			196			32.01
33.00 LTCH non-covered days	0					33.00

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	3,329	250	6,946	1.00
2.00 HMO and other (see instructions)				660	604		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					14		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	3,329		250	6,946	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	270		4	418	17.00
18.00 SUBPROVIDER	0.00	0	0		0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	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							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: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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	50,476,305	5,309,219	55,785,524	1,720,497.00	32.42 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		1,158,423	0	1,158,423	12,578.00	92.10 4.01
5.00	Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B		90,970	0	90,970	1,920.00	47.38 6.00
7.00	Interns & residents (in an approved program)	21.00	1,042,345	0	1,042,345	40,672.00	25.63 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office personnel		829,929	0	829,929	11,507.00	72.12 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		2,421,251	0	2,421,251	81,347.00	29.76 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		631,470	0	631,470	9,643.00	65.48 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		392,988	0	392,988	2,612.00	150.45 13.00
14.00	Home office salaries & wage-related costs		6,814,700	0	6,814,700	94,488.00	72.12 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		26,350	0	26,350	279.00	94.44 16.00
WAGE-RELATED COSTS							
17.00	wage-related costs (core) (see instructions)		10,196,204	0	10,196,204		
18.00	wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		499,194	0	499,194		
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		94,853	0	94,853		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		8,436	0	8,436		
25.00	Interns & residents (in an approved program)		98,461	0	98,461		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	406,751	164,216	570,967	18,353.00	31.11 26.00
27.00	Administrative & General	5.00	2,590,327	3,390,968	5,981,295	180,703.00	33.10 27.00
28.00	Administrative & General under contract (see inst.)		26,628	0	26,628	153.00	174.04 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00 29.00
30.00	Operation of Plant	7.00	1,680,121	150,795	1,830,916	62,709.00	29.20 30.00
31.00	Laundry & Linen Service	8.00	1,369,345	0	1,369,345	0.00	0.00 31.00
32.00	Housekeeping	9.00	0	0	0	95,891.00	0.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00 33.00
34.00	Dietary	10.00	995,931	-816,387	179,544	11,869.00	15.13 34.00
35.00	Dietary under contract (see instructions)		335,451	0	335,451	7,040.00	47.65 35.00
36.00	Cafeteria	11.00	0	816,387	816,387	53,967.00	15.13 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00 37.00
38.00	Nursing Administration	13.00	1,444,320	569,504	2,013,824	38,818.00	51.88 38.00
39.00	Central Services and Supply	14.00	625,433	74,879	700,312	34,372.00	20.37 39.00
40.00	Pharmacy	15.00	2,341,485	0	2,341,485	52,137.00	44.91 40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	
41.00	Medical Records & Medical Records Library	16.00 818,814	862,918	1,681,732	63,272.00	26.58	41.00
42.00	Social Service	17.00 1,373,723	1,500	1,375,223	36,237.00	37.95	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/17/2016 7:08 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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 III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,716,717	5,309,219	53,025,936	1,661,013.00	31.92	1.00
2.00	Excluded area salaries (see instructions)	2,421,251	0	2,421,251	81,347.00	29.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,295,466	5,309,219	50,604,685	1,579,666.00	32.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,839,158	0	7,839,158	106,743.00	73.44	4.00
5.00	Subtotal wage-related costs (see inst.)	10,196,204	0	10,196,204	0.00	20.15	5.00
6.00	Total (sum of lines 3 thru 5)	63,330,828	5,309,219	68,640,047	1,686,409.00	40.70	6.00
7.00	Total overhead cost (see instructions)	14,008,329	5,214,780	19,223,109	655,521.00	29.32	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,332,480	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,094,791	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	55,149	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	491,941	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	3,675,262	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	103,787	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	143,738	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,897,148	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: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet S-3
Part V
Date/Time Prepared:
5/17/2016 7:08 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	631,470	0	1.00
2.00	Hospital	631,470	0	2.00
3.00	Subprovider - IPF			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			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			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet 5-10 Date/Time Prepared: 5/17/2016 7:08 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)		0.236029	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		8,735,289	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		51,094,815	6.00
7.00	Medicaid cost (line 1 times line 6)		12,059,858	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)		3,324,569	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)		7,326	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,002,462	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		236,610	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)		229,284	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		21,425	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,553,853	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	3,711,481	0	3,711,481
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	876,017	0	876,017
22.00	Partial payment by patients approved for charity care	2,497	0	2,497
23.00	Cost of charity care (line 21 minus line 22)	873,520	0	873,520
				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)		4,555,564	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		341,817	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,213,747	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		994,566	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,868,086	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,421,939	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet A

Date/Time Prepared:
5/17/2016 7:08 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	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	9,846,172	9,846,172	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	4,385,013	4,385,013	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	406,751	6,861,557	7,268,308	975,239	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,590,327	24,591,229	27,181,556	528,443	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,680,121	5,149,161	6,829,282	180,091	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,369,345	-176	1,369,169	0	8.00
9.00	00900	HOUSEKEEPING	0	1,162,616	1,162,616	-1,910	9.00
10.00	01000	DIETARY	995,931	1,015,628	2,011,559	-1,651,913	10.00
11.00	01100	CAFETERIA	0	0	0	1,648,921	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,444,320	237,043	1,681,363	716,049	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	625,433	276,532	901,965	255,227	14.00
15.00	01500	PHARMACY	2,341,485	4,614,733	6,956,218	-4,853,269	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	818,814	204,048	1,022,862	1,116,412	16.00
17.00	01700	SOCIAL SERVICE	1,373,723	285,906	1,659,629	-190	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 APPRV	1,042,345	78,130	1,120,475	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,355,376	664,801	2,020,177	-3,840	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,249,135	1,576,850	11,825,985	-1,113,654	30.00
31.00	03100	INTENSIVE CARE UNIT	2,347,614	738,079	3,085,693	-6,222	31.00
41.00	04100	SUBPROVIDER - IRF	1,514,232	430,920	1,945,152	-110	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	293,160	293,160	147,505	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,922,939	3,779,127	7,702,066	-161,879	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	609,330	77,413	686,743	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,080,234	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,601,962	1,128,410	3,730,372	-658,446	54.00
54.01	05401	NUCLEAR MEDICINE	208,886	20,373	229,259	40,712	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	335,182	303,635	638,817	57,862	55.00
57.00	05700	CT SCAN	504,931	140,721	645,652	406,062	57.00
58.00	05800	MRI	277,200	30,733	307,933	129,458	58.00
59.00	05900	CARDIAC CATHETERIZATION	526,328	162,293	688,621	-1,680	59.00
60.00	06000	LABORATORY	2,119,752	2,506,290	4,626,042	110,837	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	943,902	367,461	1,311,363	-24,215	65.00
66.00	06600	PHYSICAL THERAPY	1,204,889	3,136,194	4,341,083	-277,904	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	684,949	51,155	736,104	-311	67.00
68.00	06800	SPEECH PATHOLOGY	169,415	14,363	183,778	-220	68.00
69.00	06900	ELECTROCARDIOLOGY	628,439	406,551	1,034,990	-1,100	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	434,580	38,598	473,178	-260	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	35,766	309,328	345,094	-110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,832,951	3,832,951	-795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,214,209	9,214,209	3,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	100	4,646,515	73.00
76.00	03020	HEMODIALYSIS	0	302,211	302,211	0	76.00
76.01	03952	LITHOTRIPSY	358	1,500	1,858	0	76.01
76.02	03950	WOUND CARE	529,903	862,197	1,392,100	-110	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	2,525,914	1,217,218	3,743,132	-485	91.00
91.01	09101	OP DEPARTMENT	110,113	9,344	119,457	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,039,596	172,168	1,211,764	-116,988	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet A

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
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		17,157,627	17,157,627	-17,398,169	-240,542	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	49,569,286	93,422,387	142,991,673	0	142,991,673	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,723	123,066	273,789	0	273,789	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,332,672	2,332,672	0	2,332,672	192.00
192.01	19201 CFPC CLINIC	509,190	450,987	960,177	0	960,177	192.01
194.00	07950 OFFICE BUILDINGS	0	752,498	752,498	0	752,498	194.00
194.01	07951 MARKETING	57,536	386,097	443,633	0	443,633	194.01
194.02	07952 FOUNDATION	189,570	70,586	260,156	0	260,156	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	TOTAL (SUM OF LINES 118-199)	50,476,305	97,538,293	148,014,598	0	148,014,598	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet A
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	-58,300	9,787,872	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	453,435	4,838,448	2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-558,823	7,684,724	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-5,519,521	22,190,478	5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-143,976	6,865,397	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,369,169	8.00
9.00	00900 HOUSEKEEPING	-830	1,159,876	9.00
10.00	01000 DIETARY	-314,012	45,634	10.00
11.00	01100 CAFETERIA	0	1,648,921	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	0	2,397,412	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	1,157,192	14.00
15.00	01500 PHARMACY	35,730	2,138,679	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	58,428	2,197,702	16.00
17.00	01700 SOCIAL SERVICE	-18,788	1,640,651	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 APPRV	0	1,120,475	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-294,889	1,721,448	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-356,629	10,355,702	30.00
31.00	03100 INTENSIVE CARE UNIT	-270,617	2,808,854	31.00
41.00	04100 SUBPROVIDER - IRF	0	1,945,042	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	-275,550	165,115	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-506,959	7,033,228	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
50.02	05002 DAY SURGERY	0	0	50.02
51.00	05100 RECOVERY ROOM	0	686,743	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,080,234	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-316	3,071,610	54.00
54.01	05401 NUCLEAR MEDICINE	0	269,971	54.01
54.02	05402 ULTRASOUND	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407 PET SCAN	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	-104,036	592,643	55.00
57.00	05700 CT SCAN	0	1,051,714	57.00
58.00	05800 MRI	0	437,391	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	686,941	59.00
60.00	06000 LABORATORY	-100	4,736,779	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	-7,076	1,280,072	65.00
66.00	06600 PHYSICAL THERAPY	-75,911	3,987,268	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	735,793	67.00
68.00	06800 SPEECH PATHOLOGY	0	183,558	68.00
69.00	06900 ELECTROCARDIOLOGY	-335,495	698,395	69.00
69.01	06901 VASCULAR LAB	0	0	69.01
69.02	06902 CARDIAC REHAB	-70,757	402,161	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	344,984	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	-207	3,831,949	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,217,237	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-35,874	4,610,741	73.00
76.00	03020 HEMODIALYSIS	0	302,211	76.00
76.01	03952 LITHOTRIPSY	0	1,858	76.01
76.02	03950 WOUND CARE	0	1,391,990	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-573,570	3,169,077	91.00
91.01	09101 OP DEPARTMENT	0	119,457	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,094,776	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet A
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
101.00	10100	HOME HEALTH AGENCY	0	0	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	240,542	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,734,101	134,257,572	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	273,789	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,332,672	192.00
192.01	19201	CFPC CLINIC	-58,355	901,822	192.01
194.00	07950	OFFICE BUILDINGS	0	752,498	194.00
194.01	07951	MARKETING	0	443,633	194.01
194.02	07952	FOUNDATION	0	260,156	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-8,792,456	139,222,142	200.00

		Increases				
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
A - RENT AND LEASES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	236,967		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	584,441		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	33,678		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
0				855,086		
B - PROPERTY TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	162,685		1.00
2.00		0.00	0	0		2.00
0				162,685		
C - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,657		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	19		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	576		3.00
0				2,252		
D - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,646,615		1.00
2.00		0.00	0	0		2.00
0				4,646,615		
E - IMPLANTABLES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,452		1.00
0				2,452		
F - RECRUITMENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	9,950	0		1.00
2.00	SOCIAL SERVICE	17.00	1,500	0		2.00
0			11,450	0		
G - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	293,930	124,626		1.00
0			293,930	124,626		
H - RADIOLOGY SALARIES						
1.00	NUCLEAR MEDICINE	54.01	25,011	16,108		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	35,957	23,157		2.00
3.00	CT SCAN	57.00	249,474	160,668		3.00
4.00	MRI	58.00	78,878	50,800		4.00
0			389,320	250,733		
I - NURSERY						
1.00	NURSERY	43.00	335,143	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	821,561	258,673		2.00
0			1,156,704	258,673		
J - CAFETERIA						
1.00	CAFETERIA	11.00	816,387	832,534		1.00
0			816,387	832,534		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
K - OBSERV TO RTN CARE					
1.00	ADULTS & PEDIATRICS	30.00	100,366	16,622	1.00
	0		100,366	16,622	
L - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,051,785	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,319,031	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	15,680	3.00
	0		0	11,386,496	
M - SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	154,266	820,973	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	3,684,899	2,942,130	2.00
3.00	OPERATION OF PLANT	7.00	150,795	31,932	3.00
4.00	NURSING ADMINISTRATION	13.00	275,574	22,794	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	74,879	248,807	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	862,918	253,824	6.00
7.00	LABORATORY	60.00	94,439	109,638	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	5,297,769	0	8.00
	0		10,595,539	4,430,098	
N - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,394,735	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	481,541	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	3,998,480	3.00
	0		0	5,874,756	
500.00	Grand Total: Increases		13,363,696	28,843,628	500.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENT AND LEASES							
1.00	OPERATION OF PLANT	7.00	0	2,636	10		1.00
2.00	HOUSEKEEPING	9.00	0	1,910	10		2.00
3.00	DIETARY	10.00	0	2,992	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	875	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,016	0		5.00
6.00	PHARMACY	15.00	0	208,190	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	330	0		7.00
8.00	SOCIAL SERVICE	17.00	0	190	0		8.00
9.00	I&R SERVICES-OTHER PRGM	22.00	0	3,840	0		9.00
COSTS APPRV							
10.00	ADULTS & PEDIATRICS	30.00	0	2,903	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	6,222	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	110	0		12.00
13.00	OPERATING ROOM	50.00	0	158,548	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,393	0		14.00
15.00	NUCLEAR MEDICINE	54.01	0	407	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,252	0		16.00
17.00	CT SCAN	57.00	0	4,080	0		17.00
18.00	MRI	58.00	0	220	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,680	0		19.00
20.00	LABORATORY	60.00	0	93,240	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	24,215	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	252,122	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	330	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	220	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,100	0		25.00
26.00	CARDIAC REHAB	69.02	0	260	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	110	0		27.00
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	100	0		28.00
29.00	WOUND CARE	76.02	0	110	0		29.00
30.00	EMERGENCY	91.00	0	485	0		30.00
0			0	855,086			
B - PROPERTY TAXES							
1.00	INTEREST EXPENSE	113.00	0	136,917	11		1.00
2.00	PHYSICAL THERAPY	66.00	0	25,768	0		2.00
0			0	162,685			
C - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	443	0		1.00
2.00	OPERATING ROOM	50.00	0	1,795	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	14	0		3.00
0			0	2,252			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	4,645,079	0		1.00
2.00	OPERATING ROOM	50.00	0	1,536	0		2.00
0			0	4,646,615			
E - IMPLANTABLES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,452	0		1.00
0			0	2,452			
F - RECRUITMENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,950	0		1.00
2.00	SOCIAL SERVICE	17.00	0	1,500	0		2.00
0			0	11,450			
G - NURSING ADMINISTRATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	293,930	124,626	0		1.00
0			293,930	124,626			
H - RADIOLOGY SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	389,320	250,733	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
0			389,320	250,733			
I - NURSERY							
1.00	NURSERY	43.00	0	187,638	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,156,704	71,035	0		2.00
0			1,156,704	258,673			
J - CAFETERIA							
1.00	DIETARY	10.00	816,387	832,534	0		1.00
0			816,387	832,534			
K - OBSERV TO RTN CARE							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	100,366	16,622	0		1.00
0			100,366	16,622			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
L - DEPRECIATION							
1.00	INTEREST EXPENSE	113.00	0	11,386,496	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00		0.00	0	0	0	3.00	
	0		0	11,386,496			
M - SHARED SERVICES							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,297,770	4,430,098	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,297,769	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
	0		5,297,770	9,727,867			
N - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,874,756	11	1.00	
2.00		0.00	0	0	11	2.00	
3.00		0.00	0	0	0	3.00	
	0		0	5,874,756			
500.00	Grand Total: Decreases		8,054,477	34,152,847		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
5/17/2016 7:08 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	9,779,429	0	0	0	0	1.00
2.00	Land Improvements	6,671,495	0	0	0	0	2.00
3.00	Buildings and Fixtures	209,631,092	688,642	0	688,642	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	30,123,635	25,365	0	25,365	0	5.00
6.00	Movable Equipment	55,895,267	1,207,994	0	1,207,994	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	312,100,918	1,922,001	0	1,922,001	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	312,100,918	1,922,001	0	1,922,001	0	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	9,779,429	0				1.00
2.00	Land Improvements	6,671,495	0				2.00
3.00	Buildings and Fixtures	210,319,734	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	30,149,000	0				5.00
6.00	Movable Equipment	57,103,261	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	314,022,919	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	314,022,919	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet A-7
Part II
Date/Time Prepared:
5/17/2016 7:08 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet A-7
Part III
Date/Time Prepared:
5/17/2016 7:08 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	CAP REL COSTS-BLDG & FIXT	256,919,658	0	256,919,658	0.818156	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	57,103,261	0	57,103,261	0.181844	0	2.00
3.00	Total (sum of lines 1-2)	314,022,919	0	314,022,919	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,180,343	236,967	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,831,757	584,441	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,012,100	821,408	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,385,691	0	-15,129	0	9,787,872	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	422,250	0	0	0	4,838,448	2.00
3.00	Total (sum of lines 1-2)	1,807,941	0	-15,129	0	14,626,320	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet A-8

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center			Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-171,729	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-59,291	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
3.00 Investment income - other (chapter 2)	B	-492,319	ADMINISTRATIVE & GENERAL	5.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-34,194	OPERATION OF PLANT	7.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-39,149	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	-283,883				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	1,542,323				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-314,012	DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-28,117	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN 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	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00 NON ALLOWABLE COLLECTION FEES	A	-57,080	ELECTROCARDIOLOGY	69.00		0	33.00
33.01 NON ALLOWABLE GOODWILL	A	-378,125	INTEREST EXPENSE	113.00		0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted			Ref.	
			Cost Center				Line #
			1.00	2.00	3.00		4.00
33.02	LEGAL	A	-227,637	ADMINISTRATIVE & GENERAL	5.00	0 33.02	
33.03	FEDERAL INCOME TAX	A	-15	INTEREST EXPENSE	113.00	0 33.03	
33.04	NON ALLOWABLE BANK FEES	A	86,637	INTEREST EXPENSE	113.00	0 33.04	
33.05	NON ALLOWABLE ADVERTISING	A	-7,083	ADMINISTRATIVE & GENERAL	5.00	0 33.05	
33.06	NON ALLOWABLE ADVERTISING	A	5,489	ELECTROCARDIOLOGY	69.00	0 33.06	
33.07	SELF INSURANCE	A	-763,703	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07	
35.00	OTHER OPERATING REVENUE	B	-2,960	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.00	
36.00	OTHER OPERATING REVENUE	B	-117,807	ADMINISTRATIVE & GENERAL	5.00	0 36.00	
37.00	OTHER OPERATING REVENUE	B	-70,633	OPERATION OF PLANT	7.00	0 37.00	
38.00	OTHER OPERATING REVENUE	B	-830	HOUSEKEEPING	9.00	0 38.00	
38.01	OTHER OPERATING REVENUE	B	-7,400	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 38.01	
41.00	OTHER OPERATING REVENUE	B	-10,294	ADULTS & PEDIATRICS	30.00	0 41.00	
42.00	OTHER OPERATING REVENUE	B	-164	RADIOLOGY-DIAGNOSTIC	54.00	0 42.00	
43.00	OTHER OPERATING REVENUE	B	-104,036	RADIOLOGY-THERAPEUTIC	55.00	0 43.00	
43.01	OTHER OPERATING REVENUE	B	-60	LABORATORY	60.00	0 43.01	
43.02	OTHER OPERATING REVENUE	B	-75,508	PHYSICAL THERAPY	66.00	0 43.02	
44.00	OTHER OPERATING REVENUE	B	-792	ELECTROCARDIOLOGY	69.00	0 44.00	
44.01	OTHER OPERATING REVENUE	B	-70,757	CARDIAC REHAB	69.02	0 44.01	
44.02	OTHER OPERATING REVENUE	B	-101	DRUGS CHARGED TO PATIENTS	73.00	0 44.02	
44.03	OTHER OPERATING REVENUE	B	-1,451	EMERGENCY	91.00	0 44.03	
44.04	PROPERTY TAXES	A	-15,129	CAP REL COSTS-BLDG & FIXT	1.00	13 44.04	
44.06	NON ALLOW PHYS SUBSIDIES	A	-25,067	ADMINISTRATIVE & GENERAL	5.00	0 44.06	
44.07	NON ALLOW PHYS SUBSIDIES	A	-143,142	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 44.07	
44.08	NON ALLOW PHYS SUBSIDIES	A	-190,850	INTENSIVE CARE UNIT	31.00	0 44.08	
44.09	NON ALLOW PHYS SUBSIDIES	A	-275,550	NURSERY	43.00	0 44.09	
45.00	NON ALLOW PHYS SUBSIDIES	A	-504,805	OPERATING ROOM	50.00	0 45.00	
45.01	STATE ASSESSMENT	A	-4,726,278	ADMINISTRATIVE & GENERAL	5.00	0 45.01	
45.02	NON ALLOW PHYS SUBSIDIES	A	-190,851	ELECTROCARDIOLOGY	69.00	0 45.02	
45.03	NON ALLOW PHYS SUBSIDIES	A	-571,750	EMERGENCY	91.00	0 45.03	
45.04	GAIN/LOSS	A	-30,379	ADMINISTRATIVE & GENERAL	5.00	0 45.04	
45.05	NON ALLOW LOBBYING	A	-26,183	ADMINISTRATIVE & GENERAL	5.00	0 45.05	
45.06	SPECIAL EVENTS	A	-5,092	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.06	
45.07	SPECIAL EVENTS	A	-11,135	ADMINISTRATIVE & GENERAL	5.00	0 45.07	
45.08	HOSPICE	A	-172	OPERATING ROOM	50.00	0 45.08	
45.09	HOSPICE	A	-152	RADIOLOGY-DIAGNOSTIC	54.00	0 45.09	
45.10	HOSPICE	A	-40	LABORATORY	60.00	0 45.10	
45.11	HOSPICE	A	-7,076	RESPIRATORY THERAPY	65.00	0 45.11	
45.12	HOSPICE	A	-403	PHYSICAL THERAPY	66.00	0 45.12	
45.13	HOSPICE	A	-207	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 45.13	
45.14	HOSPICE	A	-35,773	DRUGS CHARGED TO PATIENTS	73.00	0 45.14	
45.15	HOSPICE	A	-369	EMERGENCY	91.00	0 45.15	
45.16	HOSPICE	A	-346,335	ADULTS & PEDIATRICS	30.00	0 45.16	
45.17	HOSPICE	A	-1,037	INTENSIVE CARE UNIT	31.00	0 45.17	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-8,792,456			50.00	

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140065

Period: From 02/01/2015 To 12/31/2015

Worksheet A-8-1

Date/Time Prepared: 5/17/2016 7:08 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE ALLOCATION	9,727,867	9,767,977 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	128,558	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	512,726	0 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	253,895	40,963 3.01
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	7,288,119	7,101,267 4.00
4.01	15.00	PHARMACY	HOME OFFICE	35,730	0 4.01
4.02	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	86,545	0 4.02
4.03	22.00	I&R SERVICES-OTHER PRGM COST	HOME OFFICE	24,130	0 4.03
4.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE	0	78,730 4.04
4.05	113.00	INTEREST EXPENSE	HOME OFFICE	5,874,756	5,342,711 4.05
4.06	192.01	CFPC CLINIC	HOME OFFICE	0	58,355 4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			23,932,326	22,390,003 5.00

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

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

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

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

6.00	B	0.00	HINSDALE HEALTH SYSTEM	100.00	6.00
7.00	B	0.00	ADVENTIST HEALTH SYSTEM	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-40,110	0	1.00
2.00	128,558	9	2.00
3.00	512,726	9	3.00
3.01	212,932	0	3.01
4.00	186,852	0	4.00
4.01	35,730	0	4.01
4.02	86,545	0	4.02
4.03	24,130	0	4.03
4.04	-78,730	0	4.04
4.05	532,045	0	4.05
4.06	-58,355	0	4.06
5.00	1,542,323		5.00

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

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

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

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

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

6.00	HLTHCARE MANAGEMENT	6.00
7.00	HLTHCARE MANAGEMENT	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/17/2016 7:08 pm

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	69.00 DR. A	92,261	92,261	0	0	0	1.00
2.00	22.00 DR. B	144,634	0	144,634	179,000	1,920	2.00
3.00	22.00 DR. B	92,669	0	92,669	179,000	900	3.00
4.00	22.00 DR. D	136,481	0	136,481	179,000	1,920	4.00
5.00	22.00 DR. E	176,705	0	176,705	179,000	1,920	5.00
6.00	22.00 DR. F	162,593	0	162,593	179,000	1,920	6.00
7.00	22.00 DR. G	217,596	0	217,596	179,000	1,912	7.00
8.00	22.00 DR. H	96,139	0	96,139	179,000	960	8.00
9.00	22.00 DR. I	10,935	0	10,935	179,000	122	9.00
10.00	22.00 DR. J	18,912	0	18,912	179,000	1,920	10.00
11.00	22.00 DR. K	3,105	0	3,105	179,000	38	11.00
12.00	22.00 DR. L	71,204	0	71,204	179,000	386	12.00
13.00	22.00 DR. M	9,121	0	9,121	179,000	80	13.00
14.00	22.00 DR. N	10,863	0	10,863	179,000	20	14.00
15.00	22.00 DR. O	12,229	0	12,229	179,000	168	15.00
16.00	22.00 DR. P	34,416	0	34,416	179,000	312	16.00
17.00	5.00 AGGREGATE-ADMINISTRATIVE & GENERAL	2,375	2,375	0	0	0	17.00
18.00	17.00 AGGREGATE-SOCIAL SERVICE	59,063	594	58,469	179,000	468	18.00
19.00	22.00 AGGREGATE-I&R SERVICES-OTHER PRGM CO	41,852	4,815	37,037	179,000	279	19.00
20.00	50.00 AGGREGATE-OPERATING ROOM	8,867	0	8,867	179,000	80	20.00
200.00		1,402,020	100,045	1,301,975		15,325	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	69.00 DR. A	0	0	0	0	0	1.00
2.00	22.00 DR. B	165,231	8,262	0	0	0	2.00
3.00	22.00 DR. B	77,452	3,873	0	0	0	3.00
4.00	22.00 DR. D	165,231	8,262	0	0	0	4.00
5.00	22.00 DR. E	165,231	8,262	0	0	0	5.00
6.00	22.00 DR. F	165,231	8,262	0	0	0	6.00
7.00	22.00 DR. G	164,542	8,227	0	0	0	7.00
8.00	22.00 DR. H	82,615	4,131	0	0	0	8.00
9.00	22.00 DR. I	10,499	525	0	0	0	9.00
10.00	22.00 DR. J	165,231	8,262	0	0	0	10.00
11.00	22.00 DR. K	3,270	164	0	0	0	11.00
12.00	22.00 DR. L	33,218	1,661	0	0	0	12.00
13.00	22.00 DR. M	6,885	344	0	0	0	13.00
14.00	22.00 DR. N	1,721	86	0	0	0	14.00
15.00	22.00 DR. O	14,458	723	0	0	0	15.00
16.00	22.00 DR. P	26,850	1,343	0	0	0	16.00
17.00	5.00 AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	17.00 AGGREGATE-SOCIAL SERVICE	40,275	2,014	0	0	0	18.00
19.00	22.00 AGGREGATE-I&R SERVICES-OTHER PRGM CO	24,010	1,201	0	0	0	19.00
20.00	50.00 AGGREGATE-OPERATING ROOM	6,885	344	0	0	0	20.00
200.00		1,318,835	65,946	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
1.00	69.00 DR. A	0	0	0	92,261	1.00
2.00	22.00 DR. B	0	165,231	0	0	2.00
3.00	22.00 DR. B	0	77,452	15,217	15,217	3.00
4.00	22.00 DR. D	0	165,231	0	0	4.00
5.00	22.00 DR. E	0	165,231	11,474	11,474	5.00
6.00	22.00 DR. F	0	165,231	0	0	6.00
7.00	22.00 DR. G	0	164,542	53,054	53,054	7.00
8.00	22.00 DR. H	0	82,615	13,524	13,524	8.00
9.00	22.00 DR. I	0	10,499	436	436	9.00
10.00	22.00 DR. J	0	165,231	0	0	10.00
11.00	22.00 DR. K	0	3,270	0	0	11.00
12.00	22.00 DR. L	0	33,218	37,986	37,986	12.00
13.00	22.00 DR. M	0	6,885	2,236	2,236	13.00
14.00	22.00 DR. N	0	1,721	9,142	9,142	14.00
15.00	22.00 DR. O	0	14,458	0	0	15.00
16.00	22.00 DR. P	0	26,850	7,566	7,566	16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/17/2016 7:08 pm

	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		
17.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	2,375		17.00
18.00	17.00	AGGREGATE-SOCIAL SERVICE	0	40,275	18,194	18,788		18.00
19.00	22.00	AGGREGATE-I&R SERVICES-OTHER PRGM CO	0	24,010	13,027	17,842		19.00
20.00	50.00	AGGREGATE-OPERATING ROOM	0	6,885	1,982	1,982		20.00
200.00			0	1,318,835	183,838	283,883		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,787,872	9,787,872			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,838,448		4,838,448		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,684,724	60,117	30,206	7,775,047	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	22,190,478	1,523,180	765,325	842,256	25,321,239
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,865,397	1,370,650	688,686	257,820	9,182,553
8.00 00800	LAUNDRY & LINEN SERVICE	1,369,169	49,224	24,733	192,824	1,635,950
9.00 00900	HOUSEKEEPING	1,159,876	35,573	17,874	0	1,213,323
10.00 01000	DIETARY	45,634	162,068	81,431	25,282	314,415
11.00 01100	CAFETERIA	1,648,921	186,002	93,457	114,960	2,043,340
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,397,412	0	0	283,577	2,680,989
14.00 01400	CENTRAL SERVICES & SUPPLY	1,157,192	41,856	21,031	98,614	1,318,693
15.00 01500	PHARMACY	2,138,679	154,791	77,775	329,716	2,700,961
16.00 01600	MEDICAL RECORDS & LIBRARY	2,197,702	159,537	80,160	236,813	2,674,212
17.00 01700	SOCIAL SERVICE	1,640,651	271,590	136,461	193,652	2,242,354
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 APPRV	1,120,475	0	0	146,778	1,267,253
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,721,448	0	0	190,857	1,912,305
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,355,702	1,696,818	852,570	1,294,494	14,199,584
31.00 03100	INTENSIVE CARE UNIT	2,808,854	180,871	90,879	330,579	3,411,183
41.00 04100	SUBPROVIDER - IRF	1,945,042	294,303	147,873	213,227	2,600,445
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	165,115	29,494	14,819	47,193	256,621
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,033,228	862,004	433,116	552,409	8,880,757
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	686,743	36,861	18,521	85,803	827,928
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,080,234	99,939	50,215	115,688	1,346,076
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,071,610	558,638	280,689	311,573	4,222,510
54.01 05401	NUCLEAR MEDICINE	269,971	33,403	16,784	32,936	353,094
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	592,643	357,991	179,873	52,262	1,182,769
57.00 05700	CT SCAN	1,051,714	44,749	22,484	106,232	1,225,179
58.00 05800	MRI	437,391	0	0	50,141	487,532
59.00 05900	CARDIAC CATHETERIZATION	686,941	0	0	74,115	761,056
60.00 06000	LABORATORY	4,736,779	359,731	180,748	311,791	5,589,049
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,280,072	88,933	44,684	132,916	1,546,605
66.00 06600	PHYSICAL THERAPY	3,987,268	335,662	168,654	169,666	4,661,250
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	735,793	8,159	4,099	96,451	844,502
68.00 06800	SPEECH PATHOLOGY	183,558	7,413	3,725	23,856	218,552
69.00 06900	ELECTROCARDIOLOGY	698,395	11,865	5,962	88,494	804,716
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	402,161	68,751	34,544	61,195	566,651
70.00 07000	ELECTROENCEPHALOGRAPHY	344,984	14,103	7,086	5,036	371,209
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,831,949	0	0	0	3,831,949
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,217,237	0	0	0	9,217,237
73.00 07300	DRUGS CHARGED TO PATIENTS	4,610,741	0	0	0	4,610,741
76.00 03020	HEMODIALYSIS	302,211	0	0	0	302,211
76.01 03952	LITHOTRIPSY	1,858	0	0	50	1,908
76.02 03950	WOUND CARE	1,391,990	0	0	74,618	1,466,608
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	3,169,077	455,851	229,043	355,687	4,209,658
91.01 09101	OP DEPARTMENT	119,457	69,542	34,941	15,506	239,446

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Cost Center Description			Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,094,776	0	0	132,258	1,227,034	92.01
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)	134,257,572	9,629,669	4,838,448	7,647,325	133,971,647	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	273,789	0	0	21,224	295,013	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,332,672	0	0	0	2,332,672	192.00
192.01	19201	CFPC CLINIC	901,822	0	0	71,702	973,524	192.01
194.00	07950	OFFICE BUILDINGS	752,498	0	0	0	752,498	194.00
194.01	07951	MARKETING	443,633	0	0	8,102	451,735	194.01
194.02	07952	FOUNDATION	260,156	0	0	26,694	286,850	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	158,203	0	0	158,203	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	139,222,142	9,787,872	4,838,448	7,775,047	139,222,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
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To 12/31/2015

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Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	25,321,239					5.00
6.00	00600	0	0				6.00
7.00	00700	2,044,211		11,226,764			7.00
8.00	00800	364,194	0	82,781	2,082,925		8.00
9.00	00900	270,109	0	59,824	0	1,543,256	9.00
10.00	01000	69,995	0	272,554	0	37,948	10.00
11.00	01100	454,886	0	312,805	0	43,552	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	596,839	0	0	0	0	13.00
14.00	01400	293,566	0	70,391	0	9,801	14.00
15.00	01500	601,285	0	260,316	0	36,244	15.00
16.00	01600	595,330	0	268,298	0	37,355	16.00
17.00	01700	499,191	0	456,741	0	63,592	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	282,115	0	0	0	0	21.00
22.00	02200	425,715	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,161,050	0	2,853,591	1,437,104	397,308	30.00
31.00	03100	759,394	0	304,177	161,899	42,351	31.00
41.00	04100	578,908	0	494,938	244,366	68,911	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	57,129	0	49,600	51,542	6,906	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,977,025	0	1,449,658	0	201,837	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	184,313	0	61,991	0	8,631	51.00
52.00	05200	299,662	0	168,071	0	23,401	52.00
54.00	05400	940,011	0	939,478	0	130,804	54.00
54.01	05401	78,605	0	56,176	0	7,821	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	263,307	0	602,045	0	83,823	55.00
57.00	05700	272,748	0	75,256	0	10,478	57.00
58.00	05800	108,534	0	0	0	0	58.00
59.00	05900	169,426	0	0	0	0	59.00
60.00	06000	1,244,228	0	604,971	0	84,231	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	344,304	0	149,561	0	20,823	65.00
66.00	06600	1,037,683	0	564,493	0	78,595	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	188,002	0	13,721	0	1,910	67.00
68.00	06800	48,654	0	12,467	0	1,736	68.00
69.00	06900	179,145	0	19,954	0	2,778	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	126,147	0	115,620	0	16,098	69.02
70.00	07000	82,638	0	23,717	0	3,302	70.00
71.00	07100	853,065	0	0	0	0	71.00
72.00	07200	2,051,932	0	0	0	0	72.00
73.00	07300	1,026,439	0	0	0	0	73.00
76.00	03020	67,278	0	0	0	0	76.00
76.01	03952	425	0	0	0	0	76.01
76.02	03950	326,495	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	937,150	0	766,619	0	106,737	91.00
91.01	09101	53,305	0	116,950	0	16,283	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200						92.00
92.01	09201	273,161	0	0	188,014	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	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)	24,187,599	0	11,226,764	2,082,925	1,543,256	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,675	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	519,297	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	216,725	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	167,520	0	0	0	0	194.00
194.01	07951 MARKETING	100,565	0	0	0	0	194.01
194.02	07952 FOUNDATION	63,858	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	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)	25,321,239	0	11,226,764	2,082,925	1,543,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
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To 12/31/2015

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	694,912					10.00
11.00	01100	CAFETERIA	0	2,854,583				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	127,642	0	3,405,470		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	44,388	0	0	1,736,839	14.00
15.00	01500	PHARMACY	0	148,410	0	0	3,876	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	106,593	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	87,166	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 APPRV	0	66,067	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	85,908	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	479,451	582,667	0	2,349,589	76,197	30.00
31.00	03100	INTENSIVE CARE UNIT	54,013	148,799	0	264,696	28,048	31.00
41.00	04100	SUBPROVIDER - IRF	81,526	95,977	0	399,525	7,094	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	17,196	21,242	0	84,268	1,872	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	248,648	0	0	136,440	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	38,621	0	0	4,040	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52,073	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,244	0	0	5,790	54.00
54.01	05401	NUCLEAR MEDICINE	0	14,825	0	0	171	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	23,524	0	0	712	55.00
57.00	05700	CT SCAN	0	47,816	0	0	9,034	57.00
58.00	05800	MRI	0	22,569	0	0	955	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	33,360	0	0	9,836	59.00
60.00	06000	LABORATORY	0	140,342	0	0	6,912	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	59,827	0	0	13,268	65.00
66.00	06600	PHYSICAL THERAPY	0	76,369	0	0	1,100	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	43,414	0	0	67	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,738	0	0	48	68.00
69.00	06900	ELECTROCARDIOLOGY	0	39,832	0	0	1,140	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	27,545	0	0	353	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,267	0	0	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	363,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,005,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	23	0	0	0	76.01
76.02	03950	WOUND CARE	0	33,587	0	0	9,792	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	160,100	0	0	38,994	91.00
91.01	09101	OP DEPARTMENT	0	6,979	0	0	113	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	62,726	59,531	0	307,392	10,334	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	694,912	2,797,093	0	3,405,470	1,735,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,553	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	32,274	0	0	1,220	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	107	194.00
194.01	07951 MARKETING	0	3,647	0	0	0	194.01
194.02	07952 FOUNDATION	0	12,016	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	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)	694,912	2,854,583	0	3,405,470	1,736,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,751,092					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,681,790				16.00
17.00	01700	SOCIAL SERVICE	0	0	3,349,044			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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 APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,585	207,107	2,310,657	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	805	43,393	260,310	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	39,307	392,906	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	6,431	82,872	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	53,800	530,986	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	44,753	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,766	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67	257,498	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	322	34,512	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	274	48,913	0	0	0	55.00
57.00	05700	CT SCAN	4,134	344,244	0	0	0	57.00
58.00	05800	MRI	328	108,842	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	81,647	0	0	0	59.00
60.00	06000	LABORATORY	68	453,812	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	9	96,921	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	102,949	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	20,937	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,789	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26	104,270	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	10,619	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,771	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,458	148,949	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	227,155	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,569,369	280,730	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	7,724	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	807	0	0	0	76.01
76.02	03950	WOUND CARE	34	36,715	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,176	346,502	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	2,525	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	52,216	302,299	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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)	3,633,455	3,681,790	3,349,044	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
192.01	19201 CFPC CLINIC	117,637	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	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)	3,751,092	3,681,790	3,349,044	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,615,435					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		2,423,928				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,127,245	1,691,412	0	30,874,547	-2,818,657	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	5,479,068	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	5,003,903	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	635,679	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	131,733	197,663	0	13,808,547	-329,396	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	1,170,277	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,905,049	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,640	23,467	0	6,675,509	-39,107	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	0	545,526	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	2,205,367	0	55.00
57.00 05700 CT SCAN	0	0	0	1,988,889	0	57.00
58.00 05800 MRI	0	0	0	728,760	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	1,055,325	0	59.00
60.00 06000 LABORATORY	0	0	0	8,123,613	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,231,318	0	65.00
66.00 06600 PHYSICAL THERAPY	21,641	32,471	0	6,576,551	-54,112	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,112,553	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	300,984	0	68.00
69.00 06900 ELECTROCARDIOLOGY	54,432	81,674	0	1,287,967	-136,106	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	6,946	10,422	0	880,401	-17,368	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	499,927	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,199,190	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,501,856	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	9,487,279	0	73.00
76.00 03020 HEMODIALYSIS	0	0	0	377,213	0	76.00
76.01 03952 LITHOTRIPSY	0	0	0	3,163	0	76.01
76.02 03950 WOUND CARE	15,640	23,467	0	1,912,338	-39,107	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100,029	150,091	0	6,817,056	-250,120	91.00
91.01 09101 OP DEPARTMENT	135,183	202,839	0	773,623	-338,022	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Part I
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,482,707	92.01
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,608,489	2,413,506	0	132,644,185	-4,021,995
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	370,241	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,946	10,422	0	2,869,337	-17,368
192.01	19201	CFPC CLINIC	0	0	0	1,341,380	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	920,125	194.00
194.01	07951	MARKETING	0	0	0	555,947	194.01
194.02	07952	FOUNDATION	0	0	0	362,724	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	158,203	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,615,435	2,423,928	0	139,222,142	-4,039,363

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	28,055,890	30.00
31.00	03100 INTENSIVE CARE UNIT	5,479,068	31.00
41.00	04100 SUBPROVIDER - IRF	5,003,903	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	635,679	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	13,479,151	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	1,170,277	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,905,049	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,636,402	54.00
54.01	05401 NUCLEAR MEDICINE	545,526	54.01
54.02	05402 ULTRASOUND	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407 PET SCAN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	2,205,367	55.00
57.00	05700 CT SCAN	1,988,889	57.00
58.00	05800 MRI	728,760	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,055,325	59.00
60.00	06000 LABORATORY	8,123,613	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,231,318	65.00
66.00	06600 PHYSICAL THERAPY	6,522,439	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	1,112,553	67.00
68.00	06800 SPEECH PATHOLOGY	300,984	68.00
69.00	06900 ELECTROCARDIOLOGY	1,151,861	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	863,033	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	499,927	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,199,190	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	12,501,856	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,487,279	73.00
76.00	03020 HEMODIALYSIS	377,213	76.00
76.01	03952 LITHOTRIPSY	3,163	76.01
76.02	03950 WOUND CARE	1,873,231	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	6,566,936	91.00
91.01	09101 OP DEPARTMENT	435,601	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,482,707	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
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Cost Center Description		Total	
		26.00	
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)	128,622,190	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	370,241	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,851,969	192.00
192.01	19201 CFPC CLINIC	1,341,380	192.01
194.00	07950 OFFICE BUILDINGS	920,125	194.00
194.01	07951 MARKETING	555,947	194.01
194.02	07952 FOUNDATION	362,724	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	158,203	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	135,182,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet 8
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			Directly Assigned New Capital Related Costs	BLDG & FIXT				MVBLE EQUIP
			0	1.00				2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	60,117	30,206	90,323	90,323	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,523,180	765,325	2,288,505	9,785	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,370,650	688,686	2,059,336	2,995	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,224	24,733	73,957	2,240	8.00
9.00	00900	HOUSEKEEPING	0	35,573	17,874	53,447	0	9.00
10.00	01000	DIETARY	0	162,068	81,431	243,499	294	10.00
11.00	01100	CAFETERIA	0	186,002	93,457	279,459	1,336	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	3,295	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,856	21,031	62,887	1,146	14.00
15.00	01500	PHARMACY	0	154,791	77,775	232,566	3,831	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	159,537	80,160	239,697	2,751	16.00
17.00	01700	SOCIAL SERVICE	0	271,590	136,461	408,051	2,250	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 APPRV	0	0	0	0	1,705	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	2,217	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,696,818	852,570	2,549,388	15,031	30.00
31.00	03100	INTENSIVE CARE UNIT	0	180,871	90,879	271,750	3,841	31.00
41.00	04100	SUBPROVIDER - IRF	0	294,303	147,873	442,176	2,477	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	29,494	14,819	44,313	548	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	862,004	433,116	1,295,120	6,418	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	36,861	18,521	55,382	997	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	99,939	50,215	150,154	1,344	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	558,638	280,689	839,327	3,620	54.00
54.01	05401	NUCLEAR MEDICINE	0	33,403	16,784	50,187	383	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	357,991	179,873	537,864	607	55.00
57.00	05700	CT SCAN	0	44,749	22,484	67,233	1,234	57.00
58.00	05800	MRI	0	0	0	0	583	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	861	59.00
60.00	06000	LABORATORY	0	359,731	180,748	540,479	3,622	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	88,933	44,684	133,617	1,544	65.00
66.00	06600	PHYSICAL THERAPY	0	335,662	168,654	504,316	1,971	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	8,159	4,099	12,258	1,121	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,413	3,725	11,138	277	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,865	5,962	17,827	1,028	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	68,751	34,544	103,295	711	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,103	7,086	21,189	59	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	1	76.01
76.02	03950	WOUND CARE	0	0	0	0	867	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	455,851	229,043	684,894	4,132	91.00
91.01	09101	OP DEPARTMENT	0	69,542	34,941	104,483	180	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	1,537	92.01
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)	0	9,629,669	4,838,448	14,468,117	88,839	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	247	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	833	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	94	194.01
194.02 07952 FOUNDATION	0	0	0	0	310	194.02
194.03 07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	158,203	0	158,203	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	9,787,872	4,838,448	14,626,320	90,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500 ADMINISTRATIVE & GENERAL	2,298,290					5.00
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	185,543		2,247,874			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	33,056	0	16,575	125,828		8.00
9.00	00900 HOUSEKEEPING	24,516	0	11,978	0	89,941	9.00
10.00	01000 DIETARY	6,353	0	54,572	0	2,212	10.00
11.00	01100 CAFETERIA	41,288	0	62,631	0	2,538	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300 NURSING ADMINISTRATION	54,172	0	0	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	26,646	0	14,094	0	571	14.00
15.00	01500 PHARMACY	54,576	0	52,122	0	2,112	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	54,035	0	53,720	0	2,177	16.00
17.00	01700 SOCIAL SERVICE	45,309	0	91,451	0	3,706	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 APPRV	25,606	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	38,640	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	286,922	0	571,359	86,814	23,156	30.00
31.00	03100 INTENSIVE CARE UNIT	68,926	0	60,904	9,780	2,468	31.00
41.00	04100 SUBPROVIDER - IRF	52,545	0	99,099	14,762	4,016	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	5,185	0	9,931	3,114	402	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	179,445	0	290,257	0	11,763	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	16,729	0	12,412	0	503	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	27,199	0	33,652	0	1,364	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	85,320	0	188,107	0	7,623	54.00
54.01	05401 NUCLEAR MEDICINE	7,135	0	11,248	0	456	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	23,899	0	120,544	0	4,885	55.00
57.00	05700 CT SCAN	24,756	0	15,068	0	611	57.00
58.00	05800 MRI	9,851	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	15,378	0	0	0	0	59.00
60.00	06000 LABORATORY	112,932	0	121,130	0	4,909	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	31,251	0	29,946	0	1,214	65.00
66.00	06600 PHYSICAL THERAPY	94,185	0	113,025	0	4,581	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	17,064	0	2,747	0	111	67.00
68.00	06800 SPEECH PATHOLOGY	4,416	0	2,496	0	101	68.00
69.00	06900 ELECTROCARDIOLOGY	16,260	0	3,995	0	162	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	11,450	0	23,150	0	938	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	7,501	0	4,749	0	192	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	77,428	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	186,243	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	93,165	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	6,106	0	0	0	0	76.00
76.01	03952 LITHOTRIPSY	39	0	0	0	0	76.01
76.02	03950 WOUND CARE	29,634	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	85,060	0	153,496	0	6,221	91.00
91.01	09101 OP DEPARTMENT	4,838	0	23,416	0	949	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	24,793	0	0	11,358	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	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)	2,195,395	0	2,247,874	125,828	89,941	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,961	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	47,134	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	19,671	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	15,205	0	0	0	0	194.00
194.01	07951	MARKETING	9,128	0	0	0	0	194.01
194.02	07952	FOUNDATION	5,796	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	2,298,290	0	2,247,874	125,828	89,941	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	306,930					10.00
11.00	01100	0	387,252				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	17,317	0	74,784		13.00
14.00	01400	0	6,022	0	0	111,366	14.00
15.00	01500	0	20,134	0	0	249	15.00
16.00	01600	0	14,461	0	0	0	16.00
17.00	01700	0	11,826	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	8,963	0	0	0	21.00
22.00	02200	0	11,655	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	211,764	79,025	0	51,596	4,886	30.00
31.00	03100	23,857	20,187	0	5,813	1,798	31.00
41.00	04100	36,009	13,021	0	8,774	455	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	7,595	2,882	0	1,851	120	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	33,733	0	0	8,748	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	5,240	0	0	259	51.00
52.00	05200	0	7,065	0	0	0	52.00
54.00	05400	0	19,027	0	0	371	54.00
54.01	05401	0	2,011	0	0	11	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	3,191	0	0	46	55.00
57.00	05700	0	6,487	0	0	579	57.00
58.00	05800	0	3,062	0	0	61	58.00
59.00	05900	0	4,526	0	0	631	59.00
60.00	06000	0	19,040	0	0	443	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	8,117	0	0	851	65.00
66.00	06600	0	10,361	0	0	71	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	5,890	0	0	4	67.00
68.00	06800	0	1,457	0	0	3	68.00
69.00	06900	0	5,404	0	0	73	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,737	0	0	23	69.02
70.00	07000	0	308	0	0	1	70.00
71.00	07100	0	0	0	0	23,324	71.00
72.00	07200	0	0	0	0	64,476	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	3	0	0	0	76.01
76.02	03950	0	4,557	0	0	628	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	21,720	0	0	2,500	91.00
91.01	09101	0	947	0	0	7	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	27,705	8,076	0	6,750	663	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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)	306,930	379,452	0	74,784	111,281	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,296	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	4,379	0	0	0	78 192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	7 194.00
194.01	07951 MARKETING	0	495	0	0	0	0 194.01
194.02	07952 FOUNDATION	0	1,630	0	0	0	0 194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	0 194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	0 194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	306,930	387,252	0	74,784	111,366	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	365,590					15.00
16.00	01600	0	366,841				16.00
17.00	01700	0	0	562,593			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	154	20,631	388,158			30.00
31.00	03100	78	4,323	43,729			31.00
41.00	04100	0	3,916	66,003			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	641	13,921			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,243	52,971	0			50.00
50.01	05001	0	0	0			50.01
50.02	05002	0	0	0			50.02
51.00	05100	0	4,458	0			51.00
52.00	05200	0	1,570	0			52.00
54.00	05400	7	25,651	0			54.00
54.01	05401	31	3,438	0			54.01
54.02	05402	0	0	0			54.02
54.03	05405	0	0	0			54.03
54.04	05406	0	0	0			54.04
54.05	05407	0	0	0			54.05
55.00	05500	27	4,872	0			55.00
57.00	05700	403	34,292	0			57.00
58.00	05800	32	10,842	0			58.00
59.00	05900	0	8,133	0			59.00
60.00	06000	7	45,207	0			60.00
60.01	06001	0	0	0			60.01
65.00	06500	1	9,655	0			65.00
66.00	06600	0	10,255	0			66.00
66.01	06601	0	0	0			66.01
66.02	06602	0	0	0			66.02
66.03	06603	0	0	0			66.03
67.00	06700	0	2,086	0			67.00
68.00	06800	0	876	0			68.00
69.00	06900	3	10,387	0			69.00
69.01	06901	0	0	0			69.01
69.02	06902	0	1,058	0			69.02
70.00	07000	0	1,671	0			70.00
71.00	07100	142	14,838	0			71.00
72.00	07200	0	22,628	0			72.00
73.00	07300	347,879	27,965	0			73.00
76.00	03020	0	769	0			76.00
76.01	03952	0	80	0			76.01
76.02	03950	3	3,657	0			76.02
76.98	07698	0	0	0			76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0			89.00
90.01	09001	0	0	0			90.01
91.00	09100	115	34,517	0			91.00
91.01	09101	0	252	0			91.01
91.02	09102	0	0	0			91.02
92.00	09200						92.00
92.01	09201	0	5,202	50,782			92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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)	354,125	366,841	562,593	0	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
192.01	19201 CFPC CLINIC	11,465	0	0			192.01
194.00	07950 OFFICE BUILDINGS	0	0	0			194.00
194.01	07951 MARKETING	0	0	0			194.01
194.02	07952 FOUNDATION	0	0	0			194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0			194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0			194.04
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	365,590	366,841	562,593	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	36,274			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		52,512		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			4,288,884	0 30.00
31.00	03100	INTENSIVE CARE UNIT			517,454	0 31.00
41.00	04100	SUBPROVIDER - IRF			743,253	0 41.00
42.00	04200	SUBPROVIDER			0	0 42.00
43.00	04300	NURSERY			90,503	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			1,883,698	0 50.00
50.01	05001	ENDOSCOPY			0	0 50.01
50.02	05002	DAY SURGERY			0	0 50.02
51.00	05100	RECOVERY ROOM			95,980	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			222,348	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			1,169,053	0 54.00
54.01	05401	NUCLEAR MEDICINE			74,900	0 54.01
54.02	05402	ULTRASOUND			0	0 54.02
54.03	05405	GRANT SQUARE IMAGING			0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY			0	0 54.04
54.05	05407	PET SCAN			0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC			695,935	0 55.00
57.00	05700	CT SCAN			150,663	0 57.00
58.00	05800	MRI			24,431	0 58.00
59.00	05900	CARDIAC CATHETERIZATION			29,529	0 59.00
60.00	06000	LABORATORY			847,769	0 60.00
60.01	06001	BLOOD LABORATORY			0	0 60.01
65.00	06500	RESPIRATORY THERAPY			216,196	0 65.00
66.00	06600	PHYSICAL THERAPY			738,765	0 66.00
66.01	06601	FAIRVIEW REHAB CTR			0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR			0	0 66.02
66.03	06603	LAGRANGE REHAB CTR			0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY			41,281	0 67.00
68.00	06800	SPEECH PATHOLOGY			20,764	0 68.00
69.00	06900	ELECTROCARDIOLOGY			55,139	0 69.00
69.01	06901	VASCULAR LAB			0	0 69.01
69.02	06902	CARDIAC REHAB			144,362	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY			35,670	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			115,732	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			273,347	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			469,009	0 73.00
76.00	03020	HEMODIALYSIS			6,875	0 76.00
76.01	03952	LITHOTRIPSY			123	0 76.01
76.02	03950	WOUND CARE			39,346	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0 89.00
90.01	09001	PAIN MGMT CLINIC			0	0 90.01
91.00	09100	EMERGENCY			992,655	0 91.00
91.01	09101	OP DEPARTMENT			135,072	0 91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
91.02	09102	MEDICAL ONCOLOGY				0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				136,866	0	92.01
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
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	0	0	14,255,602	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				7,504	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				47,134	0	192.00
192.01	19201	CFPC CLINIC				36,426	0	192.01
194.00	07950	OFFICE BUILDINGS				15,212	0	194.00
194.01	07951	MARKETING				9,717	0	194.01
194.02	07952	FOUNDATION				7,736	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA				158,203	0	194.03
194.04	07954	HHA TRANSITIONAL CARE				0	0	194.04
200.00		Cross Foot Adjustments	36,274	52,512	0	88,786	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	36,274	52,512	0	14,626,320	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	4,288,884	30.00
31.00	03100 INTENSIVE CARE UNIT	517,454	31.00
41.00	04100 SUBPROVIDER - IRF	743,253	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	90,503	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,883,698	50.00
50.01	05001 ENDOSCOPY	0	50.01
50.02	05002 DAY SURGERY	0	50.02
51.00	05100 RECOVERY ROOM	95,980	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	222,348	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,169,053	54.00
54.01	05401 NUCLEAR MEDICINE	74,900	54.01
54.02	05402 ULTRASOUND	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407 PET SCAN	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	695,935	55.00
57.00	05700 CT SCAN	150,663	57.00
58.00	05800 MRI	24,431	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,529	59.00
60.00	06000 LABORATORY	847,769	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	216,196	65.00
66.00	06600 PHYSICAL THERAPY	738,765	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	41,281	67.00
68.00	06800 SPEECH PATHOLOGY	20,764	68.00
69.00	06900 ELECTROCARDIOLOGY	55,139	69.00
69.01	06901 VASCULAR LAB	0	69.01
69.02	06902 CARDIAC REHAB	144,362	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	35,670	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	115,732	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	273,347	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	469,009	73.00
76.00	03020 HEMODIALYSIS	6,875	76.00
76.01	03952 LITHOTRIPSY	123	76.01
76.02	03950 WOUND CARE	39,346	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	90.01
91.00	09100 EMERGENCY	992,655	91.00
91.01	09101 OP DEPARTMENT	135,072	91.01
91.02	09102 MEDICAL ONCOLOGY	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	136,866	92.01
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: 140065

Period:
From 02/01/2015
To 12/31/2015

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Part II
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Cost Center Description		Total	
		26.00	
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)	14,255,602	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,504	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	47,134	192.00
192.01	19201 CFPC CLINIC	36,426	192.01
194.00	07950 OFFICE BUILDINGS	15,212	194.00
194.01	07951 MARKETING	9,717	194.01
194.02	07952 FOUNDATION	7,736	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	158,203	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	194.04
200.00	Cross Foot Adjustments	88,786	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	14,626,320	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet 8-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FT)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	433,083				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		426,083			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,660	2,660	55,214,557		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	67,396	67,396	5,981,295	-25,321,239	113,742,700
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	60,647	60,647	1,830,916	0	9,182,553
8.00 00800	LAUNDRY & LINEN SERVICE	2,178	2,178	1,369,345	0	1,635,950
9.00 00900	HOUSEKEEPING	1,574	1,574	0	0	1,213,323
10.00 01000	DIETARY	7,171	7,171	179,544	0	314,415
11.00 01100	CAFETERIA	8,230	8,230	816,387	0	2,043,340
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	2,013,824	0	2,680,989
14.00 01400	CENTRAL SERVICES & SUPPLY	1,852	1,852	700,312	0	1,318,693
15.00 01500	PHARMACY	6,849	6,849	2,341,485	0	2,700,961
16.00 01600	MEDICAL RECORDS & LIBRARY	7,059	7,059	1,681,732	0	2,674,212
17.00 01700	SOCIAL SERVICE	12,017	12,017	1,375,223	0	2,242,354
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 APPRV	0	0	1,042,345	0	1,267,253
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,355,376	0	1,912,305
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	75,079	75,079	9,192,797	0	14,199,584
31.00 03100	INTENSIVE CARE UNIT	8,003	8,003	2,347,614	0	3,411,183
41.00 04100	SUBPROVIDER - IRF	13,022	13,022	1,514,232	0	2,600,445
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,305	1,305	335,143	0	256,621
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	38,141	38,141	3,922,939	0	8,880,757
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,631	1,631	609,330	0	827,928
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,422	4,422	821,561	0	1,346,076
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,718	24,718	2,212,642	0	4,222,510
54.01 05401	NUCLEAR MEDICINE	1,478	1,478	233,897	0	353,094
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05403	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05405	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	15,840	15,840	371,139	0	1,182,769
57.00 05700	CT SCAN	1,980	1,980	754,405	0	1,225,179
58.00 05800	MRI	0	0	356,078	0	487,532
59.00 05900	CARDIAC CATHETERIZATION	0	0	526,328	0	761,056
60.00 06000	LABORATORY	15,917	15,917	2,214,191	0	5,589,049
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,935	3,935	943,902	0	1,546,605
66.00 06600	PHYSICAL THERAPY	14,852	14,852	1,204,889	0	4,661,250
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	361	361	684,949	0	844,502
68.00 06800	SPEECH PATHOLOGY	328	328	169,415	0	218,552
69.00 06900	ELECTROCARDIOLOGY	525	525	628,439	0	804,716
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	3,042	3,042	434,580	0	566,651
70.00 07000	ELECTROENCEPHALOGRAPHY	624	624	35,766	0	371,209
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,831,949
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,217,237
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,610,741
76.00 03020	HEMODIALYSIS	0	0	0	0	302,211
76.01 03952	LITHOTRIPSY	0	0	358	0	1,908
76.02 03950	WOUND CARE	0	0	529,903	0	1,466,608
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	20,170	20,170	2,525,914	0	4,209,658
91.01 09101	OP DEPARTMENT	3,077	3,077	110,113	0	239,446

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (SQ FT)				
			1.00	2.00	4.00	5A	5.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	939,230	0	1,227,034	92.01
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)	426,083	426,083	54,307,538	-25,321,239	108,650,408	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	150,723	0	295,013	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,332,672	192.00
192.01	19201	CFPC CLINIC	0	0	509,190	0	973,524	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	752,498	194.00
194.01	07951	MARKETING	0	0	57,536	0	451,735	194.01
194.02	07952	FOUNDATION	0	0	189,570	0	286,850	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	7,000	0	0	-158,203	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	9,787,872	4,838,448	7,775,047		25,321,239	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	22.600453	11.355647	0.140815		0.222619	203.00
204.00		Cost to be allocated (per wkst. B, Part II)			90,323		2,298,290	204.00
205.00		Unit cost multiplier (wkst. B, Part II)			0.001636		0.020206	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700	0	295,380				7.00
8.00	00800	0	2,178	36,371			8.00
9.00	00900	0	1,574	0	291,628		9.00
10.00	01000	0	7,171	0	7,171	36,371	10.00
11.00	01100	0	8,230	0	8,230	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	1,852	0	1,852	0	14.00
15.00	01500	0	6,849	0	6,849	0	15.00
16.00	01600	0	7,059	0	7,059	0	16.00
17.00	01700	0	12,017	0	12,017	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	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	75,079	25,094	75,079	25,094	30.00
31.00	03100	0	8,003	2,827	8,003	2,827	31.00
41.00	04100	0	13,022	4,267	13,022	4,267	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,305	900	1,305	900	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,141	0	38,141	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	1,631	0	1,631	0	51.00
52.00	05200	0	4,422	0	4,422	0	52.00
54.00	05400	0	24,718	0	24,718	0	54.00
54.01	05401	0	1,478	0	1,478	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	0	15,840	0	15,840	0	55.00
57.00	05700	0	1,980	0	1,980	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	15,917	0	15,917	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,935	0	3,935	0	65.00
66.00	06600	0	14,852	0	14,852	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	361	0	361	0	67.00
68.00	06800	0	328	0	328	0	68.00
69.00	06900	0	525	0	525	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,042	0	3,042	0	69.02
70.00	07000	0	624	0	624	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
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	20,170	0	20,170	0	91.00
91.01	09101	0	3,077	0	3,077	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	3,283	0	3,283	92.00
92.01	09201	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ FT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQ FT)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
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)	0	295,380	36,371	291,628	36,371	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
192.01	19201 CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	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)	0	11,226,764	2,082,925	1,543,256	694,912	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	38.007868	57.268841	5.291865	19.106211	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,247,874	125,828	89,941	306,930	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	7.610109	3.459569	0.308410	8.438866	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	45,037,070					11.00
12.00	01200		0				12.00
13.00	01300	2,013,824		36,371			13.00
14.00	01400	700,312		0	15,915,579		14.00
15.00	01500	2,341,485		0	35,522	4,528,083	15.00
16.00	01600	1,681,732		0	15	0	16.00
17.00	01700	1,375,223		0	0	0	17.00
19.00	01900	0		0	0	0	19.00
20.00	02000	0		0	0	0	20.00
21.00	02100	1,042,345		0	0	0	21.00
22.00	02200	1,355,376		0	0	0	22.00
23.00	02300	0		0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,192,797	0	25,094	698,232	1,913	30.00
31.00	03100	2,347,614	0	2,827	257,021	972	31.00
41.00	04100	1,514,232	0	4,267	65,008	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	335,143	0	900	17,153	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,922,939	0	0	1,250,278	64,944	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	609,330	0	0	37,024	0	51.00
52.00	05200	821,561	0	0	0	0	52.00
54.00	05400	2,212,642	0	0	53,057	81	54.00
54.01	05401	233,897	0	0	1,570	389	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
55.00	05500	371,139	0	0	6,523	331	55.00
57.00	05700	754,405	0	0	82,784	4,990	57.00
58.00	05800	356,078	0	0	8,748	396	58.00
59.00	05900	526,328	0	0	90,132	0	59.00
60.00	06000	2,214,191	0	0	63,340	82	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	943,902	0	0	121,579	11	65.00
66.00	06600	1,204,889	0	0	10,079	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	684,949	0	0	616	0	67.00
68.00	06800	169,415	0	0	437	0	68.00
69.00	06900	628,439	0	0	10,445	31	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	434,580	0	0	3,234	0	69.02
70.00	07000	35,766	0	0	212	0	70.00
71.00	07100	0	0	0	3,333,420	1,760	71.00
72.00	07200	0	0	0	9,214,209	0	72.00
73.00	07300	0	0	0	0	4,308,718	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	358	0	0	0	0	76.01
76.02	03950	529,903	0	0	89,733	41	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	2,525,914	0	0	357,319	1,420	91.00
91.01	09101	110,113	0	0	1,037	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		CAFETERIA (GROSS SALARIE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	939,230	0	3,283	94,693	0	92.01
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)	44,130,051	0	36,371	15,903,420	4,386,079	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	150,723	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	509,190	0	0	11,183	142,004	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	976	0	194.00
194.01	07951 MARKETING	57,536	0	0	0	0	194.01
194.02	07952 FOUNDATION	189,570	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	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)	2,854,583	0	3,405,470	1,736,839	3,751,092	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.063383	0.000000	93.631465	0.109128	0.828406	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	387,252	0	74,784	111,366	365,590	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008599	0.000000	2.056144	0.006997	0.080738	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (SQ FT)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	544,941,906				16.00
17.00	01700	SOCIAL SERVICE	0	36,371			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	248,450		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	34,189	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,655,286	25,094	75,079	0	23,857
31.00	03100	INTENSIVE CARE UNIT	6,422,899	2,827	8,003	0	0
41.00	04100	SUBPROVIDER - IRF	5,818,055	4,267	13,022	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	951,940	900	1,305	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,570,875	0	38,141	0	2,788
50.01	05001	ENDOSCOPY	0	0	0	0	0
50.02	05002	DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	6,624,155	0	1,631	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,333,558	0	4,422	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	38,113,919	0	24,718	0	331
54.01	05401	NUCLEAR MEDICINE	5,108,325	0	1,478	0	0
54.02	05402	ULTRASOUND	0	0	0	0	0
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	05407	PET SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	7,239,970	0	15,840	0	0
57.00	05700	CT SCAN	50,953,750	0	1,980	0	0
58.00	05800	MRI	16,110,390	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	12,085,135	0	0	0	0
60.00	06000	LABORATORY	67,171,705	0	15,917	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	14,345,953	0	3,935	0	0
66.00	06600	PHYSICAL THERAPY	15,238,112	0	14,852	0	458
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	3,099,055	0	361	0	0
68.00	06800	SPEECH PATHOLOGY	1,300,894	0	328	0	0
69.00	06900	ELECTROCARDIOLOGY	15,433,635	0	525	0	1,152
69.01	06901	VASCULAR LAB	0	0	0	0	0
69.02	06902	CARDIAC REHAB	1,571,861	0	3,042	0	147
70.00	07000	ELECTROENCEPHALOGRAPHY	2,482,330	0	624	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	22,046,984	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,622,704	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	41,552,692	0	0	0	0
76.00	03020	HEMODIALYSIS	1,143,250	0	0	0	0
76.01	03952	LITHOTRIPSY	119,400	0	0	0	0
76.02	03950	WOUND CARE	5,434,440	0	0	0	331
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	51,287,994	0	20,170	0	2,117
91.01	09101	OP DEPARTMENT	373,748	0	3,077	0	2,861

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (SQ FT)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,728,892	3,283	0	0	92.01
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					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	544,941,906	36,371	248,450	0	34,042
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	147	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	3,681,790	3,349,044	0	1,615,435	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006756	92.080064	0.000000	47.250139	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	366,841	562,593	0	36,274	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000673	15.468175	0.000000	1.060985	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	34,189		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	23,857	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
41.00 04100 SUBPROVIDER - IRF	0	0	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	2,788	0	50.00
50.01 05001 ENDOSCOPY	0	0	50.01
50.02 05002 DAY SURGERY	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	331	0	54.00
54.01 05401 NUCLEAR MEDICINE	0	0	54.01
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05 05407 PET SCAN	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	458	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,152	0	69.00
69.01 06901 VASCULAR LAB	0	0	69.01
69.02 06902 CARDIAC REHAB	147	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020 HEMODIALYSIS	0	0	76.00
76.01 03952 LITHOTRIPSY	0	0	76.01
76.02 03950 WOUND CARE	331	0	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	90.01
91.00 09100 EMERGENCY	2,117	0	91.00
91.01 09101 OP DEPARTMENT	2,861	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00	23.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
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
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)	34,042	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	147	0	192.00
192.01	19201	CFPC CLINIC	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE HINSDALE HHA	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	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)	2,423,928	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	70.897891	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	52,512	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.535933	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	28,055,890		28,055,890	0	28,055,890	30.00
31.00	03100	INTENSIVE CARE UNIT	5,479,068		5,479,068	0	5,479,068	31.00
41.00	04100	SUBPROVIDER - IRF	5,003,903		5,003,903	0	5,003,903	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	635,679		635,679	0	635,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,479,151		13,479,151	1,982	13,481,133	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,170,277		1,170,277	0	1,170,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,905,049		1,905,049	0	1,905,049	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,636,402		6,636,402	0	6,636,402	54.00
54.01	05401	NUCLEAR MEDICINE	545,526		545,526	0	545,526	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,205,367		2,205,367	0	2,205,367	55.00
57.00	05700	CT SCAN	1,988,889		1,988,889	0	1,988,889	57.00
58.00	05800	MRI	728,760		728,760	0	728,760	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,055,325		1,055,325	0	1,055,325	59.00
60.00	06000	LABORATORY	8,123,613		8,123,613	0	8,123,613	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,231,318	0	2,231,318	0	2,231,318	65.00
66.00	06600	PHYSICAL THERAPY	6,522,439	0	6,522,439	0	6,522,439	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,112,553	0	1,112,553	0	1,112,553	67.00
68.00	06800	SPEECH PATHOLOGY	300,984	0	300,984	0	300,984	68.00
69.00	06900	ELECTROCARDIOLOGY	1,151,861	0	1,151,861	0	1,151,861	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	863,033	0	863,033	0	863,033	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	499,927	0	499,927	0	499,927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,199,190	0	5,199,190	0	5,199,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,501,856	0	12,501,856	0	12,501,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,487,279	0	9,487,279	0	9,487,279	73.00
76.00	03020	HEMODIALYSIS	377,213	0	377,213	0	377,213	76.00
76.01	03952	LITHOTRIPSY	3,163	0	3,163	0	3,163	76.01
76.02	03950	WOUND CARE	1,873,231	0	1,873,231	0	1,873,231	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	6,566,936	0	6,566,936	0	6,566,936	91.00
91.01	09101	OP DEPARTMENT	435,601	0	435,601	0	435,601	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,123,693	0	1,123,693	0	1,123,693	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,482,707	0	2,482,707	0	2,482,707	92.01
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	0	0	0	0	0	113.00
200.00		Subtotal (see instructions)	129,745,883	0	129,745,883	1,982	129,747,865	200.00
201.00		Less Observation Beds	1,123,693	0	1,123,693	0	1,123,693	201.00
202.00		Total (see instructions)	128,622,190	0	128,622,190	1,982	128,624,172	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Charges			Hospital	PPS			
	Inpatient	Outpatient	Total (col. 6 + col. 7)				Cost or Other Ratio	TEFRA Inpatient Ratio
	6.00	7.00	8.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS	29,142,082		29,142,082			30.00		
31.00 03100 INTENSIVE CARE UNIT	6,422,899		6,422,899			31.00		
41.00 04100 SUBPROVIDER - IRF	5,818,055		5,818,055			41.00		
42.00 04200 SUBPROVIDER	0		0			42.00		
43.00 04300 NURSERY	951,940		951,940			43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	34,553,370	44,017,505	78,570,875	0.171554	0.000000	50.00		
50.01 05001 ENDOSCOPY	0	0	0	0.000000	0.000000	50.01		
50.02 05002 DAY SURGERY	0	0	0	0.000000	0.000000	50.02		
51.00 05100 RECOVERY ROOM	2,826,350	3,797,805	6,624,155	0.176668	0.000000	51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,959,691	373,867	2,333,558	0.816371	0.000000	52.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,051,991	29,061,928	38,113,919	0.174120	0.000000	54.00		
54.01 05401 NUCLEAR MEDICINE	1,893,285	3,215,040	5,108,325	0.106792	0.000000	54.01		
54.02 05402 ULTRASOUND	0	0	0	0.000000	0.000000	54.02		
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0.000000	0.000000	54.03		
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	0.000000	54.04		
54.05 05407 PET SCAN	0	0	0	0.000000	0.000000	54.05		
55.00 05500 RADIOLOGY-THERAPEUTIC	331,743	6,908,227	7,239,970	0.304610	0.000000	55.00		
57.00 05700 CT SCAN	15,122,848	35,830,902	50,953,750	0.039033	0.000000	57.00		
58.00 05800 MRI	3,940,045	12,170,345	16,110,390	0.045235	0.000000	58.00		
59.00 05900 CARDIAC CATHETERIZATION	7,003,298	5,081,837	12,085,135	0.087324	0.000000	59.00		
60.00 06000 LABORATORY	37,029,388	30,142,317	67,171,705	0.120938	0.000000	60.00		
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01		
65.00 06500 RESPIRATORY THERAPY	13,221,128	1,124,825	14,345,953	0.155536	0.000000	65.00		
66.00 06600 PHYSICAL THERAPY	5,130,976	10,107,136	15,238,112	0.428035	0.000000	66.00		
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0.000000	0.000000	66.01		
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0.000000	0.000000	66.02		
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0.000000	0.000000	66.03		
67.00 06700 OCCUPATIONAL THERAPY	2,983,265	115,790	3,099,055	0.358998	0.000000	67.00		
68.00 06800 SPEECH PATHOLOGY	1,254,817	46,077	1,300,894	0.231367	0.000000	68.00		
69.00 06900 ELECTROCARDIOLOGY	7,458,818	7,974,817	15,433,635	0.074633	0.000000	69.00		
69.01 06901 VASCULAR LAB	0	0	0	0.000000	0.000000	69.01		
69.02 06902 CARDIAC REHAB	93,903	1,477,958	1,571,861	0.549052	0.000000	69.02		
70.00 07000 ELECTROENCEPHALOGRAPHY	214,830	2,267,500	2,482,330	0.201394	0.000000	70.00		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,838,765	11,208,219	22,046,984	0.235823	0.000000	71.00		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	23,842,267	9,780,437	33,622,704	0.371828	0.000000	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	32,555,769	8,996,923	41,552,692	0.228319	0.000000	73.00		
76.00 03020 HEMODIALYSIS	1,143,250	0	1,143,250	0.329948	0.000000	76.00		
76.01 03952 LITHOTRIPSY	12,000	107,400	119,400	0.026491	0.000000	76.01		
76.02 03950 WOUND CARE	69,445	5,364,995	5,434,440	0.344696	0.000000	76.02		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98		
OUTPATIENT SERVICE COST CENTERS								
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00		
90.01 09001 PAIN MGMT CLINIC	0	0	0	0.000000	0.000000	90.01		
91.00 09100 EMERGENCY	15,275,678	36,012,316	51,287,994	0.128040	0.000000	91.00		
91.01 09101 OP DEPARTMENT	0	373,748	373,748	1.165494	0.000000	91.01		
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0.000000	0.000000	91.02		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	466,631	1,046,573	1,513,204	0.742592	0.000000	92.00		
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	917,929	6,810,963	7,728,892	0.321224	0.000000	92.01		
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)	271,526,456	273,415,450	544,941,906			200.00		
201.00 Less Observation Beds						201.00		
202.00 Total (see instructions)	271,526,456	273,415,450	544,941,906			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
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	0.171579			50.00
50.01	05001 ENDOSCOPY	0.000000			50.01
50.02	05002 DAY SURGERY	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.176668			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.816371			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174120			54.00
54.01	05401 NUCLEAR MEDICINE	0.106792			54.01
54.02	05402 ULTRASOUND	0.000000			54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407 PET SCAN	0.000000			54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.304610			55.00
57.00	05700 CT SCAN	0.039033			57.00
58.00	05800 MRI	0.045235			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087324			59.00
60.00	06000 LABORATORY	0.120938			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.155536			65.00
66.00	06600 PHYSICAL THERAPY	0.428035			66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700 OCCUPATIONAL THERAPY	0.358998			67.00
68.00	06800 SPEECH PATHOLOGY	0.231367			68.00
69.00	06900 ELECTROCARDIOLOGY	0.074633			69.00
69.01	06901 VASCULAR LAB	0.000000			69.01
69.02	06902 CARDIAC REHAB	0.549052			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.201394			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235823			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.371828			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228319			73.00
76.00	03020 HEMODIALYSIS	0.329948			76.00
76.01	03952 LITHOTRIPSY	0.026491			76.01
76.02	03950 WOUND CARE	0.344696			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.01	09001 PAIN MGMT CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.128040			91.00
91.01	09101 OP DEPARTMENT	1.165494			91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200 OBSERVATION BEDS (NON DISTINCT PART)	0.712592			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.321224			92.01
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: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
				Costs		Costs		
				Total Costs	RCE Disallowance	Total Costs	Total Costs	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,055,890		28,055,890	0	28,055,890	30.00
31.00	03100	INTENSIVE CARE UNIT	5,479,068		5,479,068	0	5,479,068	31.00
41.00	04100	SUBPROVIDER - IRF	5,003,903		5,003,903	0	5,003,903	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	635,679		635,679	0	635,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,479,151		13,479,151	1,982	13,481,133	50.00
50.01	05001	ENDOSCOPY	0		0	0	0	50.01
50.02	05002	DAY SURGERY	0		0	0	0	50.02
51.00	05100	RECOVERY ROOM	1,170,277		1,170,277	0	1,170,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,905,049		1,905,049	0	1,905,049	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,636,402		6,636,402	0	6,636,402	54.00
54.01	05401	NUCLEAR MEDICINE	545,526		545,526	0	545,526	54.01
54.02	05402	ULTRASOUND	0		0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0		0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0		0	0	0	54.04
54.05	05407	PET SCAN	0		0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	2,205,367		2,205,367	0	2,205,367	55.00
57.00	05700	CT SCAN	1,988,889		1,988,889	0	1,988,889	57.00
58.00	05800	MRI	728,760		728,760	0	728,760	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,055,325		1,055,325	0	1,055,325	59.00
60.00	06000	LABORATORY	8,123,613		8,123,613	0	8,123,613	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,231,318	0	2,231,318	0	2,231,318	65.00
66.00	06600	PHYSICAL THERAPY	6,522,439	0	6,522,439	0	6,522,439	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,112,553	0	1,112,553	0	1,112,553	67.00
68.00	06800	SPEECH PATHOLOGY	300,984	0	300,984	0	300,984	68.00
69.00	06900	ELECTROCARDIOLOGY	1,151,861	0	1,151,861	0	1,151,861	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	863,033	0	863,033	0	863,033	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	499,927	0	499,927	0	499,927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,199,190	0	5,199,190	0	5,199,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,501,856	0	12,501,856	0	12,501,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,487,279	0	9,487,279	0	9,487,279	73.00
76.00	03020	HEMODIALYSIS	377,213	0	377,213	0	377,213	76.00
76.01	03952	LITHOTRIPSY	3,163	0	3,163	0	3,163	76.01
76.02	03950	WOUND CARE	1,873,231	0	1,873,231	0	1,873,231	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	6,566,936		6,566,936	0	6,566,936	91.00
91.01	09101	OP DEPARTMENT	435,601		435,601	0	435,601	91.01
91.02	09102	MEDICAL ONCOLOGY	0		0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,123,693		1,123,693	0	1,123,693	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,482,707		2,482,707	0	2,482,707	92.01
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)	129,745,883	0	129,745,883	1,982	129,747,865	200.00
201.00		Less Observation Beds	1,123,693		1,123,693		1,123,693	201.00
202.00		Total (see instructions)	128,622,190	0	128,622,190	1,982	128,624,172	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Title XIX			Hospital	Cost	
	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	29,142,082		29,142,082	30.00
31.00	03100	INTENSIVE CARE UNIT	6,422,899		6,422,899	31.00
41.00	04100	SUBPROVIDER - IRF	5,818,055		5,818,055	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	951,940		951,940	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,553,370	44,017,505	78,570,875	50.00
50.01	05001	ENDOSCOPY	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	50.02
51.00	05100	RECOVERY ROOM	2,826,350	3,797,805	6,624,155	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,959,691	373,867	2,333,558	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,051,991	29,061,928	38,113,919	54.00
54.01	05401	NUCLEAR MEDICINE	1,893,285	3,215,040	5,108,325	54.01
54.02	05402	ULTRASOUND	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	331,743	6,908,227	7,239,970	55.00
57.00	05700	CT SCAN	15,122,848	35,830,902	50,953,750	57.00
58.00	05800	MRI	3,940,045	12,170,345	16,110,390	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,003,298	5,081,837	12,085,135	59.00
60.00	06000	LABORATORY	37,029,388	30,142,317	67,171,705	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	13,221,128	1,124,825	14,345,953	65.00
66.00	06600	PHYSICAL THERAPY	5,130,976	10,107,136	15,238,112	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	2,983,265	115,790	3,099,055	67.00
68.00	06800	SPEECH PATHOLOGY	1,254,817	46,077	1,300,894	68.00
69.00	06900	ELECTROCARDIOLOGY	7,458,818	7,974,817	15,433,635	69.00
69.01	06901	VASCULAR LAB	0	0	0	69.01
69.02	06902	CARDIAC REHAB	93,903	1,477,958	1,571,861	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	214,830	2,267,500	2,482,330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,838,765	11,208,219	22,046,984	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,842,267	9,780,437	33,622,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,555,769	8,996,923	41,552,692	73.00
76.00	03020	HEMODIALYSIS	1,143,250	0	1,143,250	76.00
76.01	03952	LITHOTRIPSY	12,000	107,400	119,400	76.01
76.02	03950	WOUND CARE	69,445	5,364,995	5,434,440	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	90.01
91.00	09100	EMERGENCY	15,275,678	36,012,316	51,287,994	91.00
91.01	09101	OP DEPARTMENT	0	373,748	373,748	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	466,631	1,046,573	1,513,204	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	917,929	6,810,963	7,728,892	92.01
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)	271,526,456	273,415,450	544,941,906	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	271,526,456	273,415,450	544,941,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/17/2016 7:08 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
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 ENDOSCOPY	0.000000			50.01
50.02	05002 DAY SURGERY	0.000000			50.02
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401 NUCLEAR MEDICINE	0.000000			54.01
54.02	05402 ULTRASOUND	0.000000			54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000			54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000			54.04
54.05	05407 PET SCAN	0.000000			54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000			66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000			66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000			66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901 VASCULAR LAB	0.000000			69.01
69.02	06902 CARDIAC REHAB	0.000000			69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03020 HEMODIALYSIS	0.000000			76.00
76.01	03952 LITHOTRIPSY	0.000000			76.01
76.02	03950 WOUND CARE	0.000000			76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.01	09001 PAIN MGMT CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 OP DEPARTMENT	0.000000			91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000			91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
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: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,288,884	0	4,288,884	26,141	164.07	30.00	
31.00	INTENSIVE CARE UNIT	517,454		517,454	2,827	183.04	31.00	
41.00	SUBPROVIDER - IRF	743,253	0	743,253	4,267	174.19	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	90,503		90,503	900	100.56	43.00	
200.00	Total (lines 30-199)	5,640,094		5,640,094	34,135		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,853	2,272,862					30.00
31.00	INTENSIVE CARE UNIT	1,495	273,645					31.00
41.00	SUBPROVIDER - IRF	2,726	474,842					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	18,074	3,021,349					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,883,698	78,570,875	0.023975	15,951,052	382,426	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	95,980	6,624,155	0.014489	1,292,597	18,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	222,348	2,333,558	0.095283	4,687	447	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,169,053	38,113,919	0.030673	5,035,016	154,439	54.00
54.01	05401	NUCLEAR MEDICINE	74,900	5,108,325	0.014662	1,045,210	15,325	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	695,935	7,239,970	0.096124	166,221	15,978	55.00
57.00	05700	CT SCAN	150,663	50,953,750	0.002957	7,809,513	23,093	57.00
58.00	05800	MRI	24,431	16,110,390	0.001516	2,070,702	3,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,529	12,085,135	0.002443	3,623,986	8,853	59.00
60.00	06000	LABORATORY	847,769	67,171,705	0.012621	19,374,687	244,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	216,196	14,345,953	0.015070	7,806,363	117,642	65.00
66.00	06600	PHYSICAL THERAPY	738,765	15,238,112	0.048481	2,129,657	103,248	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	41,281	3,099,055	0.013321	774,179	10,313	67.00
68.00	06800	SPEECH PATHOLOGY	20,764	1,300,894	0.015961	373,603	5,963	68.00
69.00	06900	ELECTROCARDIOLOGY	55,139	15,433,635	0.003573	4,391,783	15,692	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	144,362	1,571,861	0.091841	42,648	3,917	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	35,670	2,482,330	0.014370	121,983	1,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115,732	22,046,984	0.005249	4,773,879	25,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	273,347	33,622,704	0.008130	11,176,071	90,861	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	469,009	41,552,692	0.011287	16,290,502	183,871	73.00
76.00	03020	HEMODIALYSIS	6,875	1,143,250	0.006014	688,789	4,142	76.00
76.01	03952	LITHOTRIPSY	123	119,400	0.001030	0	0	76.01
76.02	03950	WOUND CARE	39,346	5,434,440	0.007240	62,806	455	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	992,655	51,287,994	0.019355	8,058,735	155,977	91.00
91.01	09101	OP DEPARTMENT	135,072	373,748	0.361399	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	171,778	1,513,204	0.113519	457,991	51,991	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	136,866	7,728,892	0.017708	564,774	10,001	92.01
200.00		Total (lines 50-199)	8,787,286	502,606,930		114,087,434	1,647,840	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part III
Date/Time Prepared:
5/17/2016 7:08 pm

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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,141	0.00	13,853	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,827	0.00	1,495	0	31.00
41.00	04100	SUBPROVIDER - IRF	4,267	0.00	2,726	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	900	0.00	0	0	43.00
200.00		Total (lines 30-199)	34,135		18,074	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet D
Part IV
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Title XVIII				Hospital All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health				
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period: From 02/01/2015 To 12/31/2015

worksheet D Part IV Date/Time Prepared: 5/17/2016 7:08 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	78,570,875	0.000000	0.000000	15,951,052	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	6,624,155	0.000000	0.000000	1,292,597	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,333,558	0.000000	0.000000	4,687	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,113,919	0.000000	0.000000	5,035,016	54.00
54.01	05401	NUCLEAR MEDICINE	0	5,108,325	0.000000	0.000000	1,045,210	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,239,970	0.000000	0.000000	166,221	55.00
57.00	05700	CT SCAN	0	50,953,750	0.000000	0.000000	7,809,513	57.00
58.00	05800	MRI	0	16,110,390	0.000000	0.000000	2,070,702	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	12,085,135	0.000000	0.000000	3,623,986	59.00
60.00	06000	LABORATORY	0	67,171,705	0.000000	0.000000	19,374,687	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	14,345,953	0.000000	0.000000	7,806,363	65.00
66.00	06600	PHYSICAL THERAPY	0	15,238,112	0.000000	0.000000	2,129,657	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	3,099,055	0.000000	0.000000	774,179	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,300,894	0.000000	0.000000	373,603	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,433,635	0.000000	0.000000	4,391,783	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0	1,571,861	0.000000	0.000000	42,648	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,482,330	0.000000	0.000000	121,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,046,984	0.000000	0.000000	4,773,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,622,704	0.000000	0.000000	11,176,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,552,692	0.000000	0.000000	16,290,502	73.00
76.00	03020	HEMODIALYSIS	0	1,143,250	0.000000	0.000000	688,789	76.00
76.01	03952	LITHOTRIPSY	0	119,400	0.000000	0.000000	0	76.01
76.02	03950	WOUND CARE	0	5,434,440	0.000000	0.000000	62,806	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	51,287,994	0.000000	0.000000	8,058,735	91.00
91.01	09101	OP DEPARTMENT	0	373,748	0.000000	0.000000	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,513,204	0.000000	0.000000	457,991	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,728,892	0.000000	0.000000	564,774	92.01
200.00		Total (lines 50-199)	0	502,606,930			114,087,434	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet D
Part IV
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	14,114,768	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	882,685	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,336,519	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,355,715	0	54.01
54.02	05402	ULTRASOUND	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,092,642	0	55.00
57.00	05700	CT SCAN	0	11,492,494	0	57.00
58.00	05800	MRI	0	3,693,696	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,334,580	0	59.00
60.00	06000	LABORATORY	0	6,577,615	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	410,774	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,498	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	745	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,492,352	0	69.00
69.01	06901	VASCULAR LAB	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	750,987	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	556,818	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,285,558	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,923,862	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,718,540	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	39,315	0	76.01
76.02	03950	WOUND CARE	0	2,417,681	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	90.01
91.00	09100	EMERGENCY	0	7,686,120	0	91.00
91.01	09101	OP DEPARTMENT	0	57,919	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	335,052	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	2,571,638	0	92.01
200.00		Total (lines 50-199)	0	81,130,573	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part V
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII Hospital				PPS Services (see inst.)	PPS	
		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	0.171554	14,114,768	0	0	2,421,445	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.176668	882,685	0	0	155,942	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.816371	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174120	8,336,519	0	0	1,451,555	54.00
54.01	05401	NUCLEAR MEDICINE	0.106792	1,355,715	0	0	144,780	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.304610	3,092,642	0	0	942,050	55.00
57.00	05700	CT SCAN	0.039033	11,492,494	0	0	448,587	57.00
58.00	05800	MRI	0.045235	3,693,696	0	0	167,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087324	2,334,580	0	0	203,865	59.00
60.00	06000	LABORATORY	0.120938	6,577,615	0	0	795,484	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.155536	410,774	0	0	63,890	65.00
66.00	06600	PHYSICAL THERAPY	0.428035	2,498	0	0	1,069	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.358998	745	0	0	267	67.00
68.00	06800	SPEECH PATHOLOGY	0.231367	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074633	2,492,352	0	0	186,012	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.549052	750,987	0	0	412,331	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.201394	556,818	0	0	112,140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235823	4,285,558	0	0	1,010,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.371828	3,923,862	0	0	1,459,002	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228319	3,718,540	11,253	119,043	849,013	73.00
76.00	03020	HEMODIALYSIS	0.329948	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0.026491	39,315	0	0	1,041	76.01
76.02	03950	WOUND CARE	0.344696	2,417,681	0	0	833,365	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.128040	7,686,120	0	0	984,131	91.00
91.01	09101	OP DEPARTMENT	1.165494	57,919	0	0	67,504	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.742592	335,052	0	0	248,807	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.321224	2,571,638	0	0	826,072	92.01
200.00		Subtotal (see instructions)		81,130,573	11,253	119,043	13,786,069	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		81,130,573	11,253	119,043	13,786,069	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part V
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Costs		Hospital	PPS
	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 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,569	27,180		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03952 LITHOTRIPSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	2,569	27,180		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	2,569	27,180		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet D
Part II
Date/Time Prepared:
5/17/2016 7:08 pm

Component CCN: 14T065

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	1,883,698	78,570,875	0.023975	11,027	264	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100 RECOVERY ROOM	95,980	6,624,155	0.014489	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	222,348	2,333,558	0.095283	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,169,053	38,113,919	0.030673	92,551	2,839	54.00
54.01	05401 NUCLEAR MEDICINE	74,900	5,108,325	0.014662	11,697	172	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	695,935	7,239,970	0.096124	10,802	1,038	55.00
57.00	05700 CT SCAN	150,663	50,953,750	0.002957	89,952	266	57.00
58.00	05800 MRI	24,431	16,110,390	0.001516	19,186	29	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,529	12,085,135	0.002443	0	0	59.00
60.00	06000 LABORATORY	847,769	67,171,705	0.012621	741,723	9,361	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	216,196	14,345,953	0.015070	328,589	4,952	65.00
66.00	06600 PHYSICAL THERAPY	738,765	15,238,112	0.048481	1,213,949	58,853	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	41,281	3,099,055	0.013321	1,125,045	14,987	67.00
68.00	06800 SPEECH PATHOLOGY	20,764	1,300,894	0.015961	432,423	6,902	68.00
69.00	06900 ELECTROCARDIOLOGY	55,139	15,433,635	0.003573	26,527	95	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902 CARDIAC REHAB	144,362	1,571,861	0.091841	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	35,670	2,482,330	0.014370	2,447	35	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	115,732	22,046,984	0.005249	15,210	80	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	273,347	33,622,704	0.008130	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	469,009	41,552,692	0.011287	918,071	10,362	73.00
76.00	03020 HEMODIALYSIS	6,875	1,143,250	0.006014	62,206	374	76.00
76.01	03952 LITHOTRIPSY	123	119,400	0.001030	0	0	76.01
76.02	03950 WOUND CARE	39,346	5,434,440	0.007240	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	992,655	51,287,994	0.019355	0	0	91.00
91.01	09101 OP DEPARTMENT	135,072	373,748	0.361399	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,513,204	0.000000	8,640	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	136,866	7,728,892	0.017708	0	0	92.01
200.00	Total (lines 50-199)	8,615,508	502,606,930		5,110,045	110,609	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/17/2016 7:08 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 ENDOSCOPY	0	0	0	0	0 50.01
50.02	05002 DAY SURGERY	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
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02	05402 ULTRASOUND	0	0	0	0	0 54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0 54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0 54.04
54.05	05407 PET SCAN	0	0	0	0	0 54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700 CT SCAN	0	0	0	0	0 57.00
58.00	05800 MRI	0	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000 LABORATORY	0	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0 66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0 66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0 66.03
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0 69.01
69.02	06902 CARDIAC REHAB	0	0	0	0	0 69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020 HEMODIALYSIS	0	0	0	0	0 76.00
76.01	03952 LITHOTRIPSY	0	0	0	0	0 76.01
76.02	03950 WOUND CARE	0	0	0	0	0 76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0 90.01
91.00	09100 EMERGENCY	0	0	0	0	0 91.00
91.01	09101 OP DEPARTMENT	0	0	0	0	0 91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0 91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
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: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

worksheet D
Part IV
Date/Time Prepared:
5/17/2016 7:08 pm

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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	78,570,875	0.000000	0.000000	11,027	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	6,624,155	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,333,558	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	38,113,919	0.000000	0.000000	92,551	54.00
54.01	05401 NUCLEAR MEDICINE	0	5,108,325	0.000000	0.000000	11,697	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,239,970	0.000000	0.000000	10,802	55.00
57.00	05700 CT SCAN	0	50,953,750	0.000000	0.000000	89,952	57.00
58.00	05800 MRI	0	16,110,390	0.000000	0.000000	19,186	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	12,085,135	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	67,171,705	0.000000	0.000000	741,723	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	14,345,953	0.000000	0.000000	328,589	65.00
66.00	06600 PHYSICAL THERAPY	0	15,238,112	0.000000	0.000000	1,213,949	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	3,099,055	0.000000	0.000000	1,125,045	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,300,894	0.000000	0.000000	432,423	68.00
69.00	06900 ELECTROCARDIOLOGY	0	15,433,635	0.000000	0.000000	26,527	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902 CARDIAC REHAB	0	1,571,861	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,482,330	0.000000	0.000000	2,447	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	22,046,984	0.000000	0.000000	15,210	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,622,704	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	41,552,692	0.000000	0.000000	918,071	73.00
76.00	03020 HEMODIALYSIS	0	1,143,250	0.000000	0.000000	62,206	76.00
76.01	03952 LITHOTRIPSY	0	119,400	0.000000	0.000000	0	76.01
76.02	03950 WOUND CARE	0	5,434,440	0.000000	0.000000	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	51,287,994	0.000000	0.000000	0	91.00
91.01	09101 OP DEPARTMENT	0	373,748	0.000000	0.000000	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,513,204	0.000000	0.000000	8,640	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	7,728,892	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	502,606,930			5,110,045	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/17/2016 7:08 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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 VASCULAR LAB	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,260	0	73.00
76.00	03020 HEMODIALYSIS	0	0	0	76.00
76.01	03952 LITHOTRIPSY	0	0	0	76.01
76.02	03950 WOUND CARE	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	1,260	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140065 Component CCN: 14T065	Period: From 02/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/17/2016 7:08 pm
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	0.171554	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.176668	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.816371	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174120	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0.106792	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407 PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.304610	0	0	0	0	55.00
57.00	05700 CT SCAN	0.039033	0	0	0	0	57.00
58.00	05800 MRI	0.045235	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.087324	0	0	0	0	59.00
60.00	06000 LABORATORY	0.120938	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.155536	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.428035	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0.358998	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.231367	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074633	0	0	0	0	69.00
69.01	06901 VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0.549052	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.201394	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235823	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.371828	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.228319	1,260	0	3,876	288	73.00
76.00	03020 HEMODIALYSIS	0.329948	0	0	0	0	76.00
76.01	03952 LITHOTRIPSY	0.026491	0	0	0	0	76.01
76.02	03950 WOUND CARE	0.344696	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.128040	0	0	0	0	91.00
91.01	09101 OP DEPARTMENT	1.165494	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.742592	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.321224	0	0	0	0	92.01
200.00	Subtotal (see instructions)		1,260	0	3,876	288	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		1,260	0	3,876	288	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D
Part V
Date/Time Prepared:
5/17/2016 7:08 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 ENDOSCOPY	0	0		50.01
50.02 05002 DAY SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05405 GRANT SQUARE IMAGING	0	0		54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0		54.04
54.05 05407 PET SCAN	0	0		54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0		66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0		66.02
66.03 06603 LAGRANGE REHAB CTR	0	0		66.03
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 VASCULAR LAB	0	0		69.01
69.02 06902 CARDIAC REHAB	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	885		73.00
76.00 03020 HEMODIALYSIS	0	0		76.00
76.01 03952 LITHOTRIPSY	0	0		76.01
76.02 03950 WOUND CARE	0	0		76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.01 09001 PAIN MGMT CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 OP DEPARTMENT	0	0		91.01
91.02 09102 MEDICAL ONCOLOGY	0	0		91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00 Subtotal (see instructions)	0	885		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	885		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D-1

Date/Time Prepared:
5/17/2016 7:08 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)			26,141 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			26,141 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)			25,094 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)			13,853 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)			28,055,890 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			28,055,890 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)			28,055,890 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)			1,073.25 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			14,867,732 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			14,867,732 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet D-1

Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	5,479,068	2,827	1,938.12	1,495	2,897,489	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					20,735,028	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,500,249	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)					2,546,507	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,647,840	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,194,347	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					34,305,902	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)					1,047	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,073.25	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					1,123,693	89.00

Cost Center Description	Title XVIII Hospital PPS					
	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	4,288,884	28,055,890	0.152869	1,123,693	171,778	90.00
91.00 Nursing School cost	0	28,055,890	0.000000	1,123,693	0	91.00
92.00 Allied health cost	0	28,055,890	0.000000	1,123,693	0	92.00
93.00 All other Medical Education	0	28,055,890	0.000000	1,123,693	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet D-1
	Component CCN: 14T065		Date/Time Prepared: 5/17/2016 7:08 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)	4,267	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,267	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)	4,267	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)	2,726	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)	5,003,903	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)	5,003,903	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)	5,003,903	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)	1,172.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	3,196,780	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)	3,196,780	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:140065	Period: From 02/01/2015 To 12/31/2015	worksheet D-1		
		Component CCN:14T065		Date/Time Prepared: 5/17/2016 7:08 pm		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)				1,433,898	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				4,630,678	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)				474,842	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				110,609	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				585,451	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				4,045,227	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: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

worksheet D-1
Date/Time Prepared:
5/17/2016 7:08 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	743,253	5,003,903	0.148535	0	0	90.00
91.00 Nursing School cost	0	5,003,903	0.000000	0	0	91.00
92.00 Allied health cost	0	5,003,903	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,003,903	0.000000	0	0	93.00

Cost Center Description	Title XVIII		Hospital	PPS	
	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		15,850,458	30.00
31.00	03100	INTENSIVE CARE UNIT		3,446,797	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.171579	15,951,052	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.176668	1,292,597	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.816371	4,687	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174120	5,035,016	54.00
54.01	05401	NUCLEAR MEDICINE	0.106792	1,045,210	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.304610	166,221	55.00
57.00	05700	CT SCAN	0.039033	7,809,513	57.00
58.00	05800	MRI	0.045235	2,070,702	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.087324	3,623,986	59.00
60.00	06000	LABORATORY	0.120938	19,374,687	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.155536	7,806,363	65.00
66.00	06600	PHYSICAL THERAPY	0.428035	2,129,657	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.358998	774,179	67.00
68.00	06800	SPEECH PATHOLOGY	0.231367	373,603	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074633	4,391,783	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.549052	42,648	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.201394	121,983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235823	4,773,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.371828	11,176,071	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.228319	16,290,502	73.00
76.00	03020	HEMODIALYSIS	0.329948	688,789	76.00
76.01	03952	LITHOTRIPSY	0.026491	0	76.01
76.02	03950	WOUND CARE	0.344696	62,806	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.128040	8,058,735	91.00
91.01	09101	OP DEPARTMENT	1.165494	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.742592	457,991	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.321224	564,774	92.01
200.00		Total (sum of lines 50-94 and 96-98)		114,087,434	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)		114,087,434	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet D-3
		Component CCN: 14T065	Date/Time Prepared: 5/17/2016 7:08 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
41.00	04100	SUBPROVIDER - IRF	3,716,901	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	11,027	50.00
50.01	05001	ENDOSCOPY	0	50.01
50.02	05002	DAY SURGERY	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	92,551	54.00
54.01	05401	NUCLEAR MEDICINE	11,697	54.01
54.02	05402	ULTRASOUND	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407	PET SCAN	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	10,802	55.00
57.00	05700	CT SCAN	89,952	57.00
58.00	05800	MRI	19,186	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	741,723	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	328,589	65.00
66.00	06600	PHYSICAL THERAPY	1,213,949	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	1,125,045	67.00
68.00	06800	SPEECH PATHOLOGY	432,423	68.00
69.00	06900	ELECTROCARDIOLOGY	26,527	69.00
69.01	06901	VASCULAR LAB	0	69.01
69.02	06902	CARDIAC REHAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	2,447	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,210	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	918,071	73.00
76.00	03020	HEMODIALYSIS	62,206	76.00
76.01	03952	LITHOTRIPSY	0	76.01
76.02	03950	WOUND CARE	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	90.01
91.00	09100	EMERGENCY	0	91.00
91.01	09101	OP DEPARTMENT	1,165,494	91.01
91.02	09102	MEDICAL ONCOLOGY	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,640	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)	5,110,045	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)	5,110,045	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/17/2016 7:08 pm
		Title XVIII	Hospital	PPS
		0	1.00	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)		20,639,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		7,741,010	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)		361,555	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		5,305,446	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.28	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)		19.00	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)		0.35	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)		18.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.46	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)		18.65	12.00
13.00	Total allowable FTE count for the prior year.		18.65	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.		18.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.65	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		18.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.116359	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.118873	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.116359	21.00
22.00	IME payment adjustment (see instructions)		1,746,673	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		326,518	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)		0.81	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)		1,746,673	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		326,518	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		9.62	31.00
32.00	Sum of lines 30 and 31		11.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet E
Part A
Date/Time Prepared:
5/17/2016 7:08 pm

		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000095876	0.000095604	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		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 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		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 an 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		30,489,102		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)		30,815,620		49.00
50.00	Payment for inpatient program capital (from wkst. L, Pt. I and Pt. II, as applicable)		2,546,786		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).		1,209,720		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		2,741		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 intructions)		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)		34,574,867		59.00
60.00	Primary payer payments		10,008		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		34,564,859		61.00
62.00	Deductibles billed to program beneficiaries		2,959,740		62.00
63.00	Coinsurance billed to program beneficiaries		50,085		63.00
64.00	Allowable bad debts (see instructions)		298,813		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		194,228		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		207,792		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,749,262		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	MSP RECON		75		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)		176,002		70.93
70.94	HRR adjustment amount (see instructions)		-434,789		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet E
Part A
Date/Time Prepared:
5/17/2016 7:08 pm

		Title XVIII	Hospital	PPS		
			Prior to October 1	On/After October 1		
		0	1.00	2.00		
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	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	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)		31,490,550			71.00
71.01	Sequestration adjustment (see instructions)		629,811			71.01
72.00	Interim payments		30,743,176			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)		117,563			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0			75.00
TO BE COMPLETED BY CONTRACTOR (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
			Prior to 10/1	On/After 10/1		
			1.00	2.00		
HSP Bonus Payment Amount						
100.00	HSP bonus amount (see instructions)			0	0	100.00
HVBP Adjustment for HSP Bonus Payment						
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0		102.00
HRR Adjustment for HSP Bonus Payment						
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0		104.00

		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	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	20,639,864	0	20,639,864	0	20,639,864	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,741,010	0	0	7,741,010	7,741,010	0	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	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	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	361,555	0	292,908	68,647	361,555	0	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	5,305,446	0	4,016,972	1,288,474	5,305,446	0	4.00	
Indirect Medical Education Adjustment										
5.00	Amount from worksheet E, Part A, line 21 (see instructions)	21.00	0.116359	0.116359	0.116359	0.116359	0.116359	0	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,746,673	0	1,270,260	476,413	1,746,673	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	326,518	0	247,220	79,298	326,518	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	0.000000	0	7.00	
8.00	IME adjustment (see instructions)	28.00	0	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	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,746,673	0	1,270,260	476,413	1,746,673	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	326,518	0	247,220	79,298	326,518	0	9.01	
Disproportionate Share Adjustment										
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000	0.0000	0	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	0	11.00	
11.01	Uncompensated care payments	36.00	0	0	0	0	0	0	11.01	
Additional payment for high percentage of ESRD beneficiary discharges										
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	30,489,102	0	22,203,032	8,286,070	30,489,102	0	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	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,815,620	0	22,450,252	8,365,368	30,815,620	0	15.00	
16.00	Payment for inpatient program capital	50.00	2,546,786	0	1,853,427	693,359	2,546,786	0	16.00	
17.00	Special add-on payments for new technologies	54.00	2,741	0	1,705	1,036	2,741	0	17.00	
17.01	Net organ aquisition cost	55.00	0	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	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	0	18.00	

		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	24,305,384	9,059,763	33,365,147	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	2,271,087	0	1,650,151	620,936	2,271,087	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	76,978	0	76,978	18,091	95,069	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	0.0649	0.0649	0.0649	0.0649		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	147,394	0	107,095	40,299	147,394	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0226	0.0226	0.0226	0.0226		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	51,327	0	37,294	14,033	51,327	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,546,786	0	1,853,427	693,359	2,546,786	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

		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 (cols. 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	20,639,864	20,639,864		20,639,864	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	7,741,010		7,741,010	7,741,010	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	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	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	361,555	292,908	68,647	361,555	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	5,305,446	4,016,972	1,288,474	5,305,446	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.116359	0.116359	0.116359		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,746,673	1,270,260	476,413	1,746,673	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	326,518	247,220	79,298	326,518	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	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,746,673	1,270,260	476,413	1,746,673	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	326,518	247,220	79,298	326,518	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	30,489,102	22,203,032	8,286,070	30,489,102	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	30,815,620	22,450,252	8,365,368	30,815,620	15.00
16.00	Payment for inpatient program capital	50.00	2,546,786	1,871,518	675,268	2,546,786	16.00
17.00	Special add-on payments for new technologies	54.00	2,741	1,705	1,036	2,741	17.00
17.01	Net organ acquisition cost	55.00	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	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			24,323,475	9,041,672	33,365,147	19.00

		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	2,271,087	1,650,151	620,936	2,271,087	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	76,978	76,978	0	76,978	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	0.0649	0.0649	0.0649		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	147,394	107,095	40,299	147,394	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0226	0.0226	0.0226		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	51,327	37,294	14,033	51,327	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,546,786	1,871,518	675,268	2,546,786	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	176,002	138,792	37,210	176,002	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	-434,789	-293,109	-141,680	-434,789	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: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet E Part B Date/Time Prepared: 5/17/2016 7:08 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,749	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,786,069	2.00
3.00	PPS payments		13,084,985	3.00
4.00	Outlier payment (see instructions)		39,652	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)		29,749	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		130,296	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)		130,296	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)		130,296	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		100,547	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)		29,749	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)		13,124,637	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,666,296	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)		10,488,090	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		387,616	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)		10,875,706	30.00
31.00	Primary payer payments		306	31.00
32.00	Subtotal (line 30 minus line 31)		10,875,400	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)		227,060	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		147,589	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		150,684	36.00
37.00	Subtotal (see instructions)		11,022,989	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)		11,022,989	40.00
40.01	Sequestration adjustment (see instructions)		220,460	40.01
41.00	Interim payments		10,933,415	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-130,886	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/17/2016 7:08 pm
		Component CCN: 14T065	Title XVIII	Subprovider - TRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		885	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		288	2.00
3.00	PPS payments		503	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)		885	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,876	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)		3,876	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)		3,876	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,991	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)		885	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)		503	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)		1,388	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)		1,388	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,388	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)		1,388	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)		1,388	40.00
40.01	Sequestration adjustment (see instructions)		28	40.01
41.00	Interim payments		1,633	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-273	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2016 7:08 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		30,797,351		10,870,484	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	12/16/2015	42,756	12/16/2015	18,868	3.01
3.02			0	10/15/2015	44,063	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	10/15/2015	96,931		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)		-54,175		62,931	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)		30,743,176		10,933,415	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		117,563		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		130,886	6.02
7.00	Total Medicare program liability (see instructions)		30,860,739		10,802,529	7.00
			0	Contractor Number	NPR Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065
Component CCN: 14T065

Period:
From 02/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/17/2016 7:08 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,237,487		1,633	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		4,237,487		1,633	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		63,414		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		273	6.02
7.00	Total Medicare program liability (see instructions)		4,300,901		1,360	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: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet E-1
Part II
Date/Time Prepared:
5/17/2016 7:08 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			0	1.00
2.00	Medicare days from wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			0	2.00
3.00	Medicare HMO days from wkst. S-3, Pt. I, col. 6. line 2			0	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			0	4.00
5.00	Total hospital charges from wkst C, Pt. I, col. 8 line 200			0	5.00
6.00	Total hospital charity care charges from wkst. S-10, col. 3 line 20			0	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)			0	8.00
9.00	Sequestration adjustment amount (see instructions)			0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH					
30.00	Initial/interim HIT payment adjustment (see instructions)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/17/2016 7:08 pm
	Component CCN: 14T065		
	Title XVIII	Subprovider - IRF	PPS

			1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,342,799	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		64,708	3.00
4.00	Outlier Payments		16,448	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 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)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		12.775449	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,423,955	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)		4,423,955	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,423,955	19.00
20.00	Deductibles		18,900	20.00
21.00	Subtotal (line 19 minus line 20)		4,405,055	21.00
22.00	Coinsurance		16,380	22.00
23.00	Subtotal (line 21 minus line 22)		4,388,675	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)		4,388,675	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)		4,388,675	32.00
32.01	Sequestration adjustment (see instructions)		87,774	32.01
33.00	Interim payments		4,237,487	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)		63,414	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		16,448	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: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet E-4 Date/Time Prepared: 5/17/2016 7:08 pm
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		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.			17.42	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			0.32	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)			17.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.81	6.00
7.00	Enter the lesser of line 5 or line 6			17.10	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.	17.81	0.00	17.81	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.	17.10	0.00	17.10	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	17.10	0.00	17.10	11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	17.10	0.00	17.10	12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.10	0.00	17.10	13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	17.10	0.00	17.10	14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00	0.00	15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00	0.00	16.00
17.00	Adjusted rolling average FTE count	17.10	0.00	17.10	17.00
18.00	Per resident amount	145,558.80	0.00	145,558.80	18.00
19.00	Approved amount for resident costs	2,489,055	0	2,489,055	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)			0.71	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,489,055	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,074	3,044		26.00
27.00	Total Inpatient Days (see instructions)	32,237	32,237		27.00
28.00	Ratio of inpatient days to total inpatient days	0.560660	0.094426		28.00
29.00	Program direct GME amount	1,395,514	235,032		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		33,210		30.00
31.00	Net Program direct GME amount			1,597,336	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	worksheet E-4 Date/Time Prepared: 5/17/2016 7:08 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)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	43,130,927	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)	10,008	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	43,120,919	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	13,816,991	42.00
43.00	Primary payer payments (see instructions)	306	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	13,816,685	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	56,937,604	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.757336	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.242664	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	1,597,336	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	1,209,720	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	387,616	50.00

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

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet G

Date/Time Prepared:
5/17/2016 7:08 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	18,072,036	0	0	0 1.00
2.00	Temporary investments	14,164	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	28,798,070	0	0	0 4.00
5.00	Other receivable	0	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,653,650	0	0	0 6.00
7.00	Inventory	5,162,443	0	0	0 7.00
8.00	Prepaid expenses	1,292,542	0	0	0 8.00
9.00	Other current assets	0	0	0	0 9.00
10.00	Due from other funds	0	0	0	0 10.00
11.00	Total current assets (sum of lines 1-10)	47,685,605	0	0	0 11.00
FIXED ASSETS					
12.00	Land	9,779,429	0	0	0 12.00
13.00	Land improvements	6,671,495	0	0	0 13.00
14.00	Accumulated depreciation	-6,278,044	0	0	0 14.00
15.00	Buildings	210,319,734	0	0	0 15.00
16.00	Accumulated depreciation	-114,671,958	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	30,149,000	0	0	0 19.00
20.00	Accumulated depreciation	-25,726,060	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	57,103,261	0	0	0 23.00
24.00	Accumulated depreciation	-47,121,972	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)	120,224,885	0	0	0 30.00
OTHER ASSETS					
31.00	Investments	2,488,639	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	14,819,186	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	17,307,825	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	185,218,315	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	6,336,153	0	0	0 37.00
38.00	Salaries, wages, and fees payable	5,971,003	0	0	0 38.00
39.00	Payroll taxes payable	0	0	0	0 39.00
40.00	Notes and loans payable (short term)	8,053,497	0	0	0 40.00
41.00	Deferred income	0	0	0	0 41.00
42.00	Accelerated payments	0	0	0	0 42.00
43.00	Due to other funds	0	0	0	0 43.00
44.00	Other current liabilities	17,775,644	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,136,297	0	0	0 45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0 46.00
47.00	Notes payable	122,792,709	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	1,739,249	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	124,531,958	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	162,668,255	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	22,550,060	0	0	0 52.00
53.00	Specific purpose fund	0	0	0	0 53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0 54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0 55.00
56.00	Governing body created - endowment fund balance	0	0	0	0 56.00
57.00	Plant fund balance - invested in plant	0	0	0	0 57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0 58.00
59.00	Total fund balances (sum of lines 52 thru 58)	22,550,060	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	185,218,315	0	0	0 60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet G-1
Date/Time Prepared:
5/17/2016 7:08 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		24,734,113			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-43,486				2.00
3.00	Total (sum of line 1 and line 2)		24,690,627			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	DONOR RESTRICTED	474,110		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		474,110			0	10.00
11.00	Subtotal (line 3 plus line 10)		25,164,737			0	11.00
12.00	GENERAL FUND BALANCE	2,614,306		0		0	12.00
13.00	ROUNDING	371		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2,614,677			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		22,550,060			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	DONOR RESTRICTED		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	GENERAL FUND BALANCE		0				12.00
13.00	ROUNDING		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: 140065

Period:
From 02/01/2015
To 12/31/2015

worksheet G-2
Parts I & II
Date/Time Prepared:
5/17/2016 7:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,450,639		32,450,639	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,818,055		5,818,055	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)	38,268,694		38,268,694	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,440,107		6,440,107	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	6,440,107		6,440,107	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,708,801		44,708,801	17.00
18.00	Ancillary services	211,740,210	237,394,945	449,135,155	18.00
19.00	Outpatient services	15,278,663	36,381,001	51,659,664	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	PHYSICIAN REVENUE	0	4,994,362	4,994,362	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	271,727,674	278,770,308	550,497,982	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		148,014,598		29.00
30.00	BAD DEBT	4,555,564			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)		4,555,564		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)		152,570,162		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

Period:
From 02/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/17/2016 7:08 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	550,497,982	1.00
2.00	Less contractual allowances and discounts on patients' accounts	399,742,579	2.00
3.00	Net patient revenues (line 1 minus line 2)	150,755,403	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	152,570,162	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,814,759	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	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	EHR PAYMENTS	1,771,273	24.00
25.00	Total other income (sum of lines 6-24)	1,771,273	25.00
26.00	Total (line 5 plus line 25)	-43,486	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)	-43,486	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140065	Period: From 02/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/17/2016 7:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			2,271,087 1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0 1.01
2.00	Capital DRG outlier payments			76,978 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)			83.74 3.00
4.00	Number of interns & residents (see instructions)			18.65 4.00
5.00	Indirect medical education percentage (see instructions)			6.49 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)			147,394 6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)			1.40 7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)			9.62 8.00
9.00	Sum of lines 7 and 8			11.02 9.00
10.00	Allowable disproportionate share percentage (see instructions)			2.26 10.00
11.00	Disproportionate share adjustment (see instructions)			51,327 11.00
12.00	Total prospective capital payments (see instructions)			2,546,786 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