This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S Parts I-III Date/Time Prepared: 3/9/2015 1:08 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 3/9/2015 Time: 1:08 pm
2. [ ] Manually submitted cost report
3. [2] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 PROVIDENT HOSPITAL (140300) for the cost reporting period beginning 12/01/2012 and ending 11/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	100,493	1,600	362,978	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	100,493	1,600	362,978	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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 500 EAST 51ST STREET	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60615-	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	PROVIDENT HOSPITAL	140300	16974	1	10/08/1993	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	12/01/2012	11/30/2013	20.00
21.00	Type of Control (see instructions)	13		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)		Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,435	770	0	0	988	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 3/9/2015 1:05 pm

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 3/9/2015 1:05 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	8.24	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

		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 MEDICINE	1350	0.00	1.25	0.000000	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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	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.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

		V	XIX	
		1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	800,000	175,987	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.	N		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	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		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

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

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
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	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	12/01/2012	11/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II | Date/Time Prepared: 3/9/2015 1:05 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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 Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 3/9/2015 1:05 pm

		Description	Part A Y/N	Part A Date	Part B 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?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
			1.00	2.00		
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MICHAEL	SUMRALL			41.00
42.00	Enter the employer/company name of the cost report preparer.	COOK COUNTY HEALTH & HOSPITALS SYSTE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-864-4779	MSUMRALL@COOKCOUNTYHHS.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II | Date/Time Prepared: 3/9/2015 1:05 pm

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		ADMINISTRATIVE ANALYST V		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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 3/9/2015 1:05 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,230	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)		102	37,230	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	11	4,015	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)		113	41,245	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		113				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

	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)	738	2,205	5,703			1.00
2.00	HMO and other (see instructions)	44	988				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	738	2,205	5,703			7.00
8.00	INTENSIVE CARE UNIT	0	0	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		0	0			13.00
14.00	Total (see instructions)	738	2,205	5,703	9.42	376.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				9.42	376.00	27.00
28.00	Observation Bed Days		0	629			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
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	167	482	1,409	1.00
2.00	HMO and other (see instructions)			14			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	167	482	1,409	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 3/9/2015 1:05 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	32,740,950	5,187,442	37,928,392	782,994.76	48.44	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		2,861,207	0	2,861,207	20,040.00	142.77	4.00
4.01	Physicians - Part A - Teaching		13,564	0	13,564	95.00	142.78	4.01
5.00	Physician-Part B		8,727,591	0	8,727,591	74,531.48	117.10	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	426,639	426,639	8,123.76	52.52	7.00
7.01	Contracted interns and residents (in an approved programs)		860,483	0	860,483	17,140.45	50.20	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,197,563	0	1,197,563	46,830.92	25.57	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,495,856	0	6,495,856			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,092,004	0	2,092,004			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	109,714	109,714	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,202,140	1,827,101	5,029,241	89,625.69	56.11	27.00
28.00	Administrative & General under contract (see inst.)		179,103	0	179,103	3,880.14	46.16	28.00
29.00	Maintenance & Repairs	6.00	1,007,694	0	1,007,694	24,667.03	40.85	29.00
30.00	Operation of Plant	7.00	820,545	0	820,545	17,801.44	46.09	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,152,070	0	1,152,070	59,322.83	19.42	32.00
33.00	Housekeeping under contract (see instructions)		278,359	0	278,359	13,917.93	20.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		929,408	0	929,408	46,470.39	20.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	919,850	0	919,850	26,046.50	35.32	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	71,793.01	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 3/9/2015 1:05 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	406,664	0	406,664	18,881.40	21.54	41.00
42.00	Social Service	17.00	324,141	0	324,141	10,876.00	29.80	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part III Date/Time Prepared: 3/9/2015 1:05 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		24,526,182	4,760,803	29,286,985	747,372.53	39.19	1.00
2.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		24,526,182	4,760,803	29,286,985	747,372.53	39.19	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,197,563	0	1,197,563	46,830.92	25.57	4.00
5.00	Subtotal wage-related costs (see inst.)		6,495,856	0	6,495,856	0.00	22.18	5.00
6.00	Total (sum of lines 3 thru 5)		32,219,601	4,760,803	36,980,404	794,203.45	46.56	6.00
7.00	Total overhead cost (see instructions)		9,219,974	1,936,815	11,156,789	383,282.36	29.11	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part IV Date/Time Prepared: 3/9/2015 1:05 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	3,731,591	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)	3,989,597	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	171,700	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	66,213	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	194,371	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	337,974	17.00
18.00	Medicare Taxes - Employers Portion Only	83,073	18.00
19.00	Unemployment Insurance	13,342	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,587,861	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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part V Date/Time Prepared: 3/9/2015 1:05 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	0	0	1.00
2.00	Hospital	0	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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-10 | Date/Time Prepared: 3/9/2015 1:05 pm

		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)	0.962200	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,524,786	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	18,225,880	6.00
7.00	Medicaid cost (line 1 times line 6)	17,536,942	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)	7,012,156	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	21,033,706	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	7,012,156	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	18,468,718	0	18,468,718	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	17,770,600	0	17,770,600	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	17,770,600	0	17,770,600	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		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)	23,657,056	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	112,790	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	23,544,266	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	22,654,293	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	40,424,893	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	47,437,049	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A | Date/Time Prepared: 3/9/2015 1:05 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	NEW CAP REL COSTS-BLDG & FIXT		1,268,946	1,268,946	0	1,268,946	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		641,994	641,994	37,819	679,813	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,998,393	9,998,393	-4,414	9,993,979	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,202,140	5,976,332	9,178,472	-1,832,772	7,345,700	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,007,694	993,917	2,001,611	-43,770	1,957,841	6.00
7.00	00700	OPERATION OF PLANT	820,545	204,687	1,025,232	43,770	1,069,002	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	172,667	172,667	8.00
9.00	00900	HOUSEKEEPING	1,152,070	110,326	1,262,396	-203	1,262,193	9.00
10.00	01000	DIETARY	0	1,186,402	1,186,402	-1,185,954	448	10.00
11.00	01100	CAFETERIA	0	0	0	1,185,954	1,185,954	11.00
13.00	01300	NURSING ADMINISTRATION	919,850	290,158	1,210,008	-14,238	1,195,770	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,997	102,997	2,736,074	2,839,071	14.00
15.00	01500	PHARMACY	0	189,695	189,695	-189,689	6	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	406,664	64,525	471,189	0	471,189	16.00
17.00	01700	SOCIAL SERVICE	324,141	222,514	546,655	0	546,655	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	426,639	426,639	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	860,483	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,648,872	225,835	7,874,707	-440,536	7,434,171	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,723,905	307,643	3,031,548	-299,517	2,732,031	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	932,567	45,791	978,358	-44,226	934,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,224,510	911,561	3,136,071	-172,517	2,963,554	54.00
56.00	05600	RADIOISOTOPE	77,077	228,201	305,278	-228,201	77,077	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,565,116	476,769	2,041,885	-395,401	1,646,484	60.00
60.01	06001	BLOOD LABORATORY	241,374	97,656	339,030	-97,656	241,374	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	707,749	70,573	778,322	-70,573	707,749	65.00
66.00	06600	PHYSICAL THERAPY	200,089	386,774	586,863	-396	586,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	869,872	68,695	938,567	-30,592	907,975	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	494,530	494,530	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	-162	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	819	819	-380	439	90.00
91.00	09100	EMERGENCY	7,716,715	914,389	8,631,104	-906,739	7,724,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,740,950	24,985,592	57,726,542	0	57,726,542	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		TOTAL (SUM OF LINES 118-199)	32,740,950	24,985,592	57,726,542	0	57,726,542	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,810,741	4,079,687		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,166,518	3,846,331		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	794,016	10,787,995		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,420,655	20,766,355		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,957,841		6.00
7.00	00700	OPERATION OF PLANT	0	1,069,002		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	172,667		8.00
9.00	00900	HOUSEKEEPING	278,359	1,540,552		9.00
10.00	01000	DIETARY	929,408	929,856		10.00
11.00	01100	CAFETERIA	0	1,185,954		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,195,770		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,839,071		14.00
15.00	01500	PHARMACY	0	6		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-714	470,475		16.00
17.00	01700	SOCIAL SERVICE	0	546,655		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	426,639		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	860,483		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,536,203	4,897,968		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	-1,032,138	1,699,893		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-1,236,331	-302,199		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,000	2,957,554		54.00
56.00	05600	RADIOISOTOPE	0	77,077		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-192,188	1,454,296		60.00
60.01	06001	BLOOD LABORATORY	0	241,374		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	707,749		65.00
66.00	06600	PHYSICAL THERAPY	0	586,467		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-594,941	313,034		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,719,756	4,214,286		73.00
74.00	07400	RENAL DIALYSIS	0	-162		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	2,570,186	2,570,625		90.00
91.00	09100	EMERGENCY	-3,745,618	3,978,747		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,345,506	76,072,048		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		TOTAL (SUM OF LINES 118-199)	18,345,506	76,072,048		200.00

RECLASSIFICATIONS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-6 | Date/Time Prepared: 3/9/2015 1:05 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RCLS CAFETERIA COST TO DIETARY				
1.00	CAFETERIA	11.00	0	1,185,954	1.00
	TOTALS		0	1,185,954	
	B - RCLS EQUIP RENTAL COST TO CAPITAL				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,819	1.00
	TOTALS		0	37,819	
	C - RCLS LAWN CARE TO PLANT OPERATION				
1.00	OPERATION OF PLANT	7.00	0	43,770	1.00
	TOTALS		0	43,770	
	D - DEFAULT				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	426,639	0	1.00
	TOTALS		426,639	0	
	E - DEFAULT				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	860,483	1.00
	TOTALS		0	860,483	
	F - RCLS LAUNDRY COST FROM OTHER COST				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	172,667	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	172,667	
	G - RCLS PHARMACY COST TO DRUGS CHARGED				
1.00		0.00	0	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	494,530	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
	TOTALS		0	494,530	
	H - RCLS SUPPLY COST TO CENTRAL SUPPLY				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,839,068	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	2,839,068	
	I - ALLOCATION OF 890 COST TO HOSPITALS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	3,250,627	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	1,827,101	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	109,714	0	3.00
	TOTALS		5,187,442	0	
500.00	Grand Total: Increases		5,614,081	5,634,291	500.00

RECLASSIFICATIONS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-6 | Date/Time Prepared: 3/9/2015 1:05 pm

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RCLS CAFETERIA COST TO DIETARY					
1.00	DIETARY	10.00	0	1,185,954	0	1.00
	TOTALS		0	1,185,954		
	B - RCLS EQUIP RENTAL COST TO CAPITAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,819	10	1.00
	TOTALS		0	37,819		
	C - RCLS LAWN CARE TO PLANT OPERATION					
1.00	MAINTENANCE & REPAIRS	6.00	0	43,770	0	1.00
	TOTALS		0	43,770		
	D - DEFAULT					
1.00	ADULTS & PEDIATRICS	30.00	426,639	0	0	1.00
	TOTALS		426,639	0		
	E - DEFAULT					
1.00	EMERGENCY	91.00	0	860,483	0	1.00
	TOTALS		0	860,483		
	F - RCLS LAUNDRY COST FROM OTHER COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	169,787	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,880	0	2.00
	TOTALS		0	172,667		
	G - RCLS PHARMACY COST TO DRUGS CHARGED					
1.00		0.00	0	0	0	1.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,414	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	124,037	0	9.00
10.00	HOUSEKEEPING	9.00	0	17	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	17	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,575	0	12.00
13.00	PHARMACY	15.00	0	187,573	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,056	0	14.00
15.00	OPERATING ROOM	50.00	0	8,741	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	25,889	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	613	0	17.00
18.00	LABORATORY	60.00	0	4,396	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,165	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	29,709	0	20.00
21.00	RENAL DIALYSIS	74.00	0	162	0	21.00
22.00	CLINIC	90.00	0	37	0	22.00
23.00	EMERGENCY	91.00	0	5,129	0	23.00
	TOTALS		0	494,530		
	H - RCLS SUPPLY COST TO CENTRAL SUPPLY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,501,129	0	1.00
2.00	HOUSEKEEPING	9.00	0	186	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,341	0	3.00
4.00	PHARMACY	15.00	0	2,116	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	11,841	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,419	0	6.00
7.00	OPERATING ROOM	50.00	0	290,776	0	7.00
8.00	RADIOISOTOPE	56.00	0	228,201	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	18,337	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,904	0	10.00
11.00	LABORATORY	60.00	0	391,005	0	11.00
12.00	BLOOD LABORATORY	60.01	0	97,656	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	68,408	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	396	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	883	0	15.00
16.00	CLINIC	90.00	0	343	0	16.00
17.00	EMERGENCY	91.00	0	41,127	0	17.00
	TOTALS		0	2,839,068		
	I - ALLOCATION OF 890 COST TO HOSPITALS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,250,627	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,827,101	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	109,714	0	3.00
	TOTALS		0	5,187,442		
500.00	Grand Total: Decreases		426,639	10,821,733		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part I | Date/Time Prepared: 3/9/2015 1:05 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	47,572,031	3,576,706	0	3,576,706	0	4.00
5.00	Fixed Equipment	20,950	0	0	0	0	5.00
6.00	Movable Equipment	12,564,585	124,658	0	124,658	0	6.00
7.00	HIT designated Assets	137,218	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	60,294,784	3,701,364	0	3,701,364	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	60,294,784	3,701,364	0	3,701,364	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	0	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	0	0	3.00
4.00	Building Improvements	51,148,737	0	4.00
5.00	Fixed Equipment	20,950	0	5.00
6.00	Movable Equipment	12,689,243	0	6.00
7.00	HIT designated Assets	137,218	0	7.00
8.00	Subtotal (sum of lines 1-7)	63,996,148	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	63,996,148	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part II | Date/Time Prepared: 3/9/2015 1:05 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,268,946	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	641,994	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL			
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)		
		14.00	15.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,268,946		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	641,994		2.00
3.00	Total (sum of lines 1-2)	0	1,910,940		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part III Date/Time Prepared: 3/9/2015 1:05 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,288,039	0	1,288,039	0.674034	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	622,901	0	622,901	0.325966	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	0	1,910,940	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,268,946	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	641,994	37,819	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,910,940	37,819	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,800,889	9,852	0	0	4,079,687	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,166,518	0	0	0	3,846,331	2.00
3.00	Total (sum of lines 1-2)	5,967,407	9,852	0	0	7,926,018	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8 | Date/Time Prepared: 3/9/2015 1:05 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-97,674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,980,921			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	12,748,059			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-714	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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8 | Date/Time Prepared: 3/9/2015 1:05 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	
33.00	SENGSTACKE COST FROM STROGER	B	2,570,186	CLINIC	90.00	0	33.00
34.00	MISC INCOME	B	6,889	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	PHARMACY SERVICE CHARGE	B	-213,535	DRUGS CHARGED TO PATIENTS	73.00	0	35.00
36.00			0		0.00	0	36.00
37.00	COUNTY COST	A	341,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	COUNTY COST	A	158,897	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	PARKING FEES	B	-74,890	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	EXPENSES ACCRUALS/REVERSALS	A	-561,059	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	HOSPITAL MALPRACTICE INSURANCE	A	502,286	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	BOND INTEREST	A	651,762	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
43.00	ADDED PROPERTY INSURANCE	A	9,852	NEW CAP REL COSTS-BLDG & FIXT	1.00	12	43.00
44.00	SODEXO COST FROM STROGER	B	929,408	DIETARY	10.00	0	44.00
45.00	SODEXO COST FROM STROGER	B	278,359	HOUSEKEEPING	9.00	0	45.00
45.01	ADDED INTEREST CAPITAL	A	2,149,127	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.01
45.02	ADDED INTEREST CAPITAL - MOV	A	3,166,518	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	45.02
45.03	ADDED INT, INS, CO COST, RE STUDY	A	5,637,303	ADMINISTRATIVE & GENERAL	5.00	0	45.03
45.04	ADDED COUNTY COST FRINGE	A	123,670	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		18,345,506				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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8-1 | Date/Time Prepared: 3/9/2015 1:05 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	BUREAU OF HEALTH ALLOCATED C	7,827,672	0	1.00
2.00	73.00	DRUGS CHARGED TO PATIENTS	BUREAU OF HEALTH ALLOCATED C	3,933,291	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUREAU OF HEALTH ALLOCATED C	987,096	0	3.00
4.00	0.00		COOK COUNTY ALLOCATED COST	0	0	4.00
4.10	0.00		COOK COUNTY ALLOCATED COST	0	0	4.10
5.00	0		0	12,748,059	0	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		
	Symbol (1)	Name	Percentage of Ownership	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	G	COOK COUNTY	100.00	COOK COUNTY	100.00	6.00
7.00			0.00		0.00	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:	COOK COUNTY				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet A-8-1 Date/Time Prepared: 3/9/2015 1:05 pm

	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	7,827,672	0		1.00
2.00	3,933,291	0		2.00
3.00	987,096	0		3.00
4.00	0	0		4.00
4.10	0	0		4.10
5.00	12,748,059			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	GOVERNMENT		6.00
7.00			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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 3/9/2015 1:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	637,502	637,501	0	0	1,160	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,949,494	2,065,821	883,673	177,200	6,432	2.00
3.00	50.00	OPERATING ROOM	1,259,251	938,519	320,732	208,000	2,144	3.00
4.00	53.00	ANESTHESIOLOGY	1,629,513	1,018,084	611,429	200,300	3,872	4.00
5.00	60.00	LABORATORY	192,188	192,188	0	215,700	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	786,893	524,595	262,298	177,200	2,144	6.00
7.00	91.00	EMERGENCY	4,133,958	3,493,690	640,268	177,200	4,288	7.00
8.00	30.00	ADULTS & PEDIATRICS	167,583	167,583	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	6,000	6,000	0	0	0	9.00
10.00	91.00	EMERGENCY	5,743	5,743	0	0	0	10.00
200.00			11,768,125	9,049,724	2,718,400		20,040	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	26,310	1.00
2.00	30.00	ADULTS & PEDIATRICS	547,957	27,398	0	0	109,868	2.00
3.00	50.00	OPERATING ROOM	214,400	10,720	0	0	49,914	3.00
4.00	53.00	ANESTHESIOLOGY	372,866	18,643	0	0	54,145	4.00
5.00	60.00	LABORATORY	0	0	0	0	10,221	5.00
6.00	69.00	ELECTROCARDIOLOGY	182,652	9,133	0	0	27,900	6.00
7.00	91.00	EMERGENCY	365,305	18,265	0	0	185,806	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	8,913	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	319	9.00
10.00	91.00	EMERGENCY	0	0	0	0	305	10.00
200.00			1,683,180	84,159	0	0	473,701	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	637,502		1.00
2.00	30.00	ADULTS & PEDIATRICS	32,917	580,874	302,799	2,368,620		2.00
3.00	50.00	OPERATING ROOM	12,713	227,113	93,619	1,032,138		3.00
4.00	53.00	ANESTHESIOLOGY	20,316	393,182	218,247	1,236,331		4.00
5.00	60.00	LABORATORY	0	0	0	192,188		5.00
6.00	69.00	ELECTROCARDIOLOGY	9,300	191,952	70,346	594,941		6.00
7.00	91.00	EMERGENCY	28,778	394,083	246,185	3,739,875		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	167,583		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,000		9.00
10.00	91.00	EMERGENCY	0	0	0	5,743		10.00
200.00			104,024	1,787,204	931,196	9,980,921		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	4,079,687	4,079,687				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,846,331		3,846,331			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,787,995	43,344	0	10,831,339		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,766,355	1,152,508	798,699	1,440,385	24,157,947	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,957,841	14,282	90,139	288,606	2,350,868	6.00
7.00	00700	OPERATION OF PLANT	1,069,002	636,341	373,386	235,006	2,313,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	172,667	0	0	0	172,667	8.00
9.00	00900	HOUSEKEEPING	1,540,552	12,362	41,360	329,955	1,924,229	9.00
10.00	01000	DIETARY	929,856	137,350	0	0	1,067,206	10.00
11.00	01100	CAFETERIA	1,185,954	61,666	0	0	1,247,620	11.00
13.00	01300	NURSING ADMINISTRATION	1,195,770	29,315	219,094	263,447	1,707,626	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,839,071	19,878	27,859	0	2,886,808	14.00
15.00	01500	PHARMACY	6	26,589	11,736	0	38,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	470,475	94,602	0	116,469	681,546	16.00
17.00	01700	SOCIAL SERVICE	546,655	13,388	0	92,835	652,878	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	426,639	0	0	122,190	548,829	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	860,483	0	0	0	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,897,968	305,074	458,069	2,068,462	7,729,573	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	141,366	0	141,366	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,699,893	255,947	398,892	780,132	3,134,864	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-302,199	72,770	0	267,089	37,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,957,554	270,836	985,224	637,104	4,850,718	54.00
56.00	05600	RADIOISOTOPE	77,077	13,212	0	22,075	112,364	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,454,296	216,731	45,164	448,252	2,164,443	60.00
60.01	06001	BLOOD LABORATORY	241,374	0	0	69,130	310,504	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,675	3,564	0	12,239	62.00
65.00	06500	RESPIRATORY THERAPY	707,749	51,799	89,982	202,701	1,052,231	65.00
66.00	06600	PHYSICAL THERAPY	586,467	11,037	23,579	57,306	678,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,554	0	0	23,554	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,075	0	0	7,075	68.00
69.00	06900	ELECTROCARDIOLOGY	313,034	19,569	118,951	249,133	700,687	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,214,286	0	0	930,986	5,145,272	73.00
74.00	07400	RENAL DIALYSIS	-162	0	0	0	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,570,625	335,538	12,350	0	2,918,513	90.00
91.00	09100	EMERGENCY	3,978,747	246,245	6,917	2,210,076	6,441,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,072,048	4,079,687	3,846,331	10,831,339	76,072,048	118.00
		NONREIMBURSABLE COST CENTERS						
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)	76,072,048	4,079,687	3,846,331	10,831,339	76,072,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 3/9/2015 1:05 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,157,947					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,093,960	3,444,828				6.00
7.00	00700	OPERATION OF PLANT	1,076,680	763,911	4,154,326			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	80,349	0	0	253,016		8.00
9.00	00900	HOUSEKEEPING	895,426	14,840	22,996	11,765	2,869,256	9.00
10.00	01000	DIETARY	496,617	164,885	255,504	0	0	10.00
11.00	01100	CAFETERIA	580,571	74,029	114,714	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	794,632	35,192	54,534	0	473,160	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,343,356	23,864	36,979	0	33,762	14.00
15.00	01500	PHARMACY	17,837	31,920	49,462	212	23,360	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	317,153	113,567	175,983	0	0	16.00
17.00	01700	SOCIAL SERVICE	303,812	16,072	24,906	0	16,547	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	255,394	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	400,420	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,596,910	366,234	567,513	126,870	645,987	30.00
31.00	03100	INTENSIVE CARE UNIT	65,784	0	0	29,521	507,348	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,458,787	307,258	476,124	23,568	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,525	87,358	135,370	57	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,257,248	325,132	503,822	268	110,290	54.00
56.00	05600	RADIOISOTOPE	52,288	15,860	24,577	0	6,631	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,007,208	260,180	403,173	309	29,382	60.00
60.01	06001	BLOOD LABORATORY	144,491	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,695	10,415	16,138	32	14,661	62.00
65.00	06500	RESPIRATORY THERAPY	489,648	62,183	96,358	138	2,433	65.00
66.00	06600	PHYSICAL THERAPY	315,684	13,250	20,532	8	9,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,961	28,276	43,816	0	2,433	67.00
68.00	06800	SPEECH PATHOLOGY	3,292	8,493	13,161	8	2,433	68.00
69.00	06900	ELECTROCARDIOLOGY	326,060	23,493	36,404	49	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,394,316	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,358,110	402,805	624,184	32	0	90.00
91.00	09100	EMERGENCY	2,997,733	295,611	458,076	60,179	990,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,157,947	3,444,828	4,154,326	253,016	2,869,256	118.00
		NONREIMBURSABLE COST CENTERS						
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)	24,157,947	3,444,828	4,154,326	253,016	2,869,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	1,984,212					10.00
11.00	01100	CAFETERIA	0	2,016,934				11.00
13.00	01300	NURSING ADMINISTRATION	0	76,543	3,141,687			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	4,324,769		14.00
15.00	01500	PHARMACY	0	0	0	22,536	183,658	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	91,753	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	28,704	40,770	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,601,391	844,097	1,234,004	38,562	1,646	30.00
31.00	03100	INTENSIVE CARE UNIT	38,855	157,600	1,255	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	169,515	289,024	946,944	40,424	50.00
51.00	05100	RECOVERY ROOM	0	0	260,576	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	59,716	2,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,587	41,227	559,824	23,898	54.00
56.00	05600	RADIOISOTOPE	0	3,904	0	743,162	31,725	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	126,414	0	1,274,001	54,386	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	318,028	13,576	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	16,902	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	75,031	0	222,778	9,510	65.00
66.00	06600	PHYSICAL THERAPY	0	8,101	0	1,290	55	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,105	0	2,876	123	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	1,117	48	90.00
91.00	09100	EMERGENCY	343,966	273,678	1,274,831	133,935	5,718	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,984,212	2,016,934	3,141,687	4,324,769	183,658	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,984,212	2,016,934	3,141,687	4,324,769	183,658	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	
			16.00	17.00	21.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,380,002					16.00
17.00	01700	SOCIAL SERVICE	112	1,083,801				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	804,223			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,260,903		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	72,381	501,140	366,538	574,676	18,267,522	30.00
31.00	03100	INTENSIVE CARE UNIT	503	0	0	0	942,232	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,824	0	35,901	56,288	6,945,521	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	260,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,498	7,052	351,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	168	0	0	0	8,800,182	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	990,511	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	503	0	0	0	5,319,999	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	786,599	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	76,082	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,010,310	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	1,047,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	109,040	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	34,462	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,106,797	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,539,588	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	782,213	582,661	54,220	85,009	6,808,912	90.00
91.00	09100	EMERGENCY	517,298	0	343,066	537,878	14,674,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,380,002	1,083,801	804,223	1,260,903	76,072,048	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,380,002	1,083,801	804,223	1,260,903	76,072,048	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW 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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-941,214	17,326,308		30.00
31.00	03100	INTENSIVE CARE UNIT	0	942,232		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	-92,189	6,853,332		50.00
51.00	05100	RECOVERY ROOM	0	260,576		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-11,550	340,235		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,800,182		54.00
56.00	05600	RADIOISOTOPE	0	990,511		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	5,319,999		60.00
60.01	06001	BLOOD LABORATORY	0	786,599		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	76,082		62.00
65.00	06500	RESPIRATORY THERAPY	0	2,010,310		65.00
66.00	06600	PHYSICAL THERAPY	0	1,047,225		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	109,040		67.00
68.00	06800	SPEECH PATHOLOGY	0	34,462		68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,106,797		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,539,588		73.00
74.00	07400	RENAL DIALYSIS	0	-162		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-139,229	6,669,683		90.00
91.00	09100	EMERGENCY	-880,944	13,793,923		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,065,126	74,006,922		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	-2,065,126	74,006,922		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	43,344	0	43,344	43,344	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,152,508	798,699	1,951,207	5,764	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	14,282	90,139	104,421	1,155	6.00
7.00	00700	OPERATION OF PLANT	0	636,341	373,386	1,009,727	940	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	12,362	41,360	53,722	1,320	9.00
10.00	01000	DIETARY	0	137,350	0	137,350	0	10.00
11.00	01100	CAFETERIA	0	61,666	0	61,666	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	29,315	219,094	248,409	1,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,878	27,859	47,737	0	14.00
15.00	01500	PHARMACY	0	26,589	11,736	38,325	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	94,602	0	94,602	466	16.00
17.00	01700	SOCIAL SERVICE	0	13,388	0	13,388	371	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	489	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	305,074	458,069	763,143	8,277	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	141,366	141,366	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	255,947	398,892	654,839	3,122	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	72,770	0	72,770	1,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	270,836	985,224	1,256,060	2,549	54.00
56.00	05600	RADIOISOTOPE	0	13,212	0	13,212	88	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	216,731	45,164	261,895	1,794	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	277	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,675	3,564	12,239	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	51,799	89,982	141,781	811	65.00
66.00	06600	PHYSICAL THERAPY	0	11,037	23,579	34,616	229	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,554	0	23,554	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,075	0	7,075	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,569	118,951	138,520	997	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,725	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	335,538	12,350	347,888	0	90.00
91.00	09100	EMERGENCY	0	246,245	6,917	253,162	8,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,079,687	3,846,331	7,926,018	43,344	118.00
		NONREIMBURSABLE COST CENTERS						
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	4,079,687	3,846,331	7,926,018	43,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 3/9/2015 1:05 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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,956,971					5.00
6.00	00600	MAINTENANCE & REPAIRS	88,618	194,194				6.00
7.00	00700	OPERATION OF PLANT	87,219	43,064	1,140,950			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,509	0	0	6,509		8.00
9.00	00900	HOUSEKEEPING	72,536	837	6,316	303	135,034	9.00
10.00	01000	DIETARY	40,229	9,295	70,172	0	0	10.00
11.00	01100	CAFETERIA	47,030	4,173	31,505	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	64,371	1,984	14,977	0	22,268	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	108,821	1,345	10,156	0	1,589	14.00
15.00	01500	PHARMACY	1,445	1,799	13,584	5	1,099	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,692	6,402	48,332	0	0	16.00
17.00	01700	SOCIAL SERVICE	24,611	906	6,840	0	779	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	20,689	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	32,437	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	291,382	20,646	155,863	3,265	30,402	30.00
31.00	03100	INTENSIVE CARE UNIT	5,329	0	0	759	23,877	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	118,172	17,321	130,763	606	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,420	4,925	37,178	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	182,853	18,329	138,370	7	5,191	54.00
56.00	05600	RADIOISOTOPE	4,236	894	6,750	0	312	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	81,591	14,667	110,728	8	1,383	60.00
60.01	06001	BLOOD LABORATORY	11,705	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	461	587	4,432	1	690	62.00
65.00	06500	RESPIRATORY THERAPY	39,665	3,505	26,464	4	115	65.00
66.00	06600	PHYSICAL THERAPY	25,573	747	5,639	0	467	66.00
67.00	06700	OCCUPATIONAL THERAPY	888	1,594	12,034	0	115	67.00
68.00	06800	SPEECH PATHOLOGY	267	479	3,615	0	115	68.00
69.00	06900	ELECTROCARDIOLOGY	26,413	1,324	9,998	1	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	193,956	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	110,016	22,707	171,427	1	0	90.00
91.00	09100	EMERGENCY	242,837	16,664	125,807	1,548	46,632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,956,971	194,194	1,140,950	6,509	135,034	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,956,971	194,194	1,140,950	6,509	135,034	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	257,046					10.00
11.00	01100	CAFETERIA	0	144,374				11.00
13.00	01300	NURSING ADMINISTRATION	0	5,479	358,542			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	169,648		14.00
15.00	01500	PHARMACY	0	0	0	884	57,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,568	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,055	4,653	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	207,454	60,421	140,829	1,513	512	30.00
31.00	03100	INTENSIVE CARE UNIT	5,033	11,281	143	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,134	32,985	37,146	12,577	50.00
51.00	05100	RECOVERY ROOM	0	0	29,738	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,342	793	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,133	4,705	21,960	7,435	54.00
56.00	05600	RADIOISOTOPE	0	279	0	29,152	9,870	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,049	0	49,975	16,922	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	12,475	4,224	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,210	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,371	0	8,739	2,959	65.00
66.00	06600	PHYSICAL THERAPY	0	580	0	51	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,224	0	113	38	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	44	15	90.00
91.00	09100	EMERGENCY	44,559	19,590	145,489	5,254	1,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	257,046	144,374	358,542	169,648	57,141	118.00
		NONREIMBURSABLE COST CENTERS						
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)	257,046	144,374	358,542	169,648	57,141	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	
			16.00	17.00	21.00	22.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
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	182,062					16.00
17.00	01700	SOCIAL SERVICE	15	53,618				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21,178			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		32,437		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,549	24,792			1,718,048	30.00
31.00	03100	INTENSIVE CARE UNIT	66	0			187,854	31.00
41.00	04100	SUBPROVIDER - IRF	0	0			0	41.00
42.00	04200	SUBPROVIDER	0	0			0	42.00
43.00	04300	NURSERY	0	0			0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	900	0			1,020,565	50.00
51.00	05100	RECOVERY ROOM	0	0			29,738	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0	0			120,498	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22	0			1,646,614	54.00
56.00	05600	RADIOISOTOPE	0	0			64,793	56.00
57.00	05700	CT SCAN	0	0			0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			0	59.00
60.00	06000	LABORATORY	66	0			548,078	60.00
60.01	06001	BLOOD LABORATORY	0	0			28,681	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			19,620	62.00
65.00	06500	RESPIRATORY THERAPY	0	0			229,414	65.00
66.00	06600	PHYSICAL THERAPY	0	0			67,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			38,185	67.00
68.00	06800	SPEECH PATHOLOGY	0	0			11,551	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			178,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			197,681	73.00
74.00	07400	RENAL DIALYSIS	0	0			0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00	09000	CLINIC	103,198	28,826			784,122	90.00
91.00	09100	EMERGENCY	68,246	0			980,414	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0			0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0			0	110.00
111.00	11100	ISLET ACQUISITION	0	0			0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,062	53,618	0	0	7,872,403	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments			21,178	32,437	53,615	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	182,062	53,618	21,178	32,437	7,926,018	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW 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
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,718,048		30.00
31.00	03100	INTENSIVE CARE UNIT	0	187,854		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	0	1,020,565		50.00
51.00	05100	RECOVERY ROOM	0	29,738		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	120,498		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,646,614		54.00
56.00	05600	RADIOISOTOPE	0	64,793		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	548,078		60.00
60.01	06001	BLOOD LABORATORY	0	28,681		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,620		62.00
65.00	06500	RESPIRATORY THERAPY	0	229,414		65.00
66.00	06600	PHYSICAL THERAPY	0	67,919		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	38,185		67.00
68.00	06800	SPEECH PATHOLOGY	0	11,551		68.00
69.00	06900	ELECTROCARDIOLOGY	0	178,628		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	197,681		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	784,122		90.00
91.00	09100	EMERGENCY	0	980,414		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,872,403		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		Cross Foot Adjustments	0	53,615		200.00
201.00		Negative Cost Centers	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	7,926,018		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	369,623					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,372,216				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,927	0	37,818,678			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	104,418	492,596	5,029,241	-24,157,947	51,914,263	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,294	55,593	1,007,694	0	2,350,868	6.00
7.00	00700	OPERATION OF PLANT	57,653	230,285	820,545	0	2,313,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	172,667	8.00
9.00	00900	HOUSEKEEPING	1,120	25,509	1,152,070	0	1,924,229	9.00
10.00	01000	DIETARY	12,444	0	0	0	1,067,206	10.00
11.00	01100	CAFETERIA	5,587	0	0	0	1,247,620	11.00
13.00	01300	NURSING ADMINISTRATION	2,656	135,126	919,850	0	1,707,626	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801	17,182	0	0	2,886,808	14.00
15.00	01500	PHARMACY	2,409	7,238	0	0	38,331	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,571	0	406,664	0	681,546	16.00
17.00	01700	SOCIAL SERVICE	1,213	0	324,141	0	652,878	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	426,639	0	548,829	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,640	282,513	7,222,233	0	7,729,573	30.00
31.00	03100	INTENSIVE CARE UNIT	0	87,187	0	0	141,366	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,189	246,016	2,723,905	0	3,134,864	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,593	0	932,567	0	37,660	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,538	607,634	2,224,510	0	4,850,718	54.00
56.00	05600	RADIOISOTOPE	1,197	0	77,077	0	112,364	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,636	27,855	1,565,116	0	2,164,443	60.00
60.01	06001	BLOOD LABORATORY	0	0	241,374	0	310,504	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	2,198	0	0	12,239	62.00
65.00	06500	RESPIRATORY THERAPY	4,693	55,496	707,749	0	1,052,231	65.00
66.00	06600	PHYSICAL THERAPY	1,000	14,542	200,089	0	678,389	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,134	0	0	0	23,554	67.00
68.00	06800	SPEECH PATHOLOGY	641	0	0	0	7,075	68.00
69.00	06900	ELECTROCARDIOLOGY	1,773	73,363	869,872	0	700,687	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,250,627	0	5,145,272	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	162	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	30,400	7,617	0	0	2,918,513	90.00
91.00	09100	EMERGENCY	22,310	4,266	7,716,715	0	6,441,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	369,623	2,372,216	37,818,678	-24,157,785	51,914,263	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,079,687	3,846,331	10,831,339		24,157,947	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.037427	1.621408	0.286402		0.465343	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			43,344		1,956,971	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001146		0.037696	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	259,984					6.00
7.00	00700	OPERATION OF PLANT	57,653	202,331				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	486,312			8.00
9.00	00900	HOUSEKEEPING	1,120	1,120	22,614	47,166		9.00
10.00	01000	DIETARY	12,444	12,444	0	0	21,142	10.00
11.00	01100	CAFETERIA	5,587	5,587	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,656	2,656	0	7,778	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801	1,801	0	555	0	14.00
15.00	01500	PHARMACY	2,409	2,409	407	384	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,571	8,571	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,213	1,213	0	272	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,640	27,640	243,847	10,619	17,063	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	56,741	8,340	414	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,189	23,189	45,300	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,593	6,593	110	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,538	24,538	516	1,813	0	54.00
56.00	05600	RADIOISOTOPE	1,197	1,197	0	109	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,636	19,636	594	483	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	786	61	241	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,693	4,693	266	40	0	65.00
66.00	06600	PHYSICAL THERAPY	1,000	1,000	16	163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,134	2,134	0	40	0	67.00
68.00	06800	SPEECH PATHOLOGY	641	641	16	40	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,773	1,773	94	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	30,400	30,400	62	0	0	90.00
91.00	09100	EMERGENCY	22,310	22,310	115,668	16,289	3,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,984	202,331	486,312	47,166	21,142	118.00
		NONREIMBURSABLE COST CENTERS						
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)	3,444,828	4,154,326	253,016	2,869,256	1,984,212	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.250154	20.532326	0.520275	60.833143	93.851670	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	194,194	1,140,950	6,509	135,034	257,046	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.746946	5.639027	0.013384	2.862952	12.158074	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	89,380					11.00
13.00	01300	NURSING ADMINISTRATION	3,392	165,213				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,327,997			14.00
15.00	01500	PHARMACY	0	0	6,920	1,321,077		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,066	0	0	0	24,671	16.00
17.00	01700	SOCIAL SERVICE	1,272	2,144	0	0	2	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,406	64,893	11,841	11,841	1,294	30.00
31.00	03100	INTENSIVE CARE UNIT	6,984	66	0	0	9	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,512	15,199	290,776	290,776	122	50.00
51.00	05100	RECOVERY ROOM	0	13,703	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,337	18,337	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,654	2,168	171,904	171,904	3	54.00
56.00	05600	RADIOISOTOPE	173	0	228,201	228,201	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,602	0	391,205	391,205	9	60.00
60.01	06001	BLOOD LABORATORY	0	0	97,656	97,656	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	749	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,325	0	68,408	68,408	0	65.00
66.00	06600	PHYSICAL THERAPY	359	0	396	396	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	758	0	883	883	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	343	343	13,984	90.00
91.00	09100	EMERGENCY	12,128	67,040	41,127	41,127	9,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	89,380	165,213	1,327,997	1,321,077	24,671	118.00
		NONREIMBURSABLE COST CENTERS						
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)	2,016,934	3,141,687	4,324,769	183,658	1,380,002	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.565831	19.015979	3.256611	0.139021	55.936200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	144,374	358,542	169,648	57,141	182,062	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.615283	2.170180	0.127747	0.043253	7.379595	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 3/9/2015 1:05 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	21.00	22.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	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
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	7,671				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,834			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		9,834		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,547	4,482	4,482		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	439	439		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	55	55		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	4,124	663	663		90.00
91.00	09100	EMERGENCY	0	4,195	4,195		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0		99.10
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,671	9,834	9,834		118.00
		NONREIMBURSABLE COST CENTERS					
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,083,801	804,223	1,260,903		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	141.285491	81.779845	128.218731		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	53,618	21,178	32,437		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.989701	2.153549	3.298454		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,326,308		17,326,308	302,799	17,629,107	30.00
31.00	03100	INTENSIVE CARE UNIT	942,232		942,232	0	942,232	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,853,332		6,853,332	93,619	6,946,951	50.00
51.00	05100	RECOVERY ROOM	260,576		260,576	0	260,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	340,235		340,235	218,247	558,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,800,182		8,800,182	0	8,800,182	54.00
56.00	05600	RADIOISOTOPE	990,511		990,511	0	990,511	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,319,999		5,319,999	0	5,319,999	60.00
60.01	06001	BLOOD LABORATORY	786,599		786,599	0	786,599	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	76,082		76,082	0	76,082	62.00
65.00	06500	RESPIRATORY THERAPY	2,010,310	0	2,010,310	0	2,010,310	65.00
66.00	06600	PHYSICAL THERAPY	1,047,225	0	1,047,225	0	1,047,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,040	0	109,040	0	109,040	67.00
68.00	06800	SPEECH PATHOLOGY	34,462	0	34,462	0	34,462	68.00
69.00	06900	ELECTROCARDIOLOGY	1,106,797		1,106,797	70,346	1,177,143	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,539,588		7,539,588	0	7,539,588	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	6,669,683		6,669,683	0	6,669,683	90.00
91.00	09100	EMERGENCY	13,793,923		13,793,923	246,185	14,040,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,751,218		1,751,218		1,751,218	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	75,758,302	0	75,758,302	931,196	76,689,498	200.00
201.00		Less Observation Beds	1,751,218		1,751,218		1,751,218	201.00
202.00		Total (see instructions)	74,007,084	0	74,007,084	931,196	74,938,280	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,728,460		9,728,460			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	1,986,531	8,597,289	10,583,820	0.647529	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	679,328	2,001,736	2,681,064	0.126903	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,718	4,330,590	4,573,308	1.924249	0.000000	54.00
56.00	05600	RADIOISOTOPE	553,913	510,179	1,064,092	0.930851	0.000000	56.00
57.00	05700	CT SCAN	604,166	3,964,039	4,568,205	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	996	4,974	5,970	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	483,377	848,401	1,331,778	0.000000	0.000000	59.00
60.00	06000	LABORATORY	1,448,510	6,577,778	8,026,288	0.662822	0.000000	60.00
60.01	06001	BLOOD LABORATORY	1,252	1,141	2,393	328.708316	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,965	89,114	139,079	0.547042	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	10,866	0	10,866	185.009203	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,757	1,013,527	1,029,284	1.017431	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,369	316,679	318,048	0.342841	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,126	1,126	30.605684	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	89,374	325,744	415,118	2.666223	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,279	765,208	821,487	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,609,559	2,118,187	4,727,746	1.594753	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	58,815	14,424,026	14,482,841	0.460523	0.000000	90.00
91.00	09100	EMERGENCY	931,896	11,034,799	11,966,695	1.152693	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,312	423,450	436,762	4.009548	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	19,566,443	57,347,987	76,914,430			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,566,443	57,347,987	76,914,430			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio
			11.00
		INPATIENT ROUTINE SERVICE COST CENTERS	
30.00	03000	ADULTS & PEDIATRICS	
31.00	03100	INTENSIVE CARE UNIT	
41.00	04100	SUBPROVIDER - IRF	
42.00	04200	SUBPROVIDER	
43.00	04300	NURSERY	
		ANCILLARY SERVICE COST CENTERS	
50.00	05000	OPERATING ROOM	0.656375
51.00	05100	RECOVERY ROOM	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000
53.00	05300	ANESTHESIOLOGY	0.208306
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.924249
56.00	05600	RADIOISOTOPE	0.930851
57.00	05700	CT SCAN	0.000000
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0.000000
60.00	06000	LABORATORY	0.662822
60.01	06001	BLOOD LABORATORY	328.708316
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042
65.00	06500	RESPIRATORY THERAPY	185.009203
66.00	06600	PHYSICAL THERAPY	1.017431
67.00	06700	OCCUPATIONAL THERAPY	0.342841
68.00	06800	SPEECH PATHOLOGY	30.605684
69.00	06900	ELECTROCARDIOLOGY	2.835683
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	1.594753
74.00	07400	RENAL DIALYSIS	0.000000
		OUTPATIENT SERVICE COST CENTERS	
88.00	08800	RURAL HEALTH CLINIC	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	
90.00	09000	CLINIC	0.460523
91.00	09100	EMERGENCY	1.173265
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4.009548
		OTHER REIMBURSABLE COST CENTERS	
99.10	09910	CORF	
		SPECIAL PURPOSE COST CENTERS	
109.00	10900	PANCREAS ACQUISITION	
110.00	11000	INTESTINAL ACQUISITION	
111.00	11100	ISLET ACQUISITION	
200.00		Subtotal (see instructions)	
201.00		Less Observation Beds	
202.00		Total (see instructions)	

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,326,308		17,326,308	302,799	17,629,107	30.00
31.00	03100	INTENSIVE CARE UNIT	942,232		942,232	0	942,232	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
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,853,332		6,853,332	93,619	6,946,951	50.00
51.00	05100	RECOVERY ROOM	260,576		260,576	0	260,576	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	340,235		340,235	218,247	558,482	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,800,182		8,800,182	0	8,800,182	54.00
56.00	05600	RADIOISOTOPE	990,511		990,511	0	990,511	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,319,999		5,319,999	0	5,319,999	60.00
60.01	06001	BLOOD LABORATORY	786,599		786,599	0	786,599	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	76,082		76,082	0	76,082	62.00
65.00	06500	RESPIRATORY THERAPY	2,010,310	0	2,010,310	0	2,010,310	65.00
66.00	06600	PHYSICAL THERAPY	1,047,225	0	1,047,225	0	1,047,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,040	0	109,040	0	109,040	67.00
68.00	06800	SPEECH PATHOLOGY	34,462	0	34,462	0	34,462	68.00
69.00	06900	ELECTROCARDIOLOGY	1,106,797		1,106,797	70,346	1,177,143	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,539,588		7,539,588	0	7,539,588	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	6,669,683		6,669,683	0	6,669,683	90.00
91.00	09100	EMERGENCY	13,793,923		13,793,923	246,185	14,040,108	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,751,218		1,751,218		1,751,218	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	75,758,302	0	75,758,302	931,196	76,689,498	200.00
201.00		Less Observation Beds	1,751,218		1,751,218		1,751,218	201.00
202.00		Total (see instructions)	74,007,084	0	74,007,084	931,196	74,938,280	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,728,460		9,728,460			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	1,986,531	8,597,289	10,583,820	0.647529	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	679,328	2,001,736	2,681,064	0.126903	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	242,718	4,330,590	4,573,308	1.924249	0.000000	54.00
56.00	05600	RADIOISOTOPE	553,913	510,179	1,064,092	0.930851	0.000000	56.00
57.00	05700	CT SCAN	604,166	3,964,039	4,568,205	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	996	4,974	5,970	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	483,377	848,401	1,331,778	0.000000	0.000000	59.00
60.00	06000	LABORATORY	1,448,510	6,577,778	8,026,288	0.662822	0.000000	60.00
60.01	06001	BLOOD LABORATORY	1,252	1,141	2,393	328.708316	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	49,965	89,114	139,079	0.547042	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	10,866	0	10,866	185.009203	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,757	1,013,527	1,029,284	1.017431	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,369	316,679	318,048	0.342841	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,126	1,126	30.605684	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	89,374	325,744	415,118	2.666223	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,279	765,208	821,487	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,609,559	2,118,187	4,727,746	1.594753	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	58,815	14,424,026	14,482,841	0.460523	0.000000	90.00
91.00	09100	EMERGENCY	931,896	11,034,799	11,966,695	1.152693	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,312	423,450	436,762	4.009548	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	19,566,443	57,347,987	76,914,430			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	19,566,443	57,347,987	76,914,430			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
		SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part I Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,718,048	0	1,718,048	6,332	271.33	30.00
31.00	INTENSIVE CARE UNIT	187,854		187,854	0	0.00	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (lines 30-199)	1,905,902		1,905,902	6,332		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	738	200,242		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	738	200,242		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part II Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | 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	1,020,565	10,583,820	0.096427	84,824	8,179	50.00
51.00	05100	RECOVERY ROOM	29,738	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	120,498	2,681,064	0.044944	24,304	1,092	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,646,614	4,573,308	0.360049	107,075	38,552	54.00
56.00	05600	RADIOISOTOPE	64,793	1,064,092	0.060890	59,919	3,648	56.00
57.00	05700	CT SCAN	0	4,568,205	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,970	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,331,778	0.000000	0	0	59.00
60.00	06000	LABORATORY	548,078	8,026,288	0.068285	199,813	13,644	60.00
60.01	06001	BLOOD LABORATORY	28,681	2,393	11.985374	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,620	139,079	0.141071	1,712	242	62.00
65.00	06500	RESPIRATORY THERAPY	229,414	10,866	21.113013	10,866	229,414	65.00
66.00	06600	PHYSICAL THERAPY	67,919	1,029,284	0.065987	2,104	139	66.00
67.00	06700	OCCUPATIONAL THERAPY	38,185	318,048	0.120060	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,551	1,126	10.258437	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	178,628	415,118	0.430307	57,185	24,607	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	821,487	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,681	4,727,746	0.041813	358,953	15,009	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	784,122	14,482,841	0.054141	2,369	128	90.00
91.00	09100	EMERGENCY	980,414	11,966,695	0.081929	110,592	9,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	170,665	436,762	0.390751	0	0	92.00
200.00		Total (lines 50-199)	6,137,166	67,185,970		1,019,716	343,715	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part III Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	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	6,332	0.00	738	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	6,332		738	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	10,583,820	0.000000	0.000000	84,824	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,681,064	0.000000	0.000000	24,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,573,308	0.000000	0.000000	107,075	54.00
56.00	05600	RADIOISOTOPE	0	1,064,092	0.000000	0.000000	59,919	56.00
57.00	05700	CT SCAN	0	4,568,205	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,970	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,331,778	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	8,026,288	0.000000	0.000000	199,813	60.00
60.01	06001	BLOOD LABORATORY	0	2,393	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	139,079	0.000000	0.000000	1,712	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,866	0.000000	0.000000	10,866	65.00
66.00	06600	PHYSICAL THERAPY	0	1,029,284	0.000000	0.000000	2,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	318,048	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,126	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	415,118	0.000000	0.000000	57,185	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	821,487	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,727,746	0.000000	0.000000	358,953	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	14,482,841	0.000000	0.000000	2,369	90.00
91.00	09100	EMERGENCY	0	11,966,695	0.000000	0.000000	110,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	436,762	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	67,185,970			1,019,716	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
			11.00	12.00	12.01	13.00	13.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,985	672,159	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,661	583,329	0	0	54.00
56.00	05600	RADIOISOTOPE	0	640	6,770	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,215	23,560	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,712	11,489	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	18,667	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,893	103,111	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,521	23,047	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	7,655	123,560	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	57,033	616,827	0	0	90.00
91.00	09100	EMERGENCY	0	56,478	659,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	266,793	2,842,058	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part V Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before 1/1	Charges: PPS Reimbursed Services (see inst.) on/after 1/1	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.647529	74,985	672,159	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.126903	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.924249	55,661	583,329	0	0	54.00
56.00	05600	RADIOISOTOPE	0.930851	640	6,770	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.662822	2,215	23,560	0	0	60.00
60.01	06001	BLOOD LABORATORY	328.708316	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042	1,712	11,489	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	185.009203	0	18,667	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1.017431	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342841	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	30.605684	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2.666223	6,893	103,111	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,521	23,047	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.594753	7,655	123,560	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.460523	57,033	616,827	0	0	90.00
91.00	09100	EMERGENCY	1.152693	56,478	659,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4.009548	0	0	0	0	92.00
200.00		Subtotal (see instructions)		266,793	2,842,058	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		266,793	2,842,058	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part V Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see inst.) before 1/1	Costs: PPS Services (see inst.) on/after 1/1	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	48,555	435,242	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,106	1,122,470	0	0		54.00
56.00	05600	RADIOISOTOPE	596	6,302	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	1,468	15,616	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	937	6,285	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	3,453,567	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	18,378	274,917	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,208	197,048	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	26,265	284,063	0	0		90.00
91.00	09100	EMERGENCY	65,102	760,246	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00		Subtotal (see instructions)	280,615	6,555,756	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	280,615	6,555,756	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-1 | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,332	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.	2,481	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,222	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)	738	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)	17,629,107	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)	17,629,107	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	1,218,008	28.00
29.00	Private room charges (excluding swing-bed charges)	435,843	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	782,165	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	14.473720	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	175.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	242.76	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)	17,629,107	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)	2,784.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,054,688	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,054,688	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-1 | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	942,232	0	0.00	0	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)	3,333,827	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,388,515	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)	200,242	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	343,715	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	543,957	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,844,558	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	629	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,784.13	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,751,218	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-1 | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | 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	1,718,048	17,629,107	0.097455	1,751,218	170,665	90.00
91.00	Nursing School cost	0	17,629,107	0.000000	1,751,218	0	91.00
92.00	Allied health cost	0	17,629,107	0.000000	1,751,218	0	92.00
93.00	All other Medical Education	0	17,629,107	0.000000	1,751,218	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-3 | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | 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		1,276,319		30.00
31.00	03100	INTENSIVE CARE UNIT		0		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	0.656375	84,824	55,676	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.208306	24,304	5,063	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.924249	107,075	206,039	54.00
56.00	05600	RADIOISOTOPE	0.930851	59,919	55,776	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.662822	199,813	132,440	60.00
60.01	06001	BLOOD LABORATORY	328.708316	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.547042	1,712	937	62.00
65.00	06500	RESPIRATORY THERAPY	185.009203	10,866	2,010,310	65.00
66.00	06600	PHYSICAL THERAPY	1.017431	2,104	2,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.342841	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	30.605684	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2.835683	57,185	162,159	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.594753	358,953	572,441	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.460523	2,369	1,091	90.00
91.00	09100	EMERGENCY	1.173265	110,592	129,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4.009548	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,019,716	3,333,827	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)		1,019,716		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		623,846			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		95,063			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0			1.03
2.00	Outlier payments for discharges. (see instructions)		0			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		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		111.28			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)		11.59			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		11.59			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.42			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)		9.42			12.00
13.00	Total allowable FTE count for the prior year.		8.77			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.		8.28			14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.82			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		8.82			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.079260			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.088220			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.079260			21.00
22.00	IME payment adjustment (see instructions)		30,449			22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.17			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
29.00	Total IME payment (sum of lines 22 and 28)		30,449			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.58			30.00
31.00	Percentage of Medicaid patient days (see instructions)		55.99			31.00
32.00	Sum of lines 30 and 31		71.57			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		48.26			33.00
34.00	Disproportionate share adjustment (see instructions)		312,537			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0	35.00
35.01	Factor 3 (see instructions)				0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				824,187	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				137,741	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		137,741			36.00
	Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)					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	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0			46.00
47.00	Subtotal (see instructions)		1,199,636			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 SCH and MDH only (see instructions)		1,199,636			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		76,007			50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		49,286			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part 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, Part III, column 9, lines 30 through 35).		0			57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		1,324,929			59.00
60.00	Primary payer payments		0			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		1,324,929			61.00
62.00	Deductibles billed to program beneficiaries		155,924			62.00
63.00	Coinsurance billed to program beneficiaries		0			63.00
64.00	Allowable bad debts (see instructions)		71,796			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		46,667			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part A Date/Time Prepared: 3/9/2015 1:05 pm
	Title XVIII	Hospital	PPS

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		1,215,672			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-20			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-4,520			70.94
70.95	Recovery of accelerated depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		1,211,132			71.00
71.01	Sequestration adjustment (see instructions)		16,229			71.01
72.00	Interim payments		1,094,410			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		100,493			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		39,175			75.00
	TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00			94.00
95.00	Time value of money for operating expenses (see instructions)		0			95.00
96.00	Time value of money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part B Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	0		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	280,615	6,555,756	2.00
3.00	PPS payments	83,206	919,548	3.00
4.00	Outlier payment (see instructions)	18,235	142,885	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0		11.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12.00	Ancillary service charges	0		12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0		13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0		14.00
	Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	0		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0		19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0		20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0		21.00
22.00	Interns and residents (see instructions)	0		22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0		23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,163,874		24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	279,473		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	884,401		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	62,528		28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0		29.00
30.00	Subtotal (sum of lines 27 through 29)	946,929		30.00
31.00	Primary payer payments	0		31.00
32.00	Subtotal (line 30 minus line 31)	946,929		32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0		33.00
34.00	Allowable bad debts (see instructions)	101,728		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	66,123		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,440		36.00
37.00	Subtotal (see instructions)	1,013,052		37.00
38.00	MSP-LCC reconciliation amount from PS&R	0		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0		39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	1,013,052		40.00
40.01	Sequestration adjustment (see instructions)	13,575		40.01
41.00	Interim payments	997,877		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	1,600		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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-1 Part I | Date/Time Prepared: 3/9/2015 1:05 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		984,287		980,659	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	11/11/2013	136,727	07/24/2014	17,884	3.01
3.02		07/24/2014	18,874		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	05/28/2013	45,478	05/28/2013	180	3.50
3.51			0	11/11/2013	486	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)		110,123		17,218	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)		1,094,410		997,877	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		100,493		1,600	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,194,903		999,477	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: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E-1 Part II Date/Time Prepared: 3/9/2015 1:05 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	1,409	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	738	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	44	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	5,703	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	76,914,430	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	18,468,718	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	370,386	8.00
9.00	Sequestration adjustment amount (see instructions)	7,408	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	362,978	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	362,978	32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-4 | Date/Time Prepared: 3/9/2015 1:05 pm

Title XVIII | Hospital | PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			11.59	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			11.59	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.42	6.00
7.00	Enter the lesser of line 5 or line 6			9.42	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.	1.18	7.24	8.42	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.	1.18	7.24	8.42	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	1.18	7.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.29	3.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.79	3.70		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	3.79	3.70		17.00
18.00	Per resident amount	115,910.64	103,425.02		18.00
19.00	Approved amount for resident costs	439,301	382,673	821,974	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)			0.00	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)			821,974	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	738	44		26.00
27.00	Total Inpatient Days (see instructions)	5,703	5,703		27.00
28.00	Ratio of inpatient days to total inpatient days	0.129406	0.007715		28.00
29.00	Program direct GME amount	106,368	6,342		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		896		30.00
31.00	Net Program direct GME amount			111,814	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-4 | Date/Time Prepared: 3/9/2015 1:05 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)	5,388,515	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)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	5,388,515	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	6,836,371	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	6,836,371	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	12,224,886	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.440782	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.559218	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	111,814	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	49,286	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	62,528	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G | Date/Time Prepared: 3/9/2015 1:05 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	114,506,579	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	19,929,964	0	0	0	4.00
5.00	Other receivable	32,693,437	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,152,573	0	0	0	6.00
7.00	Inventory	338,565	0	0	0	7.00
8.00	Prepaid expenses	0	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)	150,315,972	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	50,676,989	0	0	0	15.00
16.00	Accumulated depreciation	-29,223,910	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	20,950	0	0	0	19.00
20.00	Accumulated depreciation	-20,950	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	12,842,287	0	0	0	23.00
24.00	Accumulated depreciation	-9,249,587	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-1,220,484	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)	23,825,295	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	174,141,267	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	49,046,909	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,680,007	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,738,965	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,367,278	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	3,367,278	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	54,106,243	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	120,035,024				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	120,035,024	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	174,141,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G-1 | Date/Time Prepared: 3/9/2015 1:05 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		123,344,806		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,309,782				2.00
3.00	Total (sum of line 1 and line 2)		120,035,024		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		120,035,024		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		120,035,024		0		19.00

		Endowment Fund	Plant Fund		
		6.00	7.00	8.00	
1.00	Fund balances at beginning of period	0		0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)				2.00
3.00	Total (sum of line 1 and line 2)	0		0	3.00
4.00	Additions (credit adjustments) (specify)		0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	Deductions (debit adjustments) (specify)		0		12.00
13.00			0		13.00
14.00			0		14.00
15.00			0		15.00
16.00			0		16.00
17.00			0		17.00
18.00	Total deductions (sum of lines 12-17)	0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G-2 Parts I & II | Date/Time Prepared: 3/9/2015 1:05 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	9,728,460		9,728,460	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,728,460		9,728,460	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,728,460		9,728,460	17.00
18.00	Ancillary services	8,833,960	31,465,712	40,299,672	18.00
19.00	Outpatient services	1,004,023	25,882,275	26,886,298	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	19,566,443	57,347,987	76,914,430	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		57,726,542		29.00
30.00	SENGSTACKE CLINIC COST	2,570,186			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)		2,570,186		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)		60,296,728		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G-3 | Date/Time Prepared: 3/9/2015 1:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	76,914,430	1.00
2.00	Less contractual allowances and discounts on patients' accounts	42,965,931	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,948,499	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,296,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,348,229	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	320	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	172,564	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	213,535	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	21,033,704	23.00
24.00	EHR INCENTIVES	1,624,499	24.00
25.00	Total other income (sum of lines 6-24)	23,044,622	25.00
26.00	Total (line 5 plus line 25)	-3,303,607	26.00
27.00	MISCELLANEOUS	6,175	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,175	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,309,782	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet L Parts I-III Date/Time Prepared: 3/9/2015 1:05 pm
	Title XVIII	Hospital	PPS

			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		57,208	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		0	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)		15.62	3.00
4.00	Number of interns & residents (see instructions)		8.82	4.00
5.00	Indirect medical education percentage (see instructions)		17.27	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		9,880	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		15.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		55.99	8.00
9.00	Sum of lines 7 and 8		71.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		15.59	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		8,919	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		76,007	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