

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: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 12/2/2014 5:23 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 12/2/2014	Time: 5:23 pm
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER ( 140018 ) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	616,894	132,790	0	0	1.00
2.00 Subprovider - IPF	0	54,203	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	671,097	132,790	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 12/2/2014 4:54 pm
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 15TH STREET & CALIFORNIA AVE	PO Box:	3.00 State: IL	Zip Code: 60608-	4.00 County: COOK	1.00	2.00
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	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	MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N	P	O	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	MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004				18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2013	06/30/2014	20.00	
21.00	Type of Control (see instructions)					2		21.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y	22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					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.							24.00
	22,021	5,596	8	93	12,693	311		
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.							25.00
	0	0	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 12/2/2014 4:54 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	Y	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	
<b>Teaching Hospitals</b>						
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)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	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		
61.05	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		
61.06	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140018

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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
<b>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.</b>						
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 12/2/2014 4:54 pm																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
<b>Inpatient Psychiatric Facility PPS</b>																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00														
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0														
<b>Inpatient Rehabilitation Facility PPS</b>																				
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														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00									
		1.00	2.00	3.00																
<b>Long Term Care Hospital PPS</b>																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00														
<b>TEFRA Providers</b>																				
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														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
<b>Title V and XIX Services</b>																				
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														

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 12/2/2014 4:54 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	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		
<b>Miscellaneous Cost Reporting Information</b>						
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.		0			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-2 Part I Date/Time Prepared: 12/2/2014 4:54 pm	
		1.00	2.00		
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145.00	
				1.00	
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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				
				0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N	
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)			0.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00	
				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)			170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet S-2 Part II Date/Time Prepared: 12/2/2014 4:54 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			Y			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.			Y			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	
				Y/N	Date	Y/N	
				1.00	2.00	3.00	
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	10/31/2014	Y	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: 140018

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<b>Cost Report Preparer Contact Information</b>					
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.	NASIM		CORY	
42.00	Enter the employer/company name of the cost report preparer.	MOUNT SINAI HOSPITAL			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	10/31/2014		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	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR GOVT REIMBURSEMENT & RPTNG		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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	200	73,000	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)		200	73,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	21	7,665	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	95,995	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	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	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	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)		291				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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,234	13,761	38,737			1.00
2.00 HMO and other (see instructions)	2,554	13,105				2.00
3.00 HMO IPF Subprovider	12	1,065				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,234	13,761	38,737			7.00
8.00 INTENSIVE CARE UNIT	1,148	1,894	4,128			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	4,594	6,678			8.01
9.00 CORONARY CARE UNIT	1,972	2,060	5,493			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,175	4,644			13.00
14.00 Total (see instructions)	10,354	25,484	59,680	125.27	1,518.24	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,790	4,119	8,554	0.00	41.52	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	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	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)				125.27	1,559.76	27.00
28.00 Observation Bed Days		1,218	4,283			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	2,133	2,360			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: 140018

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,076	6,945	16,056	1.00
2.00 HMO and other (see instructions)				488	0		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,076	6,945	16,056		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	264	708	1,484		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	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						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: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet S-3 Part II Date/Time Prepared: 12/2/2014 4:54 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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	97,480,469	7,384,210	104,864,679	3,431,688.00	30.56	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		3,548,496	0	3,548,496	26,433.00	134.24	4.00
4.01	Physicians - Part A - Teaching		2,404,944	0	2,404,944	19,592.00	122.75	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	6,375,083	0	6,375,083	260,073.00	24.51	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,553,144	645,923	3,199,067	101,935.00	31.38	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		914,304	0	914,304	13,593.00	67.26	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		13,670,037	0	13,670,037			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		406,687	0	406,687			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		565,235	0	565,235			22.00
22.01	Physician Part A - Teaching		383,081	0	383,081			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)		1,015,479	0	1,015,479			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	78,843	845,714	924,557	25,290.00	36.56	26.00
27.00	Administrative & General	5.00	6,400,780	4,804,724	11,205,504	332,514.00	33.70	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	205	0	205	20.00	10.25	29.00
30.00	Operation of Plant	7.00	767,884	0	767,884	34,243.00	22.42	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,054,317	0	2,054,317	167,019.00	12.30	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,017,798	-955,235	1,062,563	93,887.00	11.32	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	955,235	955,235	84,404.00	11.32	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,948,648	912,090	3,860,738	93,160.00	41.44	38.00
39.00	Central Services and Supply	14.00	443,589	0	443,589	29,471.00	15.05	39.00
40.00	Pharmacy	15.00	3,922,689	-294,713	3,627,976	101,123.00	35.88	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,060,391	0	1,060,391	47,179.00	22.48	41.00
42.00	Social Service	17.00	805,064	0	805,064	28,600.00	28.15	42.00
43.00	Other General Service	18.00	84,479	187,138	271,617	13,513.00	20.10	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
12/2/2014 4:54 pm

	Worksheet A	Amount	Recl assi fi cati	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	88,700,442	7,384,210	96,084,652	3,152,023.00	30.48	1.00
2.00	Excluded area salaries (see instructions)	2,553,144	645,923	3,199,067	101,935.00	31.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,147,298	6,738,287	92,885,585	3,050,088.00	30.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	914,304	0	914,304	13,593.00	67.26	4.00
5.00	Subtotal wage-related costs (see inst.)	14,235,272	0	14,235,272	0.00	15.33	5.00
6.00	Total (sum of lines 3 thru 5)	101,296,874	6,738,287	108,035,161	3,063,681.00	35.26	6.00
7.00	Total overhead cost (see instructions)	20,584,687	6,454,953	27,039,640	1,050,423.00	25.74	7.00



HOSPITAL WAGE RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-3 Part IV Date/Time Prepared: 12/2/2014 4:54 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		867,968	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		5,786,498	8.00
9.00	Prescription Drug Plan		985,636	9.00
10.00	Dental, Hearing and Vision Plan		136,667	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		205,503	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		897,384	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		6,965,595	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		193,684	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		1,586	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,040,521	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140018

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	914,304	0	1.00
2.00	Hospital	914,304	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	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	0	0	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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

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

Worksheet S-5

Date/Time Prepared:  
12/2/2014 4:54 pm

		Outpatient		Training		Home					
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD				
		1.00	2.00	3.00	4.00	5.00	6.00				
1.00	Number of patients in program at end of cost reporting period	118	0	0	0	0	0	1.00			
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00			
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00	0.00	0.00	3.00			
4.00	CAPD exchanges per day				0.00		0.00	4.00			
5.00	Number of days in year dialysis furnished	312	0					5.00			
6.00	Number of stations	11	0	0	0			6.00			
7.00	Treatment capacity per day per station	4	0					7.00			
8.00	Utilization (see instructions)	0.00	0.00					8.00			
9.00	Average times dialyzers re-used	0.00	0.00					9.00			
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00			
							Y/N				
							1.00				
ESRD PPS											
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)						N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)						Y	10.02			
							Prior to 1/1	After 12/31			
							1.00	2.00			
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)						0	0	10.03		
TRANSPLANT INFORMATION											
11.00	Number of patients on transplant list						0		11.00		
12.00	Number of patients transplanted during the cost reporting period						0		12.00		
EPOETIN											
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.								13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program								14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department								15.00		
16.00	Number of EPO units furnished relating to the home dialysis department								16.00		
ARANESP											
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.								17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program								18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department								19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department								20.00		
							MCP	INITIAL METHOD			
							1.00	2.00			
PHYSICIAN PAYMENT METHOD											
21.00	Enter "X" if method(s) is applicable							X	21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.					
		1.00	2.00	3.00	4.00	5.00					
ESAs											
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet S-10 Date/Time Prepared: 12/2/2014 4:54 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.208098		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		140,746,316		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		353,699,781		6.00
7.00	Medicaid cost (line 1 times line 6)		73,604,217		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)		0		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				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	107,905,947	0	107,905,947	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	22,455,012	0	22,455,012	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)	22,455,012	0	22,455,012	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)			12,163,922	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,839,631	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,324,291	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,148,464	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			24,603,476	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,603,476	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		4,143,434	4,143,434	2,619,090	6,762,524	1.00
2.00	00200		5,204,347	5,204,347	887,518	6,091,865	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	78,843	17,383,490	17,462,333	451,731	17,914,064	4.00
5.01	00541	258,252	1,007,035	1,265,287	-5,853	1,259,434	5.01
5.02	00551	0	5,937,675	5,937,675	-103,777	5,833,898	5.02
5.03	00561	314,324	64,746	379,070	0	379,070	5.03
5.04	00570	1,858,465	357,733	2,216,198	-445,476	1,770,722	5.04
5.05	00580	69,119	2,127,685	2,196,804	0	2,196,804	5.05
5.06	00590	3,900,620	27,607,663	31,508,283	3,238,043	34,746,326	5.06
6.00	00600	205	2,721,156	2,721,361	0	2,721,361	6.00
7.00	00700	767,884	6,838,042	7,605,926	-91,502	7,514,424	7.00
8.00	00800	0	872,381	872,381	0	872,381	8.00
9.00	00900	2,054,317	1,489,330	3,543,647	0	3,543,647	9.00
10.00	01000	2,017,798	2,881,715	4,899,513	-2,716,739	2,182,774	10.00
11.00	01100	0	0	0	2,707,554	2,707,554	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,948,648	1,052,945	4,001,593	-126,335	3,875,258	13.00
14.00	01400	443,589	704,680	1,148,269	-593,702	554,567	14.00
15.00	01500	3,922,689	7,325,625	11,248,314	-6,503,106	4,745,208	15.00
16.00	01600	1,060,391	880,956	1,941,347	0	1,941,347	16.00
17.00	01700	805,064	432,736	1,237,800	0	1,237,800	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	84,479	2,600,504	2,684,983	187,138	2,872,121	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	6,375,083	0	6,375,083	0	6,375,083	21.00
22.00	02200	0	798,909	798,909	2,404,942	3,203,851	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	27,363	27,363	23.01
23.02	02302	0	0	0	318,481	318,481	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	18,955,234	5,338,379	24,293,613	-2,079,265	22,214,348	30.00
31.00	03100	2,597,437	513,575	3,111,012	-277,417	2,833,595	31.00
31.01	02060	3,975,021	420,876	4,395,897	-230,743	4,165,154	31.01
32.00	03200	3,207,885	816,771	4,024,656	-396,582	3,628,074	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	2,553,144	107,488	2,660,632	0	2,660,632	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,076,456	34,238	1,110,694	-20,131	1,090,563	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	6,520,296	10,420,863	16,941,159	-8,019,105	8,922,054	50.00
51.00	05100	1,205,538	116,390	1,321,928	-83,739	1,238,189	51.00
52.00	05200	4,349,409	996,060	5,345,469	-394,523	4,950,946	52.00
53.00	05300	513,924	3,901,518	4,415,442	-433,191	3,982,251	53.00
54.00	05400	4,510,529	3,189,321	7,699,850	-1,105,633	6,594,217	54.00
55.00	05500	434,265	551,411	985,676	-75,100	910,576	55.00
56.00	05600	228,190	423,593	651,783	-65,299	586,484	56.00
57.00	05700	714,602	431,449	1,146,051	0	1,146,051	57.00
58.00	05800	341,704	257,074	598,778	-13,327	585,451	58.00
59.00	05900	588,396	1,604,981	2,193,377	-1,386,845	806,532	59.00
60.00	06000	4,700,516	5,766,250	10,466,766	-496,332	9,970,434	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	695,517	1,685,660	2,381,177	0	2,381,177	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,610,784	574,325	2,185,109	-312,440	1,872,669	65.00
65.01	03560	0	883	883	148,621	149,504	65.01
66.00	06600	461,515	41,797	503,312	0	503,312	66.00
67.00	06700	342,540	5,986	348,526	0	348,526	67.00
68.00	06800	211,337	189,325	400,662	0	400,662	68.00
69.00	06900	742,452	871,901	1,614,353	-102,701	1,511,652	69.00
70.00	07000	262,744	45,956	308,700	-1,102	307,598	70.00
71.00	07100	0	0	0	5,927,615	5,927,615	71.00
72.00	07200	0	0	0	6,203,736	6,203,736	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/2/2014 4:54 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	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,647,912	9,647,912	73.00
74.00	07400	RENAL DIALYSIS	1,608,702	794,016	2,402,718	57,779	2,460,497	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	651,952	3,483,347	4,135,299	-3,162,159	973,140	90.01
90.02	04951	ENT	291,228	116,016	407,244	-58,916	348,328	90.02
90.03	04952	UNDER THE RAINBOW	1,223,001	188,048	1,411,049	0	1,411,049	90.03
90.04	09002	SPASTICITY CLINIC	105,421	437,403	542,824	-431,297	111,527	90.04
91.00	09100	EMERGENCY	5,840,960	2,398,628	8,239,588	-602,115	7,637,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	4,473,006	4,473,006	-4,473,006	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,480,469	142,629,321	240,109,790	20,065	240,129,855	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,290,089	4,290,089	0	4,290,089	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	10,615	10,615	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	1,843	1,843	192.01
192.02	19202	DAY PSYCH	0	0	0	23	23	192.02
192.03	19203	FAMILY PLANNING	0	0	0	647	647	192.03
192.04	19204	DEVELOPMENT	0	466,979	466,979	-33,225	433,754	192.04
192.05	19205	DENTISTRY	0	1,849	1,849	32	1,881	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	97,480,469	147,388,238	244,868,707	0	244,868,707	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-549,150	6,213,374	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,000	6,090,865	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	51,205	17,965,269	4.00
5.01	00541	NONPATIENT TELEPHONES	-152,699	1,106,735	5.01
5.02	00551	DATA PROCESSING	0	5,833,898	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	379,070	5.03
5.04	00570	ADMINISTRATIVE	0	1,770,722	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,196,804	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,343,476	31,402,850	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,721,361	6.00
7.00	00700	OPERATION OF PLANT	-1,829,833	5,684,591	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	872,381	8.00
9.00	00900	HOUSEKEEPING	0	3,543,647	9.00
10.00	01000	DIETARY	0	2,182,774	10.00
11.00	01100	CAFETERIA	-1,612,661	1,094,893	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-89,685	3,785,573	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	554,567	14.00
15.00	01500	PHARMACY	-1,048,638	3,696,570	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-94	1,941,253	16.00
17.00	01700	SOCIAL SERVICE	0	1,237,800	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	2,872,121	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,375,083	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,203,851	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	27,363	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	318,481	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-543,463	21,670,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,833,595	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,165,154	31.01
32.00	03200	CORONARY CARE UNIT	0	3,628,074	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-193,161	2,467,471	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,090,563	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-658,204	8,263,850	50.00
51.00	05100	RECOVERY ROOM	0	1,238,189	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,950,946	52.00
53.00	05300	ANESTHESIOLOGY	-1,715,770	2,266,481	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-235,782	6,358,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	910,576	55.00
56.00	05600	RADIOISOTOPE	-418	586,066	56.00
57.00	05700	CT SCAN	0	1,146,051	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	585,451	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	806,532	59.00
60.00	06000	LABORATORY	-1,087,284	8,883,150	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-24,833	2,356,344	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,155	1,871,514	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	149,504	65.01
66.00	06600	PHYSICAL THERAPY	-349	502,963	66.00
67.00	06700	OCCUPATIONAL THERAPY	-229	348,297	67.00
68.00	06800	SPEECH PATHOLOGY	-440	400,222	68.00
69.00	06900	ELECTROCARDIOLOGY	-33,784	1,477,868	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	307,598	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,751,160	4,176,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-1,832,877	4,370,859	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-331,298	9,316,614	73.00
74.00	07400	RENAL DIALYSIS	-60,416	2,400,081	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

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

Worksheet A  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
75.00	07500 ASC (NON-DISTINCT PART)	6.00	7.00	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	973,140	90.01
90.02	04951 ENT	0	348,328	90.02
90.03	04952 UNDER THE RAINBOW	-49,492	1,361,557	90.03
90.04	09002 SPASTICITY CLINIC	0	111,527	90.04
91.00	09100 EMERGENCY	-178,301	7,459,172	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-17,274,447	222,855,408	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-3,237,145	1,052,944	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	10,615	192.00
192.01	19201 KLING OFFICE BLDG	0	1,843	192.01
192.02	19202 DAY PSYCH	0	23	192.02
192.03	19203 FAMILY PLANNING	0	647	192.03
192.04	19204 DEVELOPMENT	0	433,754	192.04
192.05	19205 DENTISTRY	0	1,881	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-20,511,592	224,357,115	200.00



RECLASSIFICATIONS

Provider CCN: 140018

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

Worksheet A-6  
Date/Time Prepared:  
12/2/2014 4:54 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>B - PHYSICIAN TEACHING RECLASS</b>						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,404,942	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
TOTALS			2,404,942	0		
<b>C - THORACIC MED SALRARY RECLASS</b>						
1.00	PULMONARY FUNCTION TESTING	65.01	148,621	0	1.00	
TOTALS			148,621	0		
<b>D - INTEREST EXPENSE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,410,080	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,062,926	2.00	
TOTALS			0	4,473,006		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLASS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,927,615	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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,203,736	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
TOTALS			0	12,131,351		
<b>F - PHARMACY RECLASS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,647,912	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	
TOTALS			0	9,647,912		
<b>G - EQUIPMENT RENTAL RECLASS</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	853,484	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	
TOTALS			0	853,484		

RECLASSIFICATIONS

Provider CCN: 140018

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

Worksheet A-6  
Date/Time Prepared:  
12/2/2014 4:54 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>H - ER REGISTRATION RECLASS</b>						
1.00	EMERGENCY	91.00	258,338	0	1.00	
	TOTALS		258,338	0		
<b>I - INSURANCE RECLASS</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	224,528	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	224,528		
<b>J - O/P REGISTRATION RECLASS</b>						
1.00	OUTPATIENT ACCOUNTING	18.01	187,138	0	1.00	
	TOTALS		187,138	0		
<b>K - NURSING CONTINUITY RECLASS</b>						
1.00	ADULTS & PEDIATRICS	30.00	24,996	0	1.00	
	TOTALS		24,996	0		
<b>L - POB FAMILY PLNG DIRECT EXP</b>						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,615	1.00	
2.00	KLING OFFICE BLDG	192.01	0	1,513	2.00	
3.00	FAMILY PLANNING	192.03	0	647	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	12,775		
<b>M - DIETARY / CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	955,235	0	1.00	
2.00	CAFETERIA	11.00	0	1,752,319	2.00	
	TOTALS		955,235	1,752,319		
<b>N - PHARMACY RESIDENCY RECLASS</b>						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	294,713	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	21,025	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	2,743	3.00	
	TOTALS		294,713	23,768		
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>						
1.00	DATA PROCESSING	5.02	2,247,519	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,815,646	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	845,714	0	3.00	
4.00	NONPATIENT TELEPHONES	5.01	200,582	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	912,090	0	5.00	
6.00	DEVELOPMENT	192.04	337,663	0	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	527,857	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	
	TOTALS		7,359,214	527,857		
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>						
1.00	PASTORAL EDUCATION	23.01	13,547	0	1.00	
2.00	PASTORAL EDUCATION	23.01	0	13,816	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		13,547	13,816		
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,419	1.00	
	TOTALS		0	34,419		
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>						
1.00	RENAL DIALYSIS	74.00	58,108	0	1.00	
	TOTALS		58,108	0		
<b>T - CAPITAL LEASE RECLASS</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,667,966	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	

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00		0.00	0	0	18.00
	TOTALS		0	1,667,966	
U - EQUIPM DEPR FOR NON REIMB COST CTR					
1.00	DAY PSYCH	192.02	0	23	1.00
2.00	DENTISTRY	192.05	0	32	2.00
3.00	KLING OFFICE BLDG	192.01	0	330	3.00
	TOTALS		0	385	
500.00	Grand Total: Increases		11,704,852	31,363,586	500.00

RECLASSIFICATIONS

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>B - PHYSICIAN TEACHING RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	1,519,377	0	0		2.00
3.00	OPERATING ROOM	50.00	619,665	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	47,059	0	0		4.00
5.00	ANESTHESIOLOGY	53.00	114,115	0	0		5.00
6.00	LABORATORY	60.00	51,161	0	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	7,214	0	0		7.00
8.00	EMERGENCY	91.00	46,351	0	0		8.00
	TOTALS		2,404,942	0	0		
<b>C - THORACIC MED SALRARY RECLASS</b>							
1.00	RESPIRATORY THERAPY	65.00	148,621	0	0		1.00
	TOTALS		148,621	0	0		
<b>D - INTEREST EXPENSE RECLASS</b>							
1.00		0.00	0	0	11		1.00
2.00	INTEREST EXPENSE	113.00	0	4,473,006	0		2.00
	TOTALS		0	4,473,006	0		
<b>E - MEDICAL SUPPLY &amp; IMPL DEVICES RECLAS</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	448,823	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	249,707	0		2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	181,024	0		3.00
4.00	CORONARY CARE UNIT	32.00	0	395,692	0		4.00
5.00	NURSERY	43.00	0	20,131	0		5.00
6.00	OPERATING ROOM	50.00	0	2,500,829	0		6.00
7.00	RECOVERY ROOM	51.00	0	37,076	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	271,024	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	283,991	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	433,701	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,327	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	151,469	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	135,707	0		13.00
14.00	EMERGENCY	91.00	0	805,114	0		14.00
15.00		0.00	0	0	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	561	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	14,369	0		17.00
18.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	756	0		18.00
19.00	CORONARY CARE UNIT	32.00	0	315	0		19.00
20.00	OPERATING ROOM	50.00	0	4,756,990	0		20.00
21.00	RECOVERY ROOM	51.00	0	309	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	105,410	0		22.00
23.00	ANESTHESIOLOGY	53.00	0	35,085	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	333,500	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	947,453	0		25.00
26.00	EMERGENCY	91.00	0	8,988	0		26.00
	TOTALS		0	12,131,351	0		
<b>F - PHARMACY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	OUTPATIENT CHEMOTHERAPY	90.01	0	3,162,159	0		2.00
3.00	PHARMACY	15.00	0	6,054,456	0		3.00
4.00	SPASTICITY CLINIC	90.04	0	431,297	0		4.00
	TOTALS		0	9,647,912	0		
<b>G - EQUIPMENT RENTAL RECLASS</b>							
1.00		0.00	0	0	14		1.00
2.00	DIETARY	10.00	0	9,185	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	320,162	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	38,588	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	13,341	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	575	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	2,609	0		7.00
8.00	OPERATING ROOM	50.00	0	42,000	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,650	0		9.00
10.00	LABORATORY	60.00	0	394,197	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	28,112	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,102	0		12.00
13.00	RENAL DIALYSIS	74.00	0	329	0		13.00
14.00	ENT	90.02	0	1,634	0		14.00
	TOTALS		0	853,484	0		
<b>H - ER REGISTRATION RECLASS</b>							
1.00	ADMINING	5.04	258,338	0	0		1.00
	TOTALS		258,338	0	0		

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>I - INSURANCE RECLASS</b>							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	224,528	0		2.00
	TOTALS		0	224,528			
<b>J - O/P REGISTRATION RECLASS</b>							
1.00	ADMITTING	5.04	187,138	0	0		1.00
	TOTALS		187,138	0			
<b>K - NURSING CONTINUITY RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,996	0		1.00
	TOTALS		0	24,996			
<b>L - POB FAMILY PLNG DIRECT EXP</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	12,775	9		4.00
	TOTALS		0	12,775			
<b>M - DIETARY / CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	955,235	0	0		1.00
2.00	DIETARY	10.00	0	1,752,319	0		2.00
	TOTALS		955,235	1,752,319			
<b>N - PHARMACY RESIDENCY RECLASS</b>							
1.00	PHARMACY	15.00	294,713	0	0		1.00
2.00	PHARMACY	15.00	0	21,025	0		2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,743	9		3.00
	TOTALS		294,713	23,768			
<b>O - RECLASS SINAI HLTH SYS EXPENSES</b>							
1.00	DATA PROCESSING	5.02	0	2,247,519	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,815,646	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	845,714	0		3.00
4.00	NONPATIENT TELEPHONES	5.01	0	200,582	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	912,090	0		5.00
6.00	DEVELOPMENT	192.04	0	337,663	0		6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	51,130	0		7.00
8.00	NONPATIENT TELEPHONES	5.01	0	5,853	0		8.00
9.00	DATA PROCESSING	5.02	0	95,722	0		9.00
10.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	240,958	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	100,969	0		11.00
12.00	DEVELOPMENT	192.04	0	33,225	0		12.00
	TOTALS		0	7,887,071			
<b>Q - PASTORAL EDUCATION RESIDENCY RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	13,547	0	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,816	0		4.00
	TOTALS		13,547	13,816			
<b>R - COMMONWEALTH EDISON METER RENTAL RCL</b>							
1.00	OPERATION OF PLANT	7.00	0	34,419	14		1.00
	TOTALS		0	34,419			
<b>S - RENAL DIALYSIS PHYSICIAN RCL</b>							
1.00	ADULTS & PEDIATRICS	30.00	58,108	0	0		1.00
	TOTALS		58,108	0			
<b>T - CAPITAL LEASE RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	DATA PROCESSING	5.02	0	8,055	0		2.00
3.00	OPERATION OF PLANT	7.00	0	57,083	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	25,366	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	273,540	0		5.00
6.00	PHARMACY	15.00	0	132,912	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	38,804	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	46,354	0		8.00
9.00	OPERATING ROOM	50.00	0	99,621	0		9.00
10.00	RECOVERY ROOM	51.00	0	46,354	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,089	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	289,723	0		12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	75,100	0		13.00
14.00	RADIOISOTOPE	56.00	0	65,299	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	287,923	0		15.00
16.00	LABORATORY	60.00	0	50,974	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	95,487	0		17.00

RECLASSIFICATIONS

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Period:  
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Worksheet A-6

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
18.00	ENT	90.02	0	57,282	0	18.00
	TOTALS		0	1,667,966		
U - EQUIPM DEPR FOR NON REIMB COST CTR						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	23	9	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	362	9	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	385		
500.00	Grand Total: Decreases		4,320,642	38,747,796		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:  
From 07/01/2013  
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Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,725,650	0	0	0	1.00
2.00	Land Improvements	682,066	0	0	0	2.00
3.00	Buildings and Fixtures	150,750,790	2,301,058	0	2,301,058	3.00
4.00	Building Improvements	808,871	551,732	0	551,732	4.00
5.00	Fixed Equipment	88,422,074	3,391,445	0	3,391,445	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	242,389,451	6,244,235	0	6,244,235	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	242,389,451	6,244,235	0	6,244,235	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,725,650	0			1.00
2.00	Land Improvements	682,066	0			2.00
3.00	Buildings and Fixtures	153,051,848	0			3.00
4.00	Building Improvements	1,293,801	0			4.00
5.00	Fixed Equipment	91,813,519	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	248,566,884	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	248,566,884	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:  
From 07/01/2013  
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Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,143,434	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,204,347	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,347,781	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,143,434				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,204,347				2.00
3.00	Total (sum of lines 1-2)	0	9,347,781				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:  
From 07/01/2013  
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Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	6,006,763	0	6,006,763	0.496524	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,090,865	0	6,090,865	0.503476	0	2.00
3.00	Total (sum of lines 1-2)	12,097,628	0	12,097,628	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,100,178	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,203,962	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,304,140	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,888,668	224,528	0	0	6,213,374	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	886,903	6,090,865	2.00
3.00	Total (sum of lines 1-2)	1,888,668	224,528	0	886,903	12,304,239	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,872,605	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 NURSING ADMIN OTH OPR A/C 4449 A8- 1	B	-150	0	NURSING ADMINISTRATION	13.00	0	33.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.01	MICROBIOLOGY ICT HCH A/C 4498 A8-1	B	-509,950	LABORATORY	60.00	0 33.01
33.02	CHEMISTRY ICT HCH A/C 4498 A8-1	B	-33,808	LABORATORY	60.00	0 33.02
33.03	CYTOLOGY ICT HCH A/C 4498 A8-1	B	-34,413	LABORATORY	60.00	0 33.03
33.04	HEMATOLOGY SRH A/C 4320 A8-1	B	-248,213	LABORATORY	60.00	0 33.04
33.05	HEMATOLGY ICT HCH A/C 4498 A8-1	B	-154	LABORATORY	60.00	0 33.05
33.06	HISTOLOGY ICT HCH A/C 4498 A8-1	B	-192,901	LABORATORY	60.00	0 33.06
33.07	BLOOD BANK ICT HCH A/C 4498 A8-1	B	-24,833	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0 33.07
33.08	RENAL SRH A/C 4320 A8-1	B	-60,416	RENAL DIALYSIS	74.00	0 33.08
33.09	NUCLEAR MED SRH A/C 4320 A8-1	B	-418	RADIOISOTOPE	56.00	0 33.09
33.10	INP COMMUN DIS SRH A/C 4320	B	-33	SPEECH PATHOLOGY	68.00	0 33.10
33.11	AUDIOLOGY OTHER OPER A/C 4499 A8-1	B	-407	SPEECH PATHOLOGY	68.00	0 33.11
33.12	IP PHYS THER SRH A/C 4320 A8-1	B	-349	PHYSICAL THERAPY	66.00	0 33.12
33.13	IP OCCUP THERAPY SRH A/C 4320	B	-229	OCCUPATIONAL THERAPY	67.00	0 33.13
33.14	RESP THERAPY SRH A/C 4320 A8-1	B	-1,155	RESPIRATORY THERAPY	65.00	0 33.14
33.15	RADIOLOGY SRH A/C 4320 A8-1	B	-875	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	CLINICAL SUPP OTH OPER A/C 4499 A8-1	B	-972	RADIOLOGY-DIAGNOSTIC	54.00	0 33.16
33.17	CARDIOLOGY SRH A/C 4320 A8-1	B	-62	ELECTROCARDIOLOGY	69.00	0 33.17
33.18	PHARMACY SRH A/C 4320 A8-1	B	-1,043,022	PHARMACY	15.00	0 33.18
33.19	PHARMACY OTH 340B A/C 4461 A8-1	B	-120,080	DRUGS CHARGED TO PATIENTS	73.00	0 33.19
33.20	PHARMACY ONCOMED 340B A/C 4462 A8-1	B	-211,218	DRUGS CHARGED TO PATIENTS	73.00	0 33.20
33.21	VASCULAR SRH A/C 4320 A8-1	B	-17,682	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	UTR MISC A/C 4449 A8-1	B	-18,060	UNDER THE RAINBOW	90.03	0 33.22
33.23	UTR OTHER OPER A/C 4499 A8-1	B	-23,750	UNDER THE RAINBOW	90.03	0 33.23
33.24	PSYCH OTHER OPER A/C 4499 A8-1	B	-130,000	SUBPROVIDER - IPF	40.00	0 33.24
33.25	FAMILY MED OTH OPR A/C 4499 A8-1	B	-13,000	ADULTS & PEDIATRICS	30.00	0 33.25
33.26	HLTH INFO MGMT OTH OP A/C 4452 A8-1	B	-94	MEDICAL RECORDS & LIBRARY	16.00	0 33.26
33.27	2010 RACS OTH MISC A/C 4449 A8-1	B	-166	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.27
33.28	PLAN OPER ENERGY SAV A/C 4406 A8-1	B	-1,112	OPERATION OF PLANT	7.00	0 33.28
33.29	CAFETERIA MISC A/C 4402 A8-1	B	-1,610,643	CAFETERIA	11.00	0 33.29
33.30	CAFETERIA MISC A/C 4449 A8-1	B	-2,018	CAFETERIA	11.00	0 33.30
33.31	QLTY IMPR OTH OPER A/C 4499 A8-1	B	-8,374	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.31
33.32	ADMN OTH OPR A/C 4499 A8-1	B	-5,948	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.32
33.33	INFECTION CNTRL OTH A/C 4499 A8-1	B	-70,213	NURSING ADMINISTRATION	13.00	0 33.33
33.34	RNTL OTHER A/C 4414 A8-1	B	-558,721	OPERATION OF PLANT	7.00	0 33.34
33.35	RENTAL ICT A/C 4416 A8-1	B	-504,527	OPERATION OF PLANT	7.00	0 33.35
33.36	GEN OTH OPR REV A/C 4483 A8-1	B	-13,268	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.36
33.37	PREMIER PURCH A8-2	B	-1,751,160	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.37
33.38	PREMIER PURCH A8-2	B	-1,832,877	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 33.38
33.39	OTHER A&G A8-2	B	-11,947	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.39
33.40	OTHER A&G A8-2	B	-5,588	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.40
33.41	WALGREEN REV A8-2	B	-5,616	PHARMACY	15.00	0 33.41
33.42	MAJOR EQUIPM A8-2	B	-1,000	CAP REL COSTS-MVBLE EQUIP	2.00	14 33.42
33.43	REAL ESTATE TAXES A8-5	A	-45,389	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.43
33.44	ACCELERATED DEPR A8-6	A	-1,941	CAP REL COSTS-BLDG & FIXT	1.00	9 33.44
33.45	SATELLITE DEPR EXP A8-7	A	-10,014	CAP REL COSTS-BLDG & FIXT	1.00	9 33.45
33.46	SATELLITE DEPR EXP A8-7	A	-6,547	CAP REL COSTS-BLDG & FIXT	1.00	9 33.46
33.47	SELF INS EXP A8-9	A	-1,666,002	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.47

Provider CCN: 140018

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

Worksheet A-8

Date/Time Prepared:  
 12/2/2014 4:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.48 INVESTMENT INC INTEREST A8-11	B	-521,412	CAP REL COSTS-BLDG & FIXT	1.00	11 33.48
33.49 INVESTMENT INC INTEREST A8-11	B	-446,306	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.49
33.50 PASTORAL EDUC RECLASS A8-12	B	-12,325	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.50
33.51 TELEPHONE OFFSET A8-14	A	-152,699	NONPATIENT TELEPHONES	5.01	0 33.51
33.52 UNEMPLOYMENT INS A8-16	A	301,325	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.52
33.53 PATIENT TRANSPORTATION A8-17	A	-724,628	OPERATION OF PLANT	7.00	0 33.53
33.54 PATIENT TRANSPORTATION A8-17	A	-7,682	UNDER THE RAINBOW	90.03	0 33.54
33.55 ACLS FEES OFFSET A8-18	B	-19,322	NURSING ADMINISTRATION	13.00	0 33.55
33.56 DAY PSYCH OFFSET A8-20	A	-3,237,145	RESEARCH	191.00	0 33.56
33.57 PARKING FAC REV OFFSET A8-24	A	-9,236	CAP REL COSTS-BLDG & FIXT	1.00	9 33.57
33.58 PARKING FAC REV OFFSET A8-24	A	-40,845	OPERATION OF PLANT	7.00	0 33.58
33.59 DONATION OFFSET A8-25	B	-33,645	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.59
33.60 NURSE ANESTHETISTS OFFSET A8-27	A	-1,591,114	ANESTHESIOLOGY	53.00	0 33.60
33.61 NURSE ANESTHETISTS OFFSET A8-27	A	-250,120	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.61
33.62 MARKETING OFFSET A8-28	A	-808,910	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.62
33.63 GOVERNMENTAL LOBBYIST EXP A8-31	A	-256,663	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.63
33.64 LOBBYING EXPENSE OFFSET A8-32	A	-28,945	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.64
33.65		0		0.00	0 33.65
33.66		0		0.00	0 33.66
33.67 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.67
33.68 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.68
33.69 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 33.69
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,511,592			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: 140018

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

Worksheet A-8-1

Date/Time Prepared: 12/2/2014 4:54 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SALARY AND OTHER	1,725,569	1,725,569 1.00
2.00	5.01	NONPATIENT TELEPHONES	SALARY AND OTHER	944,357	944,357 2.00
3.00	5.02	DATA PROCESSING	SALARY AND OTHER	5,934,811	5,934,811 3.00
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABLE	SALARY AND OTHER	-333,999	-333,999 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	SALARY AND EXPENSE	6,675,243	6,675,243 4.01
4.02	7.00	OPERATION OF PLANT	SALARY AND EXPENSE	-680,556	-680,556 4.02
4.03	10.00	DIETARY	SALARY AND EXPENSE	-401,643	-401,643 4.03
4.04	13.00	NURSING ADMINISTRATION	SALARY AND EXPENSE	323,313	323,313 4.04
4.05	30.00	ADULTS & PEDIATRICS	SALARY AND EXPENSE	2,919,180	2,919,180 4.05
4.06	50.00	OPERATING ROOM	SALARY AND EXPENSE	567,936	567,936 4.06
4.07	53.00	ANESTHESIOLOGY	SALARY AND EXPENSE	3,248,964	3,248,964 4.07
4.08	54.00	RADIOLOGY-DIAGNOSTIC	SALARY AND EXPENSE	1,011,636	1,011,636 4.08
4.09	56.00	RADIOISOTOPE	SALARY AND EXPENSE	34,032	34,032 4.09
4.10	69.00	ELECTROCARDIOLOGY	SALARY AND EXPENSE	276,132	276,132 4.10
4.11	90.03	UNDER THE RAINBOW	SALARY AND EXPENSE	118,116	118,116 4.11
4.12	91.00	EMERGENCY	SALARY AND EXPENSE	917,568	917,568 4.12
4.13	191.00	RESEARCH	SALARY AND EXPENSE	493,125	493,125 4.13
4.14	192.04	DEVELOPMENT	SALARY AND EXPENSE	464,054	464,054 4.14
4.15	0.00			0	0 4.15
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			24,237,838	24,237,838 5.00

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

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

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	E	SINAI HLTH SYS	100.00	0.00	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:				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: 140018

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

Worksheet A-8-1

Date/Time Prepared:  
12/2/2014 4:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
5.00	0	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	Type of Business		
	6.00		
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

(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: 140018

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

Worksheet A-8-2

Date/Time Prepared:  
12/2/2014 4:54 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	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,888,160	0	2,888,160	177,200	27,675	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	221,928	0	221,928	154,100	2,143	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	1,506,204	0	1,506,204	208,000	8,480	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	403,920	0	403,920	200,300	2,900	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	392,160	0	392,160	225,300	1,624	5.00
6.00	60.00	AGGREGATE-LABORATORY	304,596	0	304,596	215,700	2,283	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	72,144	0	72,144	177,200	451	7.00
8.00	91.00	AGGREGATE-EMERGENCY	386,256	0	386,256	165,600	2,612	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,175,368	0	6,175,368		48,168	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,357,697	117,885	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	158,767	7,938	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	848,000	42,400	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	279,264	13,963	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	175,907	8,795	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	236,751	11,838	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	38,422	1,921	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	207,955	10,398	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,302,763	215,138	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	2,357,697	530,463	530,463		1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	158,767	63,161	63,161		2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	848,000	658,204	658,204		3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	279,264	124,656	124,656		4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	175,907	216,253	216,253		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	236,751	67,845	67,845		6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	38,422	33,722	33,722		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	207,955	178,301	178,301		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	4,302,763	1,872,605	1,872,605		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	6,213,374	6,213,374				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,090,865		6,090,865			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	17,965,269	36,014	35,304	18,036,587		4.00
5.01 00541 NONPATIENT TELEPHONES	1,106,735	6,521	6,393	79,621	1,199,270	5.01
5.02 00551 DATA PROCESSING	5,833,898	51,379	50,365	390,010	25,172	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	379,070	90,884	89,092	54,544	17,980	5.03
5.04 00570 ADMINITTING	1,770,722	16,369	16,046	245,195	8,091	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	2,196,804	25,805	25,296	11,994	30,566	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	31,402,850	454,897	445,928	1,163,116	116,870	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,721,361	236,670	232,004	36	18,879	6.00
7.00 00700 OPERATION OF PLANT	5,684,591	101,522	99,520	133,250	21,576	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	872,381	177,223	173,729	0	899	8.00
9.00 00900 HOUSEKEEPING	3,543,647	11,593	11,365	356,484	6,293	9.00
10.00 01000 DIETARY	2,182,774	39,835	39,049	184,385	20,677	10.00
11.00 01100 CAFETERIA	1,094,893	292,100	286,341	165,761	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,785,573	114,943	112,677	669,950	19,778	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	554,567	340,959	334,236	76,976	899	14.00
15.00 01500 PHARMACY	3,696,570	46,224	45,313	629,559	10,788	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,941,253	59,168	58,001	184,009	17,980	16.00
17.00 01700 SOCIAL SERVICE	1,237,800	34,862	34,174	139,702	11,687	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	2,872,121	71,913	70,496	47,133	29,667	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,375,083	0	0	1,106,262	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,203,851	60,699	59,502	417,327	0	22.00
23.00 02300 PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	27,363	0	0	2,351	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	318,481	1,499	1,469	51,141	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	21,670,885	1,581,237	1,550,062	3,019,839	360,503	30.00
31.00 03100 INTENSIVE CARE UNIT	2,833,595	91,246	89,447	450,731	15,283	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	4,165,154	29,147	28,573	689,781	15,283	31.01
32.00 03200 CORONARY CARE UNIT	3,628,074	105,293	103,217	556,661	18,879	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	2,467,471	179,446	175,908	443,045	25,172	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,090,563	23,005	22,551	186,796	6,293	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	8,263,850	422,144	413,820	1,023,931	77,314	50.00
51.00 05100 RECOVERY ROOM	1,238,189	20,667	20,259	209,196	5,394	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,950,946	97,718	95,791	754,749	16,182	52.00
53.00 05300 ANESTHESIOLOGY	2,266,481	28,736	28,169	69,378	11,687	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,358,435	251,277	246,323	774,541	37,758	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	910,576	58,756	57,597	75,358	6,293	55.00
56.00 05600 RADIOISOTOPE	586,066	39,094	38,323	39,598	8,990	56.00
57.00 05700 CT SCAN	1,146,051	15,628	15,319	124,004	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	585,451	16,566	16,240	59,296	8,091	58.00
59.00 05900 CARDIAC CATHETERIZATION	806,532	34,055	33,383	102,104	7,192	59.00
60.00 06000 LABORATORY	8,883,150	386,047	378,435	806,798	70,122	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,356,344	13,190	12,930	120,692	1,798	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,871,514	37,694	36,951	253,728	5,394	65.00
65.01 03560 PULMONARY FUNCTION TESTING	149,504	21,095	20,679	25,790	899	65.01
66.00 06600 PHYSICAL THERAPY	502,963	42,750	41,907	80,086	7,192	66.00
67.00 06700 OCCUPATIONAL THERAPY	348,297	49,929	48,945	59,441	5,394	67.00
68.00 06800 SPEECH PATHOLOGY	400,222	11,412	11,187	36,673	2,697	68.00
69.00 06900 ELECTROCARDIOLOGY	1,477,868	61,243	60,035	127,585	12,586	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	307,598	20,403	20,001	45,594	18,879	70.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,176,455	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,370,859	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,316,614	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,400,081	21,128	20,711	289,240	4,495	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	973,140	0	0	113,133	0	90.01
90.02 04951 ENT	348,328	0	0	50,537	0	90.02
90.03 04952 UNDER THE RAINBOW	1,361,557	115,289	113,016	212,226	32,364	90.03
90.04 09002 SPASTICITY CLINIC	111,527	0	0	18,294	0	90.04
91.00 09100 EMERGENCY	7,459,172	102,922	100,892	1,050,362	28,768	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	222,855,408	6,148,196	6,026,971	17,977,993	1,168,704	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	1,052,944	40,444	39,647	0	17,081	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,615	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	1,843	0	0	0	0	192.01
192.02 19202 DAY PSYCH	23	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	647	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	433,754	15,446	15,142	58,594	4,495	192.04
192.05 19205 DENTISTRY	1,881	9,288	9,105	0	1,798	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	7,192	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	224,357,115	6,213,374	6,090,865	18,036,587	1,199,270	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING	6,350,824					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	396,927	1,028,497				5.03
5.04	00570	ADMINING	330,772	2,794	2,389,989			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,124,625	1,025	0	3,416,115		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	529,235	0	0	0	34,112,896	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	947	0	0	3,209,897	6.00
7.00	00700	OPERATION OF PLANT	0	100,243	0	0	6,140,702	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,576	0	0	1,262,808	8.00
9.00	00900	HOUSEKEEPING	0	51,935	0	0	3,981,317	9.00
10.00	01000	DIETARY	0	3,383	0	0	2,470,103	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,839,095	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,108	0	0	4,705,029	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,544	0	0	1,327,181	14.00
15.00	01500	PHARMACY	264,618	14,835	0	0	4,707,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	330,772	272	0	0	2,591,455	16.00
17.00	01700	SOCIAL SERVICE	0	876	0	0	1,459,101	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	529,235	0	0	0	3,620,565	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,481,345	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,997	0	0	3,744,376	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	29,714	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	372,590	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	860,007	26,524	378,210	318,334	29,765,601	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,035	70,797	59,001	3,614,135	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,081	104,318	86,791	5,123,128	31.01
32.00	03200	CORONARY CARE UNIT	0	3,200	83,546	69,537	4,568,407	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	906	55,876	46,484	3,394,308	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	580	42,512	35,440	1,407,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	396,927	0	153,763	260,602	11,012,351	50.00
51.00	05100	RECOVERY ROOM	0	897	47,172	98,513	1,640,287	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,872	100,727	157,866	6,192,851	52.00
53.00	05300	ANESTHESIOLOGY	0	11,030	85,163	114,590	2,615,234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	727,699	61,396	78,005	208,046	8,743,480	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,919	1,542	25,405	1,148,446	55.00
56.00	05600	RADIOI SOTOPE	0	15,455	10,007	25,411	762,944	56.00
57.00	05700	CT SCAN	0	17,498	95,396	180,001	1,593,897	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	12,508	21,774	46,239	766,165	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	50,616	68,788	71,391	1,174,061	59.00
60.00	06000	LABORATORY	860,007	113,073	190,966	398,416	12,087,014	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,633	18,889	19,880	2,552,356	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,973	116,713	101,580	2,445,547	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	15,872	17,032	250,871	65.01
66.00	06600	PHYSICAL THERAPY	0	1,677	9,159	8,572	694,306	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	33	9,990	8,792	530,821	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,649	5,499	6,805	484,144	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,792	40,848	71,126	1,887,083	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	534	1,979	12,452	427,440	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	136,799	90,071	105,952	4,509,277	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	174,112	93,685	95,236	4,733,892	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	209,587	304,769	9,830,970	73.00
74.00	07400	RENAL DIALYSIS	0	19,506	7,019	67,654	2,829,834	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	1,519	144	15,210	1,103,146	90.01
90.02	04951 ENT	0	826	1	4,681	404,373	90.02
90.03	04952 UNDER THE RAINBOW	0	318	0	14,091	1,848,861	90.03
90.04	09002 SPASTICITY CLINIC	0	44	0	1,598	131,463	90.04
91.00	09100 EMERGENCY	0	17,731	181,971	358,618	9,300,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	6,350,824	1,022,271	2,389,989	3,416,115	222,630,950	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	6,224	0	0	1,156,340	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,615	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	1,843	192.01
192.02	19202 DAY PSYCH	0	0	0	0	23	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	647	192.03
192.04	19204 DEVELOPMENT	0	2	0	0	527,433	192.04
192.05	19205 DENTISTRY	0	0	0	0	22,072	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	7,192	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	6,350,824	1,028,497	2,389,989	3,416,115	224,357,115	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	34,112,896					5.06
6.00	00600	MAINTENANCE & REPAIRS	575,570	3,785,467				6.00
7.00	00700	OPERATION OF PLANT	1,101,095	72,582	7,314,379			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	226,435	126,703	249,605	1,865,551		8.00
9.00	00900	HOUSEKEEPING	713,894	8,288	16,328	0	4,719,827	9.00
10.00	01000	DIETARY	442,917	28,479	56,104	0	37,569	10.00
11.00	01100	CAFETERIA	329,770	208,833	411,400	0	275,484	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	843,663	82,177	161,888	0	108,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	237,978	243,764	480,214	0	321,564	14.00
15.00	01500	PHARMACY	844,180	33,047	65,103	0	43,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	464,676	42,301	83,333	0	55,802	16.00
17.00	01700	SOCIAL SERVICE	261,633	24,924	49,100	0	32,879	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	649,207	51,413	101,285	0	67,823	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,341,487	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	671,408	43,396	85,490	0	57,246	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	5,328	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	66,809	1,071	2,111	0	1,413	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,337,316	1,130,486	2,227,056	789,008	1,491,293	30.00
31.00	03100	INTENSIVE CARE UNIT	648,054	65,235	128,513	56,264	86,056	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	918,633	20,839	41,052	9,337	27,489	31.01
32.00	03200	CORONARY CARE UNIT	819,166	75,278	148,297	102,518	99,304	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	608,637	128,292	252,736	46,719	169,239	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	252,423	16,447	32,401	0	21,696	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,974,636	301,806	594,557	109,702	398,131	50.00
51.00	05100	RECOVERY ROOM	294,122	14,775	29,107	37,956	19,491	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,110,446	69,862	137,628	118,795	92,159	52.00
53.00	05300	ANESTHESIOLOGY	468,940	20,544	40,472	0	27,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,567,802	179,647	353,904	64,227	236,984	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	205,929	42,007	82,753	18,572	55,414	55.00
56.00	05600	RADIOISOTOPE	136,804	27,950	55,061	18,608	36,870	56.00
57.00	05700	CT SCAN	285,803	11,173	22,010	18,599	14,739	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	137,382	11,844	23,332	15,231	15,624	58.00
59.00	05900	CARDIAC CATHETERIZATION	210,522	24,347	47,963	30,213	32,118	59.00
60.00	06000	LABORATORY	2,167,335	275,999	543,717	0	364,087	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	457,666	9,430	18,578	0	12,440	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	438,513	26,949	53,089	0	35,550	65.00
65.01	03560	PULMONARY FUNCTION TESTING	44,984	15,081	29,710	0	19,895	65.01
66.00	06600	PHYSICAL THERAPY	124,497	30,563	60,209	0	40,318	66.00
67.00	06700	OCCUPATIONAL THERAPY	95,182	35,696	70,322	0	47,089	67.00
68.00	06800	SPEECH PATHOLOGY	86,812	8,159	16,073	0	10,763	68.00
69.00	06900	ELECTROCARDIOLOGY	338,375	43,784	86,255	27,342	57,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	76,645	14,587	28,736	6,065	19,243	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	808,563	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	848,839	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,762,801	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	507,420	15,105	29,757	28,700	19,926	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	197,806	0	0	0	0	90.01
90.02	04951 ENT	72,509	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	331,521	82,424	162,375	0	108,731	90.03
90.04	09002 SPASTICITY CLINIC	23,573	0	0	0	0	90.04
91.00	09100 EMERGENCY	1,667,670	73,582	144,957	367,695	97,067	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	33,803,376	3,738,869	7,222,581	1,865,551	4,658,356	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	207,344	28,915	56,962	0	38,144	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,903	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	330	0	0	0	0	192.01
192.02	19202 DAY PSYCH	4	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	116	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	94,575	11,043	21,755	0	14,568	192.04
192.05	19205 DENTISTRY	3,958	6,640	13,081	0	8,759	192.05
192.06	19206 OCCUPATIONAL HEALTH	1,290	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	34,112,896	3,785,467	7,314,379	1,865,551	4,719,827	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00541						5.01
5.02	00551						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,035,172					10.00
11.00	01100		3,064,582				11.00
12.00	01200			0			12.00
13.00	01300		97,574	0	5,998,736		13.00
14.00	01400		34,800	0	0	2,645,501	14.00
15.00	01500		122,606	0	0	256,385	15.00
16.00	01600		54,864	0	0	3	16.00
17.00	01700		33,280	0	0	0	17.00
18.00	01850		0	0	0	0	18.00
18.01	01851		12,613	0	0	0	18.01
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		301,524	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
23.01	02301		0	0	0	0	23.01
23.02	02302		7,982	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,065,898	687,843	0	2,326,915	276,933	30.00
31.00	03100	220,143	84,093	0	334,815	100,078	31.00
31.01	02060	0	107,751	0	440,529	60,790	31.01
32.00	03200	292,940	100,902	0	382,802	144,609	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	456,191	100,130	0	354,249	4,430	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	36,319	0	148,976	6,760	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	176,578	0	690,535	0	50.00
51.00	05100	0	27,926	0	124,063	12,450	51.00
52.00	05200	0	143,973	0	475,739	94,226	52.00
53.00	05300	0	7,283	0	0	95,367	53.00
54.00	05400	0	141,031	0	0	154,212	54.00
55.00	05500	0	12,130	0	0	1,181	55.00
56.00	05600	0	7,934	0	0	2,806	56.00
57.00	05700	0	23,803	0	0	28,115	57.00
58.00	05800	0	11,069	0	0	4,475	58.00
59.00	05900	0	18,401	0	0	50,865	59.00
60.00	06000	0	169,633	0	0	36,094	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	23,489	0	0	14	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	57,879	0	0	45,572	65.00
65.01	03560	0	5,257	0	0	0	65.01
66.00	06600	0	13,553	0	0	170	66.00
67.00	06700	0	8,609	0	0	130	67.00
68.00	06800	0	6,029	0	0	409	68.00
69.00	06900	0	25,346	0	0	3,866	69.00
70.00	07000	0	13,095	0	0	6,277	70.00
71.00	07100	0	0	0	0	524,428	71.00
72.00	07200	0	0	0	0	667,451	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	55,781	0	0	14,455	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	29,518	0	0	48,158	90.01
90.02	04951 ENT	0	19,365	0	0	3,018	90.02
90.03	04952 UNDER THE RAINBOW	0	45,531	0	0	2	90.03
90.04	09002 SPASTICITY CLINIC	0	2,219	0	0	1,772	90.04
91.00	09100 EMERGENCY	0	236,869	0	720,113	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	3,035,172	3,064,582	0	5,998,736	2,645,501	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	3,035,172	3,064,582	0	5,998,736	2,645,501	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				18.00	18.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	6,072,823					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,292,434				16.00
17.00 01700 SOCIAL SERVICE	119,810	0	1,980,727			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	4,502,906	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	69,738	306,843	1,148,871	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	19,097	56,871	49,217	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	16,697	83,658	82,751	0	0	31.01
32.00 03200 CORONARY CARE UNIT	16,271	67,027	107,842	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	727	44,806	245,118	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	237	34,161	6,031	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	36,286	251,194	0	0	419,603	50.00
51.00 05100 RECOVERY ROOM	0	94,957	0	0	187,437	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	21,161	152,168	32,811	0	234,240	52.00
53.00 05300 ANESTHESIOLOGY	80,810	110,453	0	0	138,328	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,287	200,536	0	0	452,713	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2	24,488	0	0	76,286	55.00
56.00 05600 RADIOISOTOPE	394	24,494	0	0	54,033	56.00
57.00 05700 CT SCAN	3,971	173,503	0	0	318,266	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	489	44,570	0	0	88,943	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,243	68,814	0	0	44,797	59.00
60.00 06000 LABORATORY	743	383,668	0	0	757,375	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	19	19,162	0	0	13,174	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	679	97,913	0	0	14,181	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	16,417	0	0	12,107	65.01
66.00 06600 PHYSICAL THERAPY	0	8,263	0	0	3,013	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,475	0	0	1,523	67.00
68.00 06800 SPEECH PATHOLOGY	424	6,560	0	0	7,054	68.00
69.00 06900 ELECTROCARDIOLOGY	471	68,558	0	0	117,464	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	12,002	0	0	34,171	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	102,127	0	0	98,098	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	91,798	0	0	54,700	72.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
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12/2/2014 4:54 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	5,614,936	293,768	0	0	412,414	73.00
74.00 07400 RENAL DIALYSIS	0	65,211	183,597	0	195,485	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	14,661	0	0	47,721	90.01
90.02 04951 ENT	1,674	4,512	0	0	14,800	90.02
90.03 04952 UNDER THE RAINBOW	0	13,582	0	0	44,562	90.03
90.04 09002 SPASTICITY CLINIC	0	1,541	0	0	5,055	90.04
91.00 09100 EMERGENCY	59,076	345,673	124,489	0	655,363	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,072,242	3,292,434	1,980,727	0	4,502,906	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	581	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	6,072,823	3,292,434	1,980,727	0	4,502,906	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMIN TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	9,124,356			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,601,916		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	6,398,900	3,227,319	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	355,494	179,295	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	236,996	119,530	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	118,498	59,765	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	1,184,981	597,651	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	118,498	59,765	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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	118,498	59,765	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	118,498	59,765	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
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	Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
				SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	473,993	239,061	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	9,124,356	4,601,916	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	9,124,356	4,601,916	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PASTORAL EDUCATION	35,042					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	451,976				23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	16,172	163,480	57,429,672	-9,626,219	47,803,453	30.00
31.00	03100	INTENSIVE CARE UNIT	3,371	25,627	6,026,358	-534,789	5,491,569	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,009	0	7,290,189	-356,526	6,933,663	31.01
32.00	03200	CORONARY CARE UNIT	5,053	57,717	7,166,396	-178,263	6,988,133	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	5,805,582	0	5,805,582	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	1,963,191	0	1,963,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	17,748,011	-1,782,632	15,965,379	50.00
51.00	05100	RECOVERY ROOM	0	0	2,482,571	0	2,482,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,371	0	8,879,430	0	8,879,430	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,782,795	-178,263	3,604,532	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,095,823	0	12,095,823	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,667,208	0	1,667,208	55.00
56.00	05600	RADIOISOTOPE	0	0	1,127,898	0	1,127,898	56.00
57.00	05700	CT SCAN	0	0	2,493,879	0	2,493,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,119,124	0	1,119,124	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,709,344	0	1,709,344	59.00
60.00	06000	LABORATORY	0	0	16,785,665	0	16,785,665	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,106,328	0	3,106,328	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,215,872	0	3,215,872	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	394,322	0	394,322	65.01
66.00	06600	PHYSICAL THERAPY	0	0	974,892	0	974,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	797,847	0	797,847	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	626,427	0	626,427	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,834,566	-178,263	2,656,303	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	816,524	-178,263	638,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,042,493	0	6,042,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,396,680	0	6,396,680	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

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

Worksheet B  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	163,480	18,078,369	0	18,078,369	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,945,271	0	3,945,271	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,441,010	0	1,441,010	90.01
90.02	04951	ENT	0	0	520,251	0	520,251	90.02
90.03	04952	UNDER THE RAINBOW	0	0	2,637,589	0	2,637,589	90.03
90.04	09002	SPASTICITY CLINIC	0	0	165,623	0	165,623	90.04
91.00	09100	EMERGENCY	6,066	41,672	14,553,782	-713,054	13,840,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,042	451,976	222,120,982	-13,726,272	208,394,710	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	1,488,286	0	1,488,286	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,518	0	12,518	192.00
192.01	19201	KLING OFFICE BLDG	0	0	2,173	0	2,173	192.01
192.02	19202	DAY PSYCH	0	0	27	0	27	192.02
192.03	19203	FAMILY PLANNING	0	0	763	0	763	192.03
192.04	19204	DEVELOPMENT	0	0	669,374	0	669,374	192.04
192.05	19205	DENTISTRY	0	0	54,510	0	54,510	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	8,482	0	8,482	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,042	451,976	224,357,115	-13,726,272	210,630,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/2/2014 4:54 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	36,014	35,304	71,318	4.00
5.01 00541	NONPATIENT TELEPHONES	0	6,521	6,393	12,914	5.01
5.02 00551	DATA PROCESSING	0	51,379	50,365	101,744	5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	90,884	89,092	179,976	5.03
5.04 00570	ADMITTING	0	16,369	16,046	32,415	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	25,805	25,296	51,101	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	454,897	445,928	900,825	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	236,670	232,004	468,674	6.00
7.00 00700	OPERATION OF PLANT	0	101,522	99,520	201,042	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	177,223	173,729	350,952	8.00
9.00 00900	HOUSEKEEPING	0	11,593	11,365	22,958	9.00
10.00 01000	DIETARY	0	39,835	39,049	78,884	10.00
11.00 01100	CAFETERIA	0	292,100	286,341	578,441	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	114,943	112,677	227,620	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	340,959	334,236	675,195	14.00
15.00 01500	PHARMACY	0	46,224	45,313	91,537	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	59,168	58,001	117,169	16.00
17.00 01700	SOCIAL SERVICE	0	34,862	34,174	69,036	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	71,913	70,496	142,409	18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	60,699	59,502	120,201	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	1,499	1,469	2,968	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,581,237	1,550,062	3,131,299	30.00
31.00 03100	INTENSIVE CARE UNIT	0	91,246	89,447	180,693	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	29,147	28,573	57,720	31.01
32.00 03200	CORONARY CARE UNIT	0	105,293	103,217	208,510	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	179,446	175,908	355,354	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	23,005	22,551	45,556	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	422,144	413,820	835,964	50.00
51.00 05100	RECOVERY ROOM	0	20,667	20,259	40,926	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	97,718	95,791	193,509	52.00
53.00 05300	ANESTHESIOLOGY	0	28,736	28,169	56,905	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	251,277	246,323	497,600	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	58,756	57,597	116,353	55.00
56.00 05600	RADIOISOTOPE	0	39,094	38,323	77,417	56.00
57.00 05700	CT SCAN	0	15,628	15,319	30,947	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	16,566	16,240	32,806	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	34,055	33,383	67,438	59.00
60.00 06000	LABORATORY	0	386,047	378,435	764,482	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	13,190	12,930	26,120	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	37,694	36,951	74,645	65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	21,095	20,679	41,774	65.01
66.00 06600	PHYSICAL THERAPY	0	42,750	41,907	84,657	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	49,929	48,945	98,874	67.00
68.00 06800	SPEECH PATHOLOGY	0	11,412	11,187	22,599	68.00
69.00 06900	ELECTROCARDIOLOGY	0	61,243	60,035	121,278	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	20,403	20,001	40,404	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
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	21,128	20,711	41,839	1,143	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	447	90.01	
90.02 04951 ENT	0	0	0	0	200	90.02	
90.03 04952 UNDER THE RAINBOW	0	115,289	113,016	228,305	839	90.03	
90.04 09002 SPASTICITY CLINIC	0	0	0	0	72	90.04	
91.00 09100 EMERGENCY	0	102,922	100,892	203,814	4,152	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,148,196	6,026,971	12,175,167	71,086	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	40,444	39,647	80,091	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02	
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03	
192.04 19204 DEVELOPMENT	0	15,446	15,142	30,588	232	192.04	
192.05 19205 DENTISTRY	0	9,288	9,105	18,393	0	192.05	
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06	
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	0	6,213,374	6,090,865	12,304,239	71,318	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/2/2014 4:54 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES	13,229					5.01
5.02	00551	DATA PROCESSING	278	103,564				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	198	6,473	186,863			5.03
5.04	00570	ADMINISTRATIVE	89	5,394	508	39,375		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	337	18,340	186	0	70,011	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,289	8,630	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	208	0	172	0	0	6.00
7.00	00700	OPERATION OF PLANT	238	0	18,212	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10	0	7,009	0	0	8.00
9.00	00900	HOUSEKEEPING	69	0	9,435	0	0	9.00
10.00	01000	DIETARY	228	0	615	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	218	0	383	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10	0	3,551	0	0	14.00
15.00	01500	PHARMACY	119	4,315	2,695	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	198	5,394	49	0	0	16.00
17.00	01700	SOCIAL SERVICE	129	0	159	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	327	8,630	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	77	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	544	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,976	14,024	4,819	6,241	6,487	30.00
31.00	03100	INTENSIVE CARE UNIT	169	0	733	1,166	1,202	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	169	0	741	1,718	1,769	31.01
32.00	03200	CORONARY CARE UNIT	208	0	581	1,376	1,417	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	278	0	165	920	947	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	69	0	105	700	722	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	853	6,473	0	2,532	5,311	50.00
51.00	05100	RECOVERY ROOM	60	0	163	777	2,008	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	179	0	3,429	1,659	3,217	52.00
53.00	05300	ANESTHESIOLOGY	129	0	2,004	1,403	2,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	417	11,867	11,154	1,285	4,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	69	0	2,347	25	518	55.00
56.00	05600	RADIOISOTOPE	99	0	2,808	165	518	56.00
57.00	05700	CT SCAN	0	0	3,179	1,571	3,668	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	89	0	2,272	359	942	58.00
59.00	05900	CARDIAC CATHETERIZATION	79	0	9,196	1,133	1,455	59.00
60.00	06000	LABORATORY	774	14,024	20,543	3,145	8,514	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	20	0	1,568	311	405	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	60	0	3,992	1,922	2,070	65.00
65.01	03560	PULMONARY FUNCTION TESTING	10	0	0	261	347	65.01
66.00	06600	PHYSICAL THERAPY	79	0	305	151	175	66.00
67.00	06700	OCCUPATIONAL THERAPY	60	0	6	165	179	67.00
68.00	06800	SPEECH PATHOLOGY	30	0	1,753	91	139	68.00
69.00	06900	ELECTROCARDIOLOGY	139	0	6,503	673	1,449	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	208	0	97	33	254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	24,854	1,483	2,159	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,640	1,543	1,941	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,452	6,211	73.00
74.00	07400	RENAL DIALYSIS	50	0	3,544	116	1,379	74.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	276	2	310	90.01
90.02	04951 ENT	0	0	150	0	95	90.02
90.03	04952 UNDER THE RAINBOW	357	0	58	0	287	90.03
90.04	09002 SPASTICITY CLINIC	0	0	8	0	33	90.04
91.00	09100 EMERGENCY	317	0	3,221	2,997	7,308	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	12,892	103,564	185,732	39,375	70,011	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	188	0	1,131	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	50	0	0	0	0	192.04
192.05	19205 DENTISTRY	20	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	79	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	13,229	103,564	186,863	39,375	70,011	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	915,342					5.06
6.00	00600	MAINTENANCE & REPAIRS	15,443	484,497				6.00
7.00	00700	OPERATION OF PLANT	29,543	9,290	258,852			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,075	16,217	8,833	389,096		8.00
9.00	00900	HOUSEKEEPING	19,154	1,061	578	0	54,664	9.00
10.00	01000	DIETARY	11,884	3,645	1,985	0	435	10.00
11.00	01100	CAFETERIA	8,848	26,728	14,559	0	3,191	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	22,636	10,518	5,729	0	1,256	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,385	31,199	16,995	0	3,724	14.00
15.00	01500	PHARMACY	22,650	4,230	2,304	0	505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,467	5,414	2,949	0	646	16.00
17.00	01700	SOCIAL SERVICE	7,020	3,190	1,738	0	381	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	17,419	6,580	3,584	0	786	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,993	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,014	5,554	3,025	0	663	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	143	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,793	137	75	0	16	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	143,280	144,689	78,814	164,563	17,271	30.00
31.00	03100	INTENSIVE CARE UNIT	17,388	8,349	4,548	11,735	997	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	24,647	2,667	1,453	1,947	318	31.01
32.00	03200	CORONARY CARE UNIT	21,979	9,635	5,248	21,382	1,150	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	16,330	16,420	8,944	9,744	1,960	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,773	2,105	1,147	0	251	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	52,980	38,628	21,041	22,880	4,611	50.00
51.00	05100	RECOVERY ROOM	7,891	1,891	1,030	7,916	226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,794	8,942	4,871	24,777	1,067	52.00
53.00	05300	ANESTHESIOLOGY	12,582	2,629	1,432	0	314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,065	22,993	12,524	13,396	2,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,525	5,376	2,929	3,874	642	55.00
56.00	05600	RADIOISOTOPE	3,671	3,577	1,949	3,881	427	56.00
57.00	05700	CT SCAN	7,668	1,430	779	3,879	171	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,686	1,516	826	3,177	181	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,648	3,116	1,697	6,301	372	59.00
60.00	06000	LABORATORY	58,151	35,325	19,242	0	4,217	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,279	1,207	657	0	144	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,766	3,449	1,879	0	412	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,207	1,930	1,051	0	230	65.01
66.00	06600	PHYSICAL THERAPY	3,340	3,912	2,131	0	467	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,554	4,569	2,489	0	545	67.00
68.00	06800	SPEECH PATHOLOGY	2,329	1,044	569	0	125	68.00
69.00	06900	ELECTROCARDIOLOGY	9,079	5,604	3,053	5,703	669	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,056	1,867	1,017	1,265	223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,694	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,775	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,297	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,614	1,933	1,053	5,986	231	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	5,307	0	0	0	0	90.01
90.02	04951 ENT	1,945	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	8,895	10,549	5,746	0	1,259	90.03
90.04	09002 SPASTICITY CLINIC	632	0	0	0	0	90.04
91.00	09100 EMERGENCY	44,744	9,418	5,130	76,690	1,124	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	907,038	478,533	255,603	389,096	53,952	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	5,563	3,701	2,016	0	442	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	51	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	9	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	3	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	2,537	1,413	770	0	169	192.04
192.05	19205 DENTISTRY	106	850	463	0	101	192.05
192.06	19206 OCCUPATIONAL HEALTH	35	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	915,342	484,497	258,852	389,096	54,664	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet B Part II Date/Time Prepared: 12/2/2014 4:54 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	98,405					10.00
11.00	01100	CAFETERIA	0	632,422				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	20,136	0	291,144		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,181	0	0	744,544	14.00
15.00	01500	PHARMACY	0	25,302	0	0	72,157	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,322	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	6,868	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	2,603	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	62,224	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	1,647	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	66,980	141,947	0	112,935	77,940	30.00
31.00	03100	INTENSIVE CARE UNIT	7,137	17,354	0	16,250	28,166	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	22,236	0	21,381	17,109	31.01
32.00	03200	CORONARY CARE UNIT	9,498	20,823	0	18,579	40,699	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	14,790	20,663	0	17,193	1,247	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,495	0	7,230	1,903	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	36,440	0	33,515	0	50.00
51.00	05100	RECOVERY ROOM	0	5,763	0	6,021	3,504	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,711	0	23,090	26,519	52.00
53.00	05300	ANESTHESIOLOGY	0	1,503	0	0	26,840	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	29,104	0	0	43,401	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,503	0	0	332	55.00
56.00	05600	RADIOISOTOPE	0	1,637	0	0	790	56.00
57.00	05700	CT SCAN	0	4,912	0	0	7,913	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,284	0	0	1,260	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,797	0	0	14,315	59.00
60.00	06000	LABORATORY	0	35,006	0	0	10,158	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,847	0	0	4	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,944	0	0	12,826	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,085	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,797	0	0	48	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,777	0	0	37	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,244	0	0	115	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,231	0	0	1,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,702	0	0	1,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	147,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	187,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	11,511	0	0	4,068	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	6,092	0	0	13,553	90.01
90.02	04951 ENT	0	3,996	0	0	849	90.02
90.03	04952 UNDER THE RAINBOW	0	9,396	0	0	1	90.03
90.04	09002 SPASTICITY CLINIC	0	458	0	0	499	90.04
91.00	09100 EMERGENCY	0	48,881	0	34,950	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	98,405	632,422	0	291,144	744,544	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	98,405	632,422	0	291,144	744,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	228,303					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	156,336				16.00
17.00 01700 SOCIAL SERVICE	4,504	0	93,577			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	182,524	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,622	14,550	54,278	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	718	2,697	2,325	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	628	3,967	3,909	0	0	31.01
32.00 03200 CORONARY CARE UNIT	612	3,178	5,095	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	27	2,125	11,580	0	0	40.00
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	9	1,620	285	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,364	11,911	0	0	16,996	50.00
51.00 05100 RECOVERY ROOM	0	4,503	0	0	7,592	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	796	7,215	1,550	0	9,488	52.00
53.00 05300 ANESTHESIOLOGY	3,038	5,237	0	0	5,603	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	48	9,509	0	0	18,337	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1,161	0	0	3,090	55.00
56.00 05600 RADIOISOTOPE	15	1,161	0	0	2,189	56.00
57.00 05700 CT SCAN	149	8,227	0	0	12,891	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	18	2,113	0	0	3,603	58.00
59.00 05900 CARDIAC CATHETERIZATION	272	3,263	0	0	1,814	59.00
60.00 06000 LABORATORY	28	18,409	0	0	30,812	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1	909	0	0	534	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	26	4,643	0	0	574	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	778	0	0	490	65.01
66.00 06600 PHYSICAL THERAPY	0	392	0	0	122	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	402	0	0	62	67.00
68.00 06800 SPEECH PATHOLOGY	16	311	0	0	286	68.00
69.00 06900 ELECTROCARDIOLOGY	18	3,251	0	0	4,758	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	569	0	0	1,384	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,843	0	0	3,973	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,353	0	0	2,216	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	211,088	13,930	0	0	16,705	73.00
74.00 07400 RENAL DIALYSIS	0	3,092	8,674	0	7,918	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	695	0	0	1,933	90.01
90.02 04951 ENT	63	214	0	0	599	90.02
90.03 04952 UNDER THE RAINBOW	0	644	0	0	1,805	90.03
90.04 09002 SPASTICITY CLINIC	0	73	0	0	205	90.04
91.00 09100 EMERGENCY	2,221	16,391	5,881	0	26,545	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	228,281	156,336	93,577	0	182,524	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	22	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	228,303	156,336	93,577	0	182,524	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/2/2014 4:54 pm
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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00541	NONPATIENT TELEPHONES					5.01
5.02 00551	DATA PROCESSING					5.02
5.03 00561	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMINISTRATIVE					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			102,590		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				149,651	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.01 02301	PASTORAL EDUCATION					23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - IPF					40.00
41.00 04100	SUBPROVIDER - IRF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
12/2/2014 4:54 pm

	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
74.00	07400 RENAL DIALYSIS						74.00
75.00	07500 ASC (NON-DISTINCT PART)						75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC						90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951 ENT						90.02
90.03	04952 UNDER THE RAINBOW						90.03
90.04	09002 SPASTICITY CLINIC						90.04
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS						94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900 CMHC						99.00
99.10	09910 CORF						99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100 HOME HEALTH AGENCY						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION						105.00
106.00	10600 HEART ACQUISITION						106.00
107.00	10700 LIVER ACQUISITION						107.00
108.00	10800 LUNG ACQUISITION						108.00
109.00	10900 PANCREAS ACQUISITION						109.00
110.00	11000 INTESTINAL ACQUISITION						110.00
111.00	11100 ISLET ACQUISITION						111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600 HOSPICE						116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100 RESEARCH						191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201 KLING OFFICE BLDG						192.01
192.02	19202 DAY PSYCH						192.02
192.03	19203 FAMILY PLANNING						192.03
192.04	19204 DEVELOPMENT						192.04
192.05	19205 DENTISTRY						192.05
192.06	19206 OCCUPATIONAL HEALTH						192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300 NONPAID WORKERS						193.00
200.00	Cross Foot Adjustments	0	0	102,590	149,651	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	102,590	149,651	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet B Part II Date/Time Prepared: 12/2/2014 4:54 pm		
Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		23.01	23.02	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00541	NONPATIENT TELEPHONES				5.01
5.02	00551	DATA PROCESSING				5.02
5.03	00561	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
18.01	01851	OUTPATIENT ACCOUNTING				18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PASTORAL EDUCATION	152			23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		6,838		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS		4,198,672	0	30.00
31.00	03100	INTENSIVE CARE UNIT		303,409	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		165,106	0	31.01
32.00	03200	CORONARY CARE UNIT		372,171	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	34.00
40.00	04000	SUBPROVIDER - I PF		480,438	0	40.00
41.00	04100	SUBPROVIDER - I RF		0	0	41.00
42.00	04200	SUBPROVIDER		0	0	42.00
43.00	04300	NURSERY		76,708	0	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	44.00
45.00	04500	NURSING FACILITY		0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM		1,095,547	0	50.00
51.00	05100	RECOVERY ROOM		91,098	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		372,797	0	52.00
53.00	05300	ANESTHESIOLOGY		122,228	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		723,747	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		145,042	0	55.00
56.00	05600	RADIOISOTOPE		100,461	0	56.00
57.00	05700	CT SCAN		87,874	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		55,366	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		120,300	0	59.00
60.00	06000	LABORATORY		1,026,019	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		49,483	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	64.00
65.00	06500	RESPIRATORY THERAPY		131,211	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING		49,265	0	65.01
66.00	06600	PHYSICAL THERAPY		98,893	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		111,954	0	67.00
68.00	06800	SPEECH PATHOLOGY		30,796	0	68.00
69.00	06900	ELECTROCARDIOLOGY		169,000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		54,025	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		206,600	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		252,310	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS			298,683	0	298,683	73.00
74.00	07400	RENAL DIALYSIS			106,151	0	106,151	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			28,615	0	28,615	90.01
90.02	04951	ENT			8,111	0	8,111	90.02
90.03	04952	UNDER THE RAINBOW			268,141	0	268,141	90.03
90.04	09002	SPASTICITY CLINIC			1,980	0	1,980	90.04
91.00	09100	EMERGENCY			493,784	0	493,784	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	11,895,985	0	11,895,985	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			93,154	0	93,154	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			51	0	51	192.00
192.01	19201	KLING OFFICE BLDG			9	0	9	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			3	0	3	192.03
192.04	19204	DEVELOPMENT			35,759	0	35,759	192.04
192.05	19205	DENTISTRY			19,933	0	19,933	192.05
192.06	19206	OCCUPATIONAL HEALTH			114	0	114	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	152	6,838	259,231	0	259,231	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	152	6,838	12,304,239	0	12,304,239	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	377,312					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		377,312				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	103,940,122			4.00
5.01 00541 NONPATIENT TELEPHONES	396	396	458,834	1,334		5.01
5.02 00551 DATA PROCESSING	3,120	3,120	2,247,519	28	960	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	5,519	5,519	314,324	20	60	5.03
5.04 00570 ADMINITTING	994	994	1,412,989	9	50	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	69,119	34	170	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	6,702,719	130	80	5.06
6.00 00600 MAINTENANCE & REPAIRS	14,372	14,372	205	21	0	6.00
7.00 00700 OPERATION OF PLANT	6,165	6,165	767,884	24	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	10,762	10,762	0	1	0	8.00
9.00 00900 HOUSEKEEPING	704	704	2,054,317	7	0	9.00
10.00 01000 DIETARY	2,419	2,419	1,062,563	23	0	10.00
11.00 01100 CAFETERIA	17,738	17,738	955,235	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	6,980	6,980	3,860,738	22	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	20,705	20,705	443,589	1	0	14.00
15.00 01500 PHARMACY	2,807	2,807	3,627,976	12	40	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,593	3,593	1,060,391	20	50	16.00
17.00 01700 SOCIAL SERVICE	2,117	2,117	805,064	13	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	4,367	4,367	271,617	33	80	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,375,083	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,404,942	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	13,547	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	91	91	294,713	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	96,022	96,022	17,402,745	401	130	30.00
31.00 03100 INTENSIVE CARE UNIT	5,541	5,541	2,597,437	17	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,975,021	17	0	31.01
32.00 03200 CORONARY CARE UNIT	6,394	6,394	3,207,885	21	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	10,897	10,897	2,553,144	28	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,397	1,397	1,076,456	7	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	25,635	25,635	5,900,631	86	60	50.00
51.00 05100 RECOVERY ROOM	1,255	1,255	1,205,538	6	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,349,409	18	0	52.00
53.00 05300 ANESTHESIOLOGY	1,745	1,745	399,809	13	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,463,470	42	110	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,568	3,568	434,265	7	0	55.00
56.00 05600 RADIOISOTOPE	2,374	2,374	228,190	10	0	56.00
57.00 05700 CT SCAN	949	949	714,602	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	341,704	9	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,068	2,068	588,396	8	0	59.00
60.00 06000 LABORATORY	23,443	23,443	4,649,355	78	130	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	695,517	2	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,289	2,289	1,462,163	6	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	1,281	1,281	148,621	1	0	65.01
66.00 06600 PHYSICAL THERAPY	2,596	2,596	461,515	8	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,032	3,032	342,540	6	0	67.00
68.00 06800 SPEECH PATHOLOGY	693	693	211,337	3	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,719	3,719	735,238	14	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,239	1,239	262,744	21	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
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	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,666,810	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	651,952	0	90.01
90.02	04951	ENT	0	0	291,228	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	1,223,001	36	90.03
90.04	09002	SPASTICITY CLINIC	0	0	105,421	0	90.04
91.00	09100	EMERGENCY	6,250	6,250	6,052,947	32	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATI ON REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	103,602,459	1,300	960 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	337,663	5	192.04
192.05	19205	DENTISTRY	564	564	0	2	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	8	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,213,374	6,090,865	18,036,587	1,199,270	6,350,824 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.467470	16.142781	0.173529	899.002999	6,615.441667 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			71,318	13,229	103,564 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000686	9.916792	107.879167 205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet B-1	
Date/Time Prepared: 12/2/2014 4:54 pm							
Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	19,433,701				5.03
5.04	00570	ADMITTING	52,800	578,815,105			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,363	0	994,476,791		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-34,112,896	190,244,219
6.00	00600	MAINTENANCE & REPAIRS	17,892	0	0	0	3,209,897
7.00	00700	OPERATION OF PLANT	1,894,125	0	0	0	6,140,702
8.00	00800	LAUNDRY & LINEN SERVICE	728,915	0	0	0	1,262,808
9.00	00900	HOUSEKEEPING	981,322	0	0	0	3,981,317
10.00	01000	DIETARY	63,915	0	0	0	2,470,103
11.00	01100	CAFETERIA	0	0	0	0	1,839,095
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	39,823	0	0	0	4,705,029
14.00	01400	CENTRAL SERVICES & SUPPLY	369,290	0	0	0	1,327,181
15.00	01500	PHARMACY	280,317	0	0	0	4,707,907
16.00	01600	MEDICAL RECORDS & LIBRARY	5,147	0	0	0	2,591,455
17.00	01700	SOCIAL SERVICE	16,547	0	0	0	1,459,101
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	3,620,565
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,481,345
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	56,620	0	0	0	3,744,376
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	0	0	0	0	29,714
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	372,590
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	501,175	91,583,552	92,673,729	0	29,765,601
31.00	03100	INTENSIVE CARE UNIT	76,239	17,146,394	17,176,296	0	3,614,135
31.01	02060	NEONATAL INTENSIVE CARE UNIT	77,117	25,264,730	25,266,783	0	5,123,128
32.00	03200	CORONARY CARE UNIT	60,459	20,233,848	20,243,760	0	4,568,407
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	17,116	13,532,559	13,532,559	0	3,394,308
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	10,962	10,295,913	10,317,298	0	1,407,740
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	37,239,734	75,866,535	0	11,012,351
51.00	05100	RECOVERY ROOM	16,942	11,424,593	28,679,250	0	1,640,287
52.00	05200	DELIVERY ROOM & LABOR ROOM	356,587	24,395,123	45,958,186	0	6,192,851
53.00	05300	ANESTHESIOLOGY	208,424	20,625,548	33,359,396	0	2,615,234
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,160,098	18,891,905	60,566,628	0	8,743,480
55.00	05500	RADIOLOGY-THERAPEUTIC	244,110	373,476	7,395,988	0	1,148,446
56.00	05600	RADIOISOTOPE	292,032	2,423,630	7,397,654	0	762,944
57.00	05700	CT SCAN	330,635	23,103,855	52,401,999	0	1,593,897
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	236,344	5,273,404	13,461,077	0	766,165
59.00	05900	CARDIAC CATHETERIZATION	956,399	16,659,653	20,783,423	0	1,174,061
60.00	06000	LABORATORY	2,136,560	46,249,991	115,961,284	0	12,087,014
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	163,125	4,574,687	5,787,434	0	2,552,356
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	415,194	28,266,647	29,572,119	0	2,445,547
65.01	03560	PULMONARY FUNCTION TESTING	0	3,843,959	4,958,468	0	250,871
66.00	06600	PHYSICAL THERAPY	31,682	2,218,226	2,495,629	0	694,306
67.00	06700	OCCUPATIONAL THERAPY	615	2,419,390	2,559,602	0	530,821
68.00	06800	SPEECH PATHOLOGY	182,313	1,331,786	1,981,174	0	484,144
69.00	06900	ELECTROCARDIOLOGY	676,311	9,893,003	20,706,178	0	1,887,083
70.00	07000	ELECTROENCEPHALOGRAPHY	10,088	479,350	3,624,936	0	427,440
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,584,876	21,814,335	30,844,807	0	4,509,277
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,289,843	22,689,621	27,725,104	0	4,733,892
73.00	07300	DRUGS CHARGED TO PATIENTS	0	50,759,754	88,724,736	0	9,830,970

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
74.00	07400	RENAL DIALYSIS	368,567	1,699,882	19,695,399	0	2,829,834	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	28,697	34,916	4,427,931	0	1,103,146	90.01
90.02	04951	ENT	15,614	222	1,362,685	0	404,373	90.02
90.03	04952	UNDER THE RAINBOW	6,001	0	4,102,154	0	1,848,861	90.03
90.04	09002	SPASTICITY CLINIC	828	0	465,337	0	131,463	90.04
91.00	09100	EMERGENCY	335,031	44,071,419	104,401,253	0	9,300,436	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,316,060	578,815,105	994,476,791	-34,112,896	188,518,054	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	117,596	0	0	0	1,156,340	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,615	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	1,843	192.01
192.02	19202	DAY PSYCH	0	0	0	0	23	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	647	192.03
192.04	19204	DEVELOPMENT	45	0	0	0	527,433	192.04
192.05	19205	DENTISTRY	0	0	0	0	22,072	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	7,192	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,028,497	2,389,989	3,416,115		34,112,896	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.052923	0.004129	0.003435		0.179311	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	186,863	39,375	70,011		915,342	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009615	0.000068	0.000070		0.004811	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet B-1	
Date/Time Prepared: 12/2/2014 4:54 pm							
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00541	NONPATIENT TELEPHONES					5.01
5.02	00551	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	321,533				6.00
7.00	00700	OPERATION OF PLANT	6,165	315,368			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,762	10,762	1,878,462		8.00
9.00	00900	HOUSEKEEPING	704	704	0	303,902	9.00
10.00	01000	DIETARY	2,419	2,419	0	2,419	159,353
11.00	01100	CAFETERIA	17,738	17,738	0	17,738	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,980	6,980	0	6,980	0
14.00	01400	CENTRAL SERVICES & SUPPLY	20,705	20,705	0	20,705	0
15.00	01500	PHARMACY	2,807	2,807	0	2,807	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593	3,593	0	3,593	0
17.00	01700	SOCIAL SERVICE	2,117	2,117	0	2,117	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	4,367	4,367	0	4,367	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	0	3,686	0
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	91	91	0	91	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	96,022	96,022	794,469	96,022	108,464
31.00	03100	INTENSIVE CARE UNIT	5,541	5,541	56,653	5,541	11,558
31.01	02060	NEONATAL INTENSIVE CARE UNIT	1,770	1,770	9,402	1,770	0
32.00	03200	CORONARY CARE UNIT	6,394	6,394	103,227	6,394	15,380
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	10,897	10,897	47,042	10,897	23,951
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,397	1,397	0	1,397	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	25,635	25,635	110,461	25,635	0
51.00	05100	RECOVERY ROOM	1,255	1,255	38,219	1,255	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,934	5,934	119,617	5,934	0
53.00	05300	ANESTHESIOLOGY	1,745	1,745	0	1,745	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,259	15,259	64,671	15,259	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,568	3,568	18,701	3,568	0
56.00	05600	RADIOISOTOPE	2,374	2,374	18,737	2,374	0
57.00	05700	CT SCAN	949	949	18,728	949	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	15,336	1,006	0
59.00	05900	CARDIAC CATHETERIZATION	2,068	2,068	30,422	2,068	0
60.00	06000	LABORATORY	23,443	23,443	0	23,443	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	0	801	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,289	2,289	0	2,289	0
65.01	03560	PULMONARY FUNCTION TESTING	1,281	1,281	0	1,281	0
66.00	06600	PHYSICAL THERAPY	2,596	2,596	0	2,596	0
67.00	06700	OCCUPATIONAL THERAPY	3,032	3,032	0	3,032	0
68.00	06800	SPEECH PATHOLOGY	693	693	0	693	0
69.00	06900	ELECTROCARDIOLOGY	3,719	3,719	27,531	3,719	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,239	1,239	6,107	1,239	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
74.00	07400	RENAL DIALYSIS	1,283	1,283	28,899	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	ENT	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,250	6,250	370,240	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,878,462	299,944	159,353	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,785,467	7,314,379	1,865,551	4,719,827	3,035,172	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.773183	23.193155	0.993127	15.530753	19.046846	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	484,497	258,852	389,096	54,664	98,405	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.506834	0.820793	0.207135	0.179874	0.617528	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00541	NONPATIENT TELEPHONES						5.01
5.02	00551	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	127,076					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	4,046	0	1,321,706			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,443	0	0	7,877,971		14.00
15.00	01500	PHARMACY	5,084	0	0	763,482	10,782,780	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,275	0	0	9	0	16.00
17.00	01700	SOCIAL SERVICE	1,380	0	0	0	212,733	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	523	0	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,503	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	331	0	0	0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,522	0	512,691	824,672	123,826	30.00
31.00	03100	INTENSIVE CARE UNIT	3,487	0	73,770	298,019	33,908	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,468	0	97,062	181,024	29,647	31.01
32.00	03200	CORONARY CARE UNIT	4,184	0	84,343	430,627	28,891	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	4,152	0	78,052	13,193	1,290	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,506	0	32,824	20,131	421	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,322	0	152,146	0	64,428	50.00
51.00	05100	RECOVERY ROOM	1,158	0	27,335	37,076	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,970	0	104,820	280,592	37,573	52.00
53.00	05300	ANESTHESIOLOGY	302	0	0	283,991	143,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,848	0	0	459,223	2,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	503	0	0	3,516	3	55.00
56.00	05600	RADIOISOTOPE	329	0	0	8,357	700	56.00
57.00	05700	CT SCAN	987	0	0	83,723	7,050	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	459	0	0	13,327	869	58.00
59.00	05900	CARDIAC CATHETERIZATION	763	0	0	151,469	12,861	59.00
60.00	06000	LABORATORY	7,034	0	0	107,483	1,320	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	974	0	0	43	33	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,400	0	0	135,707	1,206	65.00
65.01	03560	PULMONARY FUNCTION TESTING	218	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	562	0	0	506	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	357	0	0	387	0	67.00
68.00	06800	SPEECH PATHOLOGY	250	0	0	1,217	752	68.00
69.00	06900	ELECTROCARDIOLOGY	1,051	0	0	11,511	836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	543	0	0	18,691	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,561,680	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,987,593	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,969,765	73.00
74.00	07400	RENAL DIALYSIS	2,313	0	0	43,044	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,224	0	0	143,407	0	90.01
90.02	04951	ENT	803	0	0	8,987	2,972	90.02
90.03	04952	UNDER THE RAINBOW	1,888	0	0	7	0	90.03
90.04	09002	SPASTICITY CLINIC	92	0	0	5,277	0	90.04
91.00	09100	EMERGENCY	9,822	0	158,663	0	104,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,076	0	1,321,706	7,877,971	10,781,749	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	1,031	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,064,582	0	5,998,736	2,645,501	6,072,823	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.116135	0.000000	4.538631	0.335810	0.563196	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	632,422	0	291,144	744,544	228,303	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.976723	0.000000	0.220279	0.094510	0.021173	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00541 NONPATIENT TELEPHONES						5.01
5.02 00551 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	994,476,791					16.00
17.00 01700 SOCIAL SERVICE	0	8,210				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	414,508,257		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0		23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0		23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	92,673,729	4,762	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	17,176,296	204	0	0		31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	25,266,783	343	0	0		31.01
32.00 03200 CORONARY CARE UNIT	20,243,760	447	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I/PF	13,532,559	1,016	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	10,317,298	25	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	75,866,535	0	0	38,626,801	0	50.00
51.00 05100 RECOVERY ROOM	28,679,250	0	0	17,254,657	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	45,958,186	136	0	21,563,063	0	52.00
53.00 05300 ANESTHESIOLOGY	33,359,396	0	0	12,733,848	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	60,566,628	0	0	41,674,723	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	7,395,988	0	0	7,022,512	0	55.00
56.00 05600 RADIO SOTOPE	7,397,654	0	0	4,974,024	0	56.00
57.00 05700 CT SCAN	52,401,999	0	0	29,298,144	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,461,077	0	0	8,187,673	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	20,783,423	0	0	4,123,770	0	59.00
60.00 06000 LABORATORY	115,961,284	0	0	69,711,293	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,787,434	0	0	1,212,747	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	29,572,119	0	0	1,305,472	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	4,958,468	0	0	1,114,509	0	65.01
66.00 06600 PHYSICAL THERAPY	2,495,629	0	0	277,403	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,559,602	0	0	140,212	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,981,174	0	0	649,388	0	68.00
69.00 06900 ELECTROCARDIOLOGY	20,706,178	0	0	10,813,175	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,624,936	0	0	3,145,586	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,844,807	0	0	9,030,472	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1

Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
			16.00	17.00			18.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	27,725,104	0	0	0	5,035,483	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	88,724,736	0	0	0	37,964,982	0	73.00
74.00 07400 RENAL DIALYSIS	19,695,399	761	0	0	17,995,517	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	4,427,931	0	0	0	4,393,015	0	90.01
90.02 04951 ENT	1,362,685	0	0	0	1,362,463	0	90.02
90.03 04952 UNDER THE RAINBOW	4,102,154	0	0	0	4,102,154	0	90.03
90.04 09002 SPASTICITY CLINIC	465,337	0	0	0	465,337	0	90.04
91.00 09100 EMERGENCY	104,401,253	516	0	0	60,329,834	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	994,476,791	8,210	0	414,508,257	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
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)	3,292,434	1,980,727	0	4,502,906	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003311	241.257856	0.000000	0.010863	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	156,336	93,577	0	182,524	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000157	11.397929	0.000000	0.000440	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00541						5.01
5.02 00551						5.02
5.03 00561						5.03
5.04 00570						5.04
5.05 00580						5.05
5.06 00590						5.06
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
12.00 01200						12.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
18.00 01850						18.00
18.01 01851						18.01
19.00 01900						19.00
20.00 02000	0					20.00
21.00 02100		7,700				21.00
22.00 02200			7,700			22.00
23.00 02300				0		23.00
23.01 02301				0	10,000	23.01
23.02 02302				0	0	23.02
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	0	5,400	5,400	0	4,615	30.00
31.00 03100	0	300	300	0	962	31.00
31.01 02060	0	200	200	0	288	31.01
32.00 03200	0	100	100	0	1,442	32.00
33.00 03300	0	0	0	0	0	33.00
34.00 03400	0	0	0	0	0	34.00
40.00 04000	0	0	0	0	0	40.00
41.00 04100	0	0	0	0	0	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	0	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	0	1,000	1,000	0	0	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	0	0	0	962	52.00
53.00 05300	0	100	100	0	0	53.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
56.00 05600	0	0	0	0	0	56.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
65.01 03560	0	0	0	0	0	65.01
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	100	100	0	0	69.00
70.00 07000	0	100	100	0	0	70.00
71.00 07100	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED ED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	400	400	0	1,731	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,700	7,700	0	10,000	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	9,124,356	4,601,916	0	35,042	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,184.981299	597.651429	0.000000	3.504200	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	102,590	149,651	0	152	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	13.323377	19.435195	0.000000	0.015200	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
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Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT)	
		23.02	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00541	NONPATIENT TELEPHONES	5.01
5.02	00551	DATA PROCESSING	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
		10,000	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

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

Worksheet B-1  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT) 23.02	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,617	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	90.01
90.02	04951 ENT	0	90.02
90.03	04952 UNDER THE RAINBOW	0	90.03
90.04	09002 SPASTICITY CLINIC	0	90.04
91.00	09100 EMERGENCY	922	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,000	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 KLING OFFICE BLDG	0	192.01
192.02	19202 DAY PSYCH	0	192.02
192.03	19203 FAMILY PLANNING	0	192.03
192.04	19204 DEVELOPMENT	0	192.04
192.05	19205 DENTISTRY	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
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)	451,976	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45.197600	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,838	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.683800	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		47,803,453	530,463	48,333,916	30.00
31.00	03100 INTENSIVE CARE UNIT		5,491,569	0	5,491,569	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		6,933,663	0	6,933,663	31.01
32.00	03200 CORONARY CARE UNIT		6,988,133	0	6,988,133	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF		5,805,582	63,161	5,868,743	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,963,191	0	1,963,191	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		15,965,379	658,204	16,623,583	50.00
51.00	05100 RECOVERY ROOM		2,482,571	0	2,482,571	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,879,430	0	8,879,430	52.00
53.00	05300 ANESTHESIOLOGY		3,604,532	124,656	3,729,188	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		12,095,823	216,253	12,312,076	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		1,667,208	0	1,667,208	55.00
56.00	05600 RADIOISOTOPE		1,127,898	0	1,127,898	56.00
57.00	05700 CT SCAN		2,493,879	0	2,493,879	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,119,124	0	1,119,124	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,709,344	0	1,709,344	59.00
60.00	06000 LABORATORY		16,785,665	67,845	16,853,510	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,106,328	0	3,106,328	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,215,872	0	3,215,872	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	394,322	0	394,322	65.01
66.00	06600 PHYSICAL THERAPY	0	974,892	0	974,892	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	797,847	0	797,847	67.00
68.00	06800 SPEECH PATHOLOGY	0	626,427	0	626,427	68.00
69.00	06900 ELECTROCARDIOLOGY		2,656,303	33,722	2,690,025	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		638,261	0	638,261	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,042,493	0	6,042,493	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		6,396,680	0	6,396,680	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		18,078,369	0	18,078,369	73.00
74.00	07400 RENAL DIALYSIS		3,945,271	0	3,945,271	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY		1,441,010	0	1,441,010	90.01
90.02	04951 ENT		520,251	0	520,251	90.02
90.03	04952 UNDER THE RAINBOW		2,637,589	0	2,637,589	90.03
90.04	09002 SPASTICITY CLINIC		165,623	0	165,623	90.04
91.00	09100 EMERGENCY		13,840,728	178,301	14,019,029	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,812,036	0	4,812,036	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09900 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE	Total Costs		
					Disallowance			
		1.00	2.00	3.00	4.00	5.00		
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	213,206,746	0	213,206,746	1,872,605	215,079,351	200.00
201.00		Less Observation Beds	4,812,036		4,812,036		4,812,036	201.00
202.00		Total (see instructions)	208,394,710	0	208,394,710	1,872,605	210,267,315	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	91,583,552		91,583,552			30.00
31.00	03100	INTENSIVE CARE UNIT	17,146,394		17,146,394			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	25,264,730		25,264,730			31.01
32.00	03200	CORONARY CARE UNIT	20,233,848		20,233,848			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	13,532,559		13,532,559			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,295,913		10,295,913			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	37,239,734	38,626,801	75,866,535	0.210440	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,424,593	17,254,657	28,679,250	0.086563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,395,123	21,563,063	45,958,186	0.193207	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,625,548	12,733,848	33,359,396	0.108051	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,891,905	41,674,723	60,566,628	0.199711	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	373,476	7,022,512	7,395,988	0.225421	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,423,630	4,974,024	7,397,654	0.152467	0.000000	56.00
57.00	05700	CT SCAN	23,103,855	29,298,144	52,401,999	0.047591	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,273,404	8,187,673	13,461,077	0.083138	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,659,653	4,123,770	20,783,423	0.082246	0.000000	59.00
60.00	06000	LABORATORY	46,249,991	69,711,293	115,961,284	0.144752	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,574,687	1,212,747	5,787,434	0.536737	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	28,266,647	1,305,472	29,572,119	0.108747	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,843,959	1,114,509	4,958,468	0.079525	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,218,226	277,403	2,495,629	0.390640	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,419,390	140,212	2,559,602	0.311707	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,331,786	649,388	1,981,174	0.316190	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,893,003	10,813,175	20,706,178	0.128286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,350	3,145,586	3,624,936	0.176075	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,814,335	9,030,472	30,844,807	0.195900	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,689,621	5,035,483	27,725,104	0.230718	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,759,754	37,964,982	88,724,736	0.203758	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,699,882	17,995,517	19,695,399	0.200314	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	34,916	4,393,015	4,427,931	0.325436	0.000000	90.01
90.02	04951	ENT	222	1,362,463	1,362,685	0.381784	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	4,102,154	4,102,154	0.642977	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	465,337	465,337	0.355921	0.000000	90.04
91.00	09100	EMERGENCY	44,071,419	60,329,834	104,401,253	0.132572	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	335,031	7,767,754	8,102,785	0.593874	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			Title XVIII			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	579,150,136	422,276,011	1,001,426,147		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	579,150,136	422,276,011	1,001,426,147		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.219116		50.00
51.00	05100 RECOVERY ROOM	0.086563		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.193207		52.00
53.00	05300 ANESTHESIOLOGY	0.111788		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203282		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.225421		55.00
56.00	05600 RADIOISOTOPE	0.152467		56.00
57.00	05700 CT SCAN	0.047591		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083138		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082246		59.00
60.00	06000 LABORATORY	0.145337		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.536737		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.108747		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.079525		65.01
66.00	06600 PHYSICAL THERAPY	0.390640		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.311707		67.00
68.00	06800 SPEECH PATHOLOGY	0.316190		68.00
69.00	06900 ELECTROCARDIOLOGY	0.129914		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.176075		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.195900		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.230718		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203758		73.00
74.00	07400 RENAL DIALYSIS	0.200314		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.325436		90.01
90.02	04951 ENT	0.381784		90.02
90.03	04952 UNDER THE RAINBOW	0.642977		90.03
90.04	09002 SPASTICITY CLINIC	0.355921		90.04
91.00	09100 EMERGENCY	0.134280		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.593874		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	47,803,453		47,803,453	530,463	48,333,916	30.00
31.00	03100	INTENSIVE CARE UNIT	5,491,569		5,491,569	0	5,491,569	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,933,663		6,933,663	0	6,933,663	31.01
32.00	03200	CORONARY CARE UNIT	6,988,133		6,988,133	0	6,988,133	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	5,805,582		5,805,582	63,161	5,868,743	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,963,191		1,963,191	0	1,963,191	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	15,965,379		15,965,379	658,204	16,623,583	50.00
51.00	05100	RECOVERY ROOM	2,482,571		2,482,571	0	2,482,571	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,879,430		8,879,430	0	8,879,430	52.00
53.00	05300	ANESTHESIOLOGY	3,604,532		3,604,532	124,656	3,729,188	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,095,823		12,095,823	216,253	12,312,076	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,667,208		1,667,208	0	1,667,208	55.00
56.00	05600	RADIOISOTOPE	1,127,898		1,127,898	0	1,127,898	56.00
57.00	05700	CT SCAN	2,493,879		2,493,879	0	2,493,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,119,124		1,119,124	0	1,119,124	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,709,344		1,709,344	0	1,709,344	59.00
60.00	06000	LABORATORY	16,785,665		16,785,665	67,845	16,853,510	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,106,328		3,106,328	0	3,106,328	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,215,872	0	3,215,872	0	3,215,872	65.00
65.01	03560	PULMONARY FUNCTION TESTING	394,322	0	394,322	0	394,322	65.01
66.00	06600	PHYSICAL THERAPY	974,892	0	974,892	0	974,892	66.00
67.00	06700	OCCUPATIONAL THERAPY	797,847	0	797,847	0	797,847	67.00
68.00	06800	SPEECH PATHOLOGY	626,427	0	626,427	0	626,427	68.00
69.00	06900	ELECTROCARDIOLOGY	2,656,303		2,656,303	33,722	2,690,025	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	638,261		638,261	0	638,261	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,042,493		6,042,493	0	6,042,493	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,396,680		6,396,680	0	6,396,680	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,078,369		18,078,369	0	18,078,369	73.00
74.00	07400	RENAL DIALYSIS	3,945,271		3,945,271	0	3,945,271	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0		0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,441,010		1,441,010	0	1,441,010	90.01
90.02	04951	ENT	520,251		520,251	0	520,251	90.02
90.03	04952	UNDER THE RAINBOW	2,637,589		2,637,589	0	2,637,589	90.03
90.04	09002	SPASTICITY CLINIC	165,623		165,623	0	165,623	90.04
91.00	09100	EMERGENCY	13,840,728		13,840,728	178,301	14,019,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,812,036		4,812,036	0	4,812,036	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

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	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	213,206,746	0	213,206,746	1,872,605	215,079,351	200.00
201.00		Less Observation Beds	4,812,036		4,812,036		4,812,036	201.00
202.00		Total (see instructions)	208,394,710	0	208,394,710	1,872,605	210,267,315	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	91,583,552		91,583,552			30.00
31.00	03100	INTENSIVE CARE UNIT	17,146,394		17,146,394			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	25,264,730		25,264,730			31.01
32.00	03200	CORONARY CARE UNIT	20,233,848		20,233,848			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	13,532,559		13,532,559			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,295,913		10,295,913			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	37,239,734	38,626,801	75,866,535	0.210440	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,424,593	17,254,657	28,679,250	0.086563	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,395,123	21,563,063	45,958,186	0.193207	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	20,625,548	12,733,848	33,359,396	0.108051	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,891,905	41,674,723	60,566,628	0.199711	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	373,476	7,022,512	7,395,988	0.225421	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,423,630	4,974,024	7,397,654	0.152467	0.000000	56.00
57.00	05700	CT SCAN	23,103,855	29,298,144	52,401,999	0.047591	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,273,404	8,187,673	13,461,077	0.083138	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,659,653	4,123,770	20,783,423	0.082246	0.000000	59.00
60.00	06000	LABORATORY	46,249,991	69,711,293	115,961,284	0.144752	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,574,687	1,212,747	5,787,434	0.536737	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	28,266,647	1,305,472	29,572,119	0.108747	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,843,959	1,114,509	4,958,468	0.079525	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,218,226	277,403	2,495,629	0.390640	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,419,390	140,212	2,559,602	0.311707	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,331,786	649,388	1,981,174	0.316190	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,893,003	10,813,175	20,706,178	0.128286	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	479,350	3,145,586	3,624,936	0.176075	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,814,335	9,030,472	30,844,807	0.195900	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,689,621	5,035,483	27,725,104	0.230718	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,759,754	37,964,982	88,724,736	0.203758	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,699,882	17,995,517	19,695,399	0.200314	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	34,916	4,393,015	4,427,931	0.325436	0.000000	90.01
90.02	04951	ENT	222	1,362,463	1,362,685	0.381784	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	4,102,154	4,102,154	0.642977	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	465,337	465,337	0.355921	0.000000	90.04
91.00	09100	EMERGENCY	44,071,419	60,329,834	104,401,253	0.132572	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	335,031	7,767,754	8,102,785	0.593874	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

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

Worksheet C  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	579,150,136	422,276,011	1,001,426,147			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	579,150,136	422,276,011	1,001,426,147			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000		65.01
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000		90.01
90.02	04951 ENT	0.000000		90.02
90.03	04952 UNDER THE RAINBOW	0.000000		90.03
90.04	09002 SPASTICITY CLINIC	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet C Part I Date/Time Prepared: 12/2/2014 4:54 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
115.00	11500			115.00
116.00	11600			116.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part I Date/Time Prepared: 12/2/2014 4:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,198,672	0	4,198,672	43,020	97.60	30.00	
31.00	INTENSIVE CARE UNIT	303,409		303,409	4,128	73.50	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	165,106		165,106	6,678	24.72	31.01	
32.00	CORONARY CARE UNIT	372,171		372,171	5,493	67.75	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	480,438	0	480,438	8,554	56.17	40.00	
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	76,708		76,708	4,644	16.52	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	5,596,504		5,596,504	72,517		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	7,234	706,038					30.00
31.00	INTENSIVE CARE UNIT	1,148	84,378					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
32.00	CORONARY CARE UNIT	1,972	133,603					32.00
33.00	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	SUBPROVIDER - IPF	1,790	100,544					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	12,144	1,024,563					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 12/2/2014 4:54 pm	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,095,547	75,866,535	0.014440	8,351,300	120,593	50.00
51.00	05100 RECOVERY ROOM	91,098	28,679,250	0.003176	1,914,527	6,081	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	372,797	45,958,186	0.008112	55,217	448	52.00
53.00	05300 ANESTHESIOLOGY	122,228	33,359,396	0.003664	2,133,072	7,816	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	723,747	60,566,628	0.011950	3,666,049	43,809	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	145,042	7,395,988	0.019611	166,190	3,259	55.00
56.00	05600 RADIOISOTOPE	100,461	7,397,654	0.013580	531,007	7,211	56.00
57.00	05700 CT SCAN	87,874	52,401,999	0.001677	4,986,785	8,363	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	55,366	13,461,077	0.004113	1,370,790	5,638	58.00
59.00	05900 CARDIAC CATHETERIZATION	120,300	20,783,423	0.005788	4,414,439	25,551	59.00
60.00	06000 LABORATORY	1,026,019	115,961,284	0.008848	11,520,762	101,936	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	49,483	5,787,434	0.008550	561,185	4,798	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	131,211	29,572,119	0.004437	4,801,286	21,303	65.00
65.01	03560 PULMONARY FUNCTION TESTING	49,265	4,958,468	0.009936	1,129,162	11,219	65.01
66.00	06600 PHYSICAL THERAPY	98,893	2,495,629	0.039626	570,735	22,616	66.00
67.00	06700 OCCUPATIONAL THERAPY	111,954	2,559,602	0.043739	406,266	17,770	67.00
68.00	06800 SPEECH PATHOLOGY	30,796	1,981,174	0.015544	364,446	5,665	68.00
69.00	06900 ELECTROCARDIOLOGY	169,000	20,706,178	0.008162	3,037,671	24,793	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	54,025	3,624,936	0.014904	124,577	1,857	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	206,600	30,844,807	0.006698	6,216,874	41,641	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	252,310	27,725,104	0.009100	5,412,967	49,258	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	298,683	88,724,736	0.003366	11,082,265	37,303	73.00
74.00	07400 RENAL DIALYSIS	106,151	19,695,399	0.005390	702,836	3,788	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	28,615	4,427,931	0.006462	0	0	90.01
90.02	04951 ENT	8,111	1,362,685	0.005952	0	0	90.02
90.03	04952 UNDER THE RAINBOW	268,141	4,102,154	0.065366	0	0	90.03
90.04	09002 SPASTICITY CLINIC	1,980	465,337	0.004255	0	0	90.04
91.00	09100 EMERGENCY	493,784	104,401,253	0.004730	6,385,063	30,201	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	418,012	8,102,785	0.051589	198,194	10,225	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	6,717,493	823,369,151		80,103,665	613,142	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

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

Worksheet D  
Part III  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	179,652	0	0	179,652	30.00
31.00	03100	INTENSIVE CARE UNIT	0	28,998	0	0	28,998	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	1,009	0	0	1,009	31.01
32.00	03200	CORONARY CARE UNIT	0	62,770	0	0	62,770	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	272,429	0	0	272,429	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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	43,020	4.18	7,234	30,238		30.00
31.00	03100	INTENSIVE CARE UNIT	4,128	7.02	1,148	8,059		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,678	0.15	0	0		31.01
32.00	03200	CORONARY CARE UNIT	5,493	11.43	1,972	22,540		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	8,554	0.00	1,790	0		40.00
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	4,644	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	72,517		12,144	60,837		200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

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

Worksheet D  
Part IV  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	3,371	0	3,371	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	163,480	0	163,480	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	ENT	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	47,738	0	47,738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	17,886	0	17,886	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	232,475	0	232,475	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/2/2014 4:54 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	75,866,535	0.000000	0.000000	8,351,300	50.00
51.00	05100 RECOVERY ROOM	0	28,679,250	0.000000	0.000000	1,914,527	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,371	45,958,186	0.000073	0.000073	55,217	52.00
53.00	05300 ANESTHESIOLOGY	0	33,359,396	0.000000	0.000000	2,133,072	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,566,628	0.000000	0.000000	3,666,049	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,395,988	0.000000	0.000000	166,190	55.00
56.00	05600 RADIOISOTOPE	0	7,397,654	0.000000	0.000000	531,007	56.00
57.00	05700 CT SCAN	0	52,401,999	0.000000	0.000000	4,986,785	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,461,077	0.000000	0.000000	1,370,790	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	20,783,423	0.000000	0.000000	4,414,439	59.00
60.00	06000 LABORATORY	0	115,961,284	0.000000	0.000000	11,520,762	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,787,434	0.000000	0.000000	561,185	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,572,119	0.000000	0.000000	4,801,286	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	4,958,468	0.000000	0.000000	1,129,162	65.01
66.00	06600 PHYSICAL THERAPY	0	2,495,629	0.000000	0.000000	570,735	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,559,602	0.000000	0.000000	406,266	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,981,174	0.000000	0.000000	364,446	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,706,178	0.000000	0.000000	3,037,671	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,624,936	0.000000	0.000000	124,577	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,844,807	0.000000	0.000000	6,216,874	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,725,104	0.000000	0.000000	5,412,967	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	163,480	88,724,736	0.001843	0.001843	11,082,265	73.00
74.00	07400 RENAL DIALYSIS	0	19,695,399	0.000000	0.000000	702,836	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	4,427,931	0.000000	0.000000	0	90.01
90.02	04951 ENT	0	1,362,685	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	4,102,154	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	465,337	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	47,738	104,401,253	0.000457	0.000457	6,385,063	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	17,886	8,102,785	0.002207	0.002207	198,194	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	232,475	823,369,151			80,103,665	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/2/2014 4:54 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	6,382,277	0	50.00
51.00	05100 RECOVERY ROOM	0	1,882,618	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4	87	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,084,096	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,213,035	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,408,408	0	55.00
56.00	05600 RADIOISOTOPE	0	834,325	0	56.00
57.00	05700 CT SCAN	0	4,281,843	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,008,292	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,076,523	0	59.00
60.00	06000 LABORATORY	0	1,678,436	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	45,168	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	83,357	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	403,779	0	65.01
66.00	06600 PHYSICAL THERAPY	0	1,715	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	47,746	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,367,976	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	40,156	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,236,939	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,210,144	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	20,425	9,210,209	16,974	73.00
74.00	07400 RENAL DIALYSIS	0	407,120	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	571,575	0	90.01
90.02	04951 ENT	0	265,011	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	57,588	0	90.04
91.00	09100 EMERGENCY	2,918	4,133,549	1,889	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	437	1,324,514	2,923	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (Lines 50-199)	23,784	45,256,486	21,786	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/2/2014 4:54 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.210440	6,382,277	0	1,343,086	50.00
51.00	05100 RECOVERY ROOM	0.086563	1,882,618	0	162,965	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.193207	87	0	17	52.00
53.00	05300 ANESTHESIOLOGY	0.108051	1,084,096	0	117,138	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.199711	4,213,035	0	841,389	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.225421	1,408,408	0	317,485	55.00
56.00	05600 RADIOISOTOPE	0.152467	834,325	0	127,207	56.00
57.00	05700 CT SCAN	0.047591	4,281,843	0	203,777	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083138	1,008,292	0	83,827	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082246	1,076,523	0	88,540	59.00
60.00	06000 LABORATORY	0.144752	1,678,436	0	242,957	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.536737	45,168	0	24,243	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.108747	83,357	0	9,065	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.079525	403,779	0	32,111	65.01
66.00	06600 PHYSICAL THERAPY	0.390640	1,715	0	670	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.311707	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.316190	47,746	0	15,097	68.00
69.00	06900 ELECTROCARDIOLOGY	0.128286	2,367,976	0	303,778	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.176075	40,156	0	7,070	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.195900	1,236,939	0	242,316	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.230718	1,210,144	0	279,202	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.203758	9,210,209	0	1,876,654	73.00
74.00	07400 RENAL DIALYSIS	0.200314	407,120	0	81,552	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.325436	571,575	0	186,011	90.01
90.02	04951 ENT	0.381784	265,011	0	101,177	90.02
90.03	04952 UNDER THE RAINBOW	0.642977	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.355921	57,588	0	20,497	90.04
91.00	09100 EMERGENCY	0.132572	4,133,549	0	547,993	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.593874	1,324,514	0	786,594	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		45,256,486	0	8,042,418	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		45,256,486	0	8,042,418	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part V Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	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	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	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	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02	04951 ENT	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part II Date/Time Prepared: 12/2/2014 4:54 pm	
		Component CCN: 14S018		Title XVIII		Subprovider - IPF	
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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,095,547	75,866,535	0.014440	861	12	50.00
51.00	05100 RECOVERY ROOM	91,098	28,679,250	0.003176	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	372,797	45,958,186	0.008112	0	0	52.00
53.00	05300 ANESTHESIOLOGY	122,228	33,359,396	0.003664	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	723,747	60,566,628	0.011950	16,226	194	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	145,042	7,395,988	0.019611	0	0	55.00
56.00	05600 RADIOISOTOPE	100,461	7,397,654	0.013580	2,441	33	56.00
57.00	05700 CT SCAN	87,874	52,401,999	0.001677	49,790	83	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	55,366	13,461,077	0.004113	20,704	85	58.00
59.00	05900 CARDIAC CATHETERIZATION	120,300	20,783,423	0.005788	3,456	20	59.00
60.00	06000 LABORATORY	1,026,019	115,961,284	0.008848	482,140	4,266	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	49,483	5,787,434	0.008550	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	131,211	29,572,119	0.004437	5,226	23	65.00
65.01	03560 PULMONARY FUNCTION TESTING	49,265	4,958,468	0.009936	5,077	50	65.01
66.00	06600 PHYSICAL THERAPY	98,893	2,495,629	0.039626	2,395	95	66.00
67.00	06700 OCCUPATIONAL THERAPY	111,954	2,559,602	0.043739	177,072	7,745	67.00
68.00	06800 SPEECH PATHOLOGY	30,796	1,981,174	0.015544	1,369	21	68.00
69.00	06900 ELECTROCARDIOLOGY	169,000	20,706,178	0.008162	12,352	101	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	54,025	3,624,936	0.014904	1,310	20	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	206,600	30,844,807	0.006698	14,941	100	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	252,310	27,725,104	0.009100	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	298,683	88,724,736	0.003366	557,204	1,876	73.00
74.00	07400 RENAL DIALYSIS	106,151	19,695,399	0.005390	9,234	50	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	28,615	4,427,931	0.006462	0	0	90.01
90.02	04951 ENT	8,111	1,362,685	0.005952	0	0	90.02
90.03	04952 UNDER THE RAINBOW	268,141	4,102,154	0.065366	0	0	90.03
90.04	09002 SPASTICITY CLINIC	1,980	465,337	0.004255	0	0	90.04
91.00	09100 EMERGENCY	493,784	104,401,253	0.004730	540,587	2,557	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,102,785	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	6,299,481	823,369,151		1,902,385	17,331	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/2/2014 4:54 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	3,371	0	3,371	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	163,480	0	163,480	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	47,738	0	47,738	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	214,589	0	214,589	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2013 To 06/30/2014		Worksheet D Part IV Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	75,866,535	0.000000	0.000000	861	50.00
51.00	05100 RECOVERY ROOM	0	28,679,250	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,371	45,958,186	0.000073	0.000073	0	52.00
53.00	05300 ANESTHESIOLOGY	0	33,359,396	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,566,628	0.000000	0.000000	16,226	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,395,988	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,397,654	0.000000	0.000000	2,441	56.00
57.00	05700 CT SCAN	0	52,401,999	0.000000	0.000000	49,790	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,461,077	0.000000	0.000000	20,704	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	20,783,423	0.000000	0.000000	3,456	59.00
60.00	06000 LABORATORY	0	115,961,284	0.000000	0.000000	482,140	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,787,434	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,572,119	0.000000	0.000000	5,226	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	4,958,468	0.000000	0.000000	5,077	65.01
66.00	06600 PHYSICAL THERAPY	0	2,495,629	0.000000	0.000000	2,395	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,559,602	0.000000	0.000000	177,072	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,981,174	0.000000	0.000000	1,369	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,706,178	0.000000	0.000000	12,352	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,624,936	0.000000	0.000000	1,310	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	30,844,807	0.000000	0.000000	14,941	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,725,104	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	163,480	88,724,736	0.001843	0.001843	557,204	73.00
74.00	07400 RENAL DIALYSIS	0	19,695,399	0.000000	0.000000	9,234	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	4,427,931	0.000000	0.000000	0	90.01
90.02	04951 ENT	0	1,362,685	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	4,102,154	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	0	465,337	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	47,738	104,401,253	0.000457	0.000457	540,587	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	8,102,785	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	214,589	823,369,151			1,902,385	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2013 To 06/30/2014	Worksheet D Part IV Date/Time Prepared: 12/2/2014 4:54 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	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	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,027	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02	04951 ENT	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	90.04
91.00	09100 EMERGENCY	247	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	1,274	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 12/2/2014 4:54 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,020	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,020	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.		235	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		38,502	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)		7,234	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
<b>SWING BED ADJUSTMENT</b>				
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)		48,333,916	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)		48,333,916	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		61,332,186	28.00
29.00	Private room charges (excluding swing-bed charges)		383,520	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		60,948,666	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.788068	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,632.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,583.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		49.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		38.62	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		9,076	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,324,840	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,123.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,127,544	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)		8,127,544	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,491,569	4,128	1,330.32	1,148	1,527,207	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,933,663	6,678	1,038.28	0	0	43.01
44.00	CORONARY CARE UNIT	6,988,133	5,493	1,272.19	1,972	2,508,759	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					13,132,425	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,295,935	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)					984,856	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					636,926	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,621,782	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,674,153	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,283	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,812,036	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140018

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

Worksheet D-1  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Title XVIII			Hospital	PPS
		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	4,198,672	48,333,916	0.086868	4,812,036	418,012
91.00	Nursing School cost	0	48,333,916	0.000000	4,812,036	0
92.00	Allied health cost	179,652	48,333,916	0.003717	4,812,036	17,886
93.00	All other Medical Education	0	48,333,916	0.000000	4,812,036	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1
		Component CCN: 14S018		Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,554	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,554	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.		16	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,538	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,790	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,868,743	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,868,743	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		13,541,766	28.00
29.00	Private room charges (excluding swing-bed charges)		26,112	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,515,654	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.433381	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,632.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,583.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		49.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		21.24	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		340	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,868,403	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		686.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,228,083	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,228,083	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1		
		Component CCN: 14S018				Date/Time Prepared: 12/2/2014 4:54 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						328,581		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,556,664		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						100,544		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						18,605		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						119,149		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,437,515		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2013 To 06/30/2014		Worksheet D-1 Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	480,438	5,868,743	0.081864	0	0	90.00
91.00	Nursing School cost	0	5,868,743	0.000000	0	0	91.00
92.00	Allied health cost	0	5,868,743	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,868,743	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3 Date/Time Prepared: 12/2/2014 4:54 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,424,988	30.00
31.00	03100	INTENSIVE CARE UNIT		4,141,451	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		7,046,179	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.219116	8,351,300	50.00
51.00	05100	RECOVERY ROOM	0.086563	1,914,527	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.193207	55,217	52.00
53.00	05300	ANESTHESIOLOGY	0.111788	2,133,072	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203282	3,666,049	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.225421	166,190	55.00
56.00	05600	RADIOISOTOPE	0.152467	531,007	56.00
57.00	05700	CT SCAN	0.047591	4,986,785	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083138	1,370,790	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082246	4,414,439	59.00
60.00	06000	LABORATORY	0.145337	11,520,762	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.536737	561,185	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108747	4,801,286	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.079525	1,129,162	65.01
66.00	06600	PHYSICAL THERAPY	0.390640	570,735	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311707	406,266	67.00
68.00	06800	SPEECH PATHOLOGY	0.316190	364,446	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129914	3,037,671	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176075	124,577	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.195900	6,216,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230718	5,412,967	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203758	11,082,265	73.00
74.00	07400	RENAL DIALYSIS	0.200314	702,836	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.325436	0	90.01
90.02	04951	ENT	0.381784	0	90.02
90.03	04952	UNDER THE RAINBOW	0.642977	0	90.03
90.04	09002	SPASTICITY CLINIC	0.355921	0	90.04
91.00	09100	EMERGENCY	0.134280	6,385,063	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.593874	198,194	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		80,103,665	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)		80,103,665	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,834,725	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.219116	861	50.00
51.00	05100	RECOVERY ROOM	0.086563	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.193207	0	52.00
53.00	05300	ANESTHESIOLOGY	0.111788	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203282	16,226	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.225421	0	55.00
56.00	05600	RADIOISOTOPE	0.152467	2,441	56.00
57.00	05700	CT SCAN	0.047591	49,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083138	20,704	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082246	3,456	59.00
60.00	06000	LABORATORY	0.145337	482,140	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.536737	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.108747	5,226	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.079525	5,077	65.01
66.00	06600	PHYSICAL THERAPY	0.390640	2,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.311707	177,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.316190	1,369	68.00
69.00	06900	ELECTROCARDIOLOGY	0.129914	12,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.176075	1,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.195900	14,941	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.230718	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.203758	557,204	73.00
74.00	07400	RENAL DIALYSIS	0.200314	9,234	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.325436	0	90.01
90.02	04951	ENT	0.381784	0	90.02
90.03	04952	UNDER THE RAINBOW	0.642977	0	90.03
90.04	09002	SPASTICITY CLINIC	0.355921	0	90.04
91.00	09100	EMERGENCY	0.134280	540,587	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.593874	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,902,385	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)		1,902,385	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVIII		Hospital	
		0	before 1/1	on/after 1/1	2.00
				PPS	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
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)		4,447,553		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		13,431,954		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)		392,522		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		3,992,722		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		251.27		4.00
<b>Indirect Medical Education Adjustment</b>					
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)		81.96		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)		33.00		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)		2.60		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)		112.36		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		120.19		10.00
11.00	FTE count for residents in dental and podiatric programs.		5.08		11.00
12.00	Current year allowable FTE (see instructions)		117.44		12.00
13.00	Total allowable FTE count for the prior year.		118.07		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.		114.91		14.00
15.00	Sum of lines 12 through 14 divided by 3.		116.81		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		116.81		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.464878		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.458341		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.458341		21.00
22.00	IME payment adjustment (see instructions)		4,874,970		22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>					
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)		7.83		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)		4,874,970		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.48		30.00
31.00	Percentage of Medicaid patient days (see instructions)		65.64		31.00
32.00	Sum of lines 30 and 31		83.12		32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part A Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVIII	Hospital		PPS
		0	before 1/1	on/after 1/1	2.00
33.00	Allowable disproportionate share percentage (see instructions)		57.79	1.01	33.00
34.00	Disproportionate share adjustment (see instructions)		4,510,823		34.00
			Prior to October 1	On/After October 1	
		0	1.00	1.01	2.00
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)				9,046,380 35.00
35.01	Factor 3 (see instructions)				0.001295809 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				11,722,382 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				8,767,697 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		8,767,697		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		36,425,519		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)		36,425,519		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,144,042		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).		2,124,119		52.00
53.00	Nursing and Allied Health Managed Care payment		1		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 instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		60,837		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		23,784		58.00
59.00	Total (sum of amounts on lines 49 through 58)		40,778,302		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		40,778,302		61.00
62.00	Deductibles billed to program beneficiaries		1,622,880		62.00
63.00	Coinurance billed to program beneficiaries		155,722		63.00
64.00	Allowable bad debts (see instructions)		1,410,988		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		917,142		65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140018

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

Worksheet E  
Part A  
Date/Time Prepared:  
12/2/2014 4:54 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)		1,171,913		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,916,842		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)		-31,106		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-80,169		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)		39,805,567		71.00
71.01	Sequestration adjustment (see instructions)		796,111		71.01
72.00	Interim payments		38,392,562		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		616,894		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,020,632 2.00
3.00	PPS payments			7,028,294 3.00
4.00	Outlier payment (see instructions)			41,104 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			21,786 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			7,091,184 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,590,845 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)			5,500,339 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			636,180 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)			6,136,519 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			6,136,519 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			166,210 33.00
34.00	Allowable bad debts (see instructions)			1,080,412 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			702,268 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			913,755 36.00
37.00	Subtotal (see instructions)			7,004,997 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)			7,004,997 40.00
40.01	Sequestration adjustment (see instructions)			140,100 40.01
41.00	Interim payments			6,732,107 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			132,790 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 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		41,100,128		6,691,237	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	06/25/2014	40,870	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	06/25/2014	2,707,566		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-2,707,566		40,870	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)		38,392,562		6,732,107	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		616,894		132,790	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,009,456		6,864,897	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140018  
Component CCN: 14S018

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
12/2/2014 4:54 pm

Title XVIII

Subprovider -  
IPF

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					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		1,274,013		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,274,013		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		54,203		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,328,216		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part II Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,486,149 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			23.435616 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,486,149 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,486,149 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,486,149 18.00
19.00	Deductibles			153,408 19.00
20.00	Subtotal (line 18 minus line 19)			1,332,741 20.00
21.00	Coinsurance			32,704 21.00
22.00	Subtotal (line 20 minus line 21)			1,300,037 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			83,094 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			54,011 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			69,190 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,354,048 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			1,274 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,355,322 31.00
31.01	Sequestration adjustment (see instructions)			27,106 31.01
32.00	Interim payments			1,274,013 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			54,203 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/2/2014 4:54 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			91.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	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)			122.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			122.21	6.00
7.00	Enter the lesser of line 5 or line 6			122.21	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.	88.54	28.22	116.76	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.	88.54	28.22	116.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.08		10.00
11.00	Total weighted FTE count	88.54	32.30		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	88.75	33.33		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	90.34	28.65		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	89.21	31.43		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	89.21	31.43		17.00
18.00	Per resident amount	102,832.27	97,373.12		18.00
19.00	Approved amount for resident costs	9,173,667	3,060,437	12,234,104	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)			12,234,104	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	12,144	2,566		26.00
27.00	Total Inpatient Days (see instructions)	63,590	63,590		27.00
28.00	Ratio of inpatient days to total inpatient days	0.190973	0.040352		28.00
29.00	Program direct GME amount	2,336,384	493,671		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		69,756		30.00
31.00	Net Program direct GME amount			2,760,299	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet E-4 Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
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)		19,695,399	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
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		26,852,599	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)		26,852,599	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		8,042,418	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,042,418	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		34,895,017	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.769525	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.230475	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		2,760,299	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,124,119	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		636,180	50.00

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

Provider CCN: 140018

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

Worksheet G

Date/Time Prepared:  
12/2/2014 4:54 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,916,469	5,809,443	0	0	1.00
2.00	Temporary investments	1,798,614	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	41,192,884	0	0	0	4.00
5.00	Other receivable	1,427,214	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,788,936	0	0	0	6.00
7.00	Inventory	3,131,348	0	0	0	7.00
8.00	Prepaid expenses	2,151,123	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-4,903,140	-1,084,375	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,925,576	4,725,068	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	682,066	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	154,342,695	0	0	0	15.00
16.00	Accumulated depreciation	-99,105,051	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	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	91,969,881	0	0	0	23.00
24.00	Accumulated depreciation	-69,608,480	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	79,820,402	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	15,924,463	0	0	0	31.00
32.00	Deposits on leases	14,617,794	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	274,885	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	30,817,142	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	146,563,120	4,725,068	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	37,240,919	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,730,904	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,995,147	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	2,631,695	0	0	0	43.00
44.00	Other current liabilities	13,713,072	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,311,737	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	101,594,410	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	101,594,410	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	167,906,147	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-21,343,027				52.00
53.00	Specific purpose fund		4,725,068			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)	-21,343,027	4,725,068	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	146,563,120	4,725,068	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

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

Worksheet G-1

Date/Time Prepared:  
12/2/2014 4:54 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		-21,756,628		667,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		218,601				2.00
3.00	Total (sum of line 1 and line 2)		-21,538,027		667,000		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	OTHER INCR IN UNRESTRICTED NET ASSET	195,000		0		0	5.00
6.00	DONOR CONTRIBUTIONS	0		4,646,068		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)		195,000		4,646,068		10.00
11.00	Subtotal (line 3 plus line 10)		-21,343,027		5,313,068		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	NET ASSET RELEASED FROM RESTR FOR OP	0		588,000		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		588,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-21,343,027		4,725,068		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	OTHER INCR IN UNRESTRICTED NET ASSET			0			5.00
6.00	DONOR CONTRIBUTIONS			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	NET ASSET RELEASED FROM RESTR FOR OP			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: 140018

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
12/2/2014 4:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	94,895,236		94,895,236	1.00
2.00	SUBPROVIDER - IPF	13,503,774		13,503,774	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	108,399,010		108,399,010	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,266,550		15,266,550	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	22,993,609		22,993,609	11.01
12.00	CORONARY CARE UNIT	18,991,650		18,991,650	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	57,251,809		57,251,809	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	165,650,819		165,650,819	17.00
18.00	Ancillary services	413,503,277	427,149,289	840,652,566	18.00
19.00	Outpatient services	0	1	1	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	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)	579,154,096	427,149,290	1,006,303,386	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,868,707		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		244,868,707		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140018

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

Worksheet G-3

Date/Time Prepared:  
12/2/2014 4:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,006,303,386	1.00
2.00	Less contractual allowances and discounts on patients' accounts	746,394,967	2.00
3.00	Net patient revenues (line 1 minus line 2)	259,908,419	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	244,868,707	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,039,712	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,553,213	6.00
7.00	Income from investments	967,719	7.00
8.00	Revenues from telephone and other miscellaneous communication services	4,745	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	688,307	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,610,643	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	112,607	17.00
18.00	Revenue from sale of medical records and abstracts	94	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	1,068,048	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAUMA FUNDING A/C 9900-4447	1,179,351	24.00
24.01	OTHER OPERATING REV SRH A/C 4320	1,372,452	24.01
24.02	OTHER OPERATING PREMIER A/C 9585-444	3,584,037	24.02
24.03	EMR STIMULUS REVENUE A/C 9900-4460	2,029,426	24.03
24.04	OTHER AFFILIATE REVENUE HCH LAB CCN	796,059	24.04
24.05	ALL OTHER INCOME	6,660,110	24.05
25.00	Total other income (sum of lines 6-24)	21,626,811	25.00
26.00	Total (line 5 plus line 25)	36,666,523	26.00
27.00	PROVISION FOR BAD DEBTS	36,447,922	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	36,447,922	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	218,601	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140018

Period: From 07/01/2013

Worksheet I-1

Component CCN: 142302

To 06/30/2014

Date/Time Prepared: 12/2/2014 4:54 pm

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	REGISTERED NURSES	1,257,117	Hours of Service	30,277.00	14.56	1.00
2.00	LICENSED PRACTICAL NURSES	0	Hours of Service	0.00	0.00	2.00
3.00	NURSES AIDES	0	Hours of Service	0.00	0.00	3.00
4.00	TECHNICIANS	296,284	Hours of Service	13,601.00	6.54	4.00
5.00	SOCIAL WORKERS	0	Hours of Service	0.00	0.00	5.00
6.00	DIETICIANS	0	Hours of Service	0.00	0.00	6.00
7.00	PHYSICIANS	58,106	Accumulated Cost			7.00
8.00	NON-PATIENT CARE SALARY	55,302	Accumulated Cost			8.00
9.00	SUBTOTAL (SUM OF LINES 1-8)	1,666,809				9.00
10.00	EMPLOYEE BENEFITS	0	Salary			10.00
11.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	0	Square Feet			11.00
12.00	CAPITAL RELATED COSTS-MOV. EQUIP.	0	Percentage of Time			12.00
13.00	MACHINE COSTS & REPAIRS	91,757	Percentage of Time			13.00
14.00	SUPPLIES	258,266	Requisitions			14.00
15.00	DRUGS	321,882	Requisitions			15.00
16.00	OTHER	61,367	Accumulated Cost			16.00
17.00	SUBTOTAL (SUM OF LINES 9-16)*	2,400,081				17.00
18.00	CAPITAL RELATED COSTS-BLDGS. & FIXTURES	21,128	Square Feet			18.00
19.00	CAPITAL RELATED COSTS-MOV. EQUIP.	20,711	Percentage of Time			19.00
20.00	EMPLOYEE BENEFITS DEPARTMENT	289,240	Salary			20.00
21.00	ADMINISTRATIVE & GENERAL	606,094	Accumulated Cost			21.00
22.00	MAINT./REPAIRS-OPER-HOUSEKEEPING	64,788	Square Feet			22.00
23.00	MEDICAL EDUCATION PROGRAM COSTS	0				23.00
24.00	CENTRAL SERVICE & SUPPLIES	14,455	Requisitions			24.00
25.00	PHARMACY	0	Requisitions			25.00
26.00	OTHER ALLOCATED COSTS	528,774	Accumulated Cost			26.00
27.00	SUBTOTAL (SUM OF LINES 17-26)*	3,945,271				27.00
28.00	LABORATORY (SEE INSTRUCTIONS)	0	Charges	0		28.00
29.00	RESPIRATORY THERAPY (SEE INSTRUCTIONS)	0	Charges	0		29.00
30.00	OTHER ANCILLARY SERVICE COST CENTERS	0	Charges	0		30.00
31.00	TOTAL COSTS (SUM OF LINES 27-30)	3,945,271				31.00

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period: From 07/01/2013

Worksheet 1-2

Component CCN: 142302

To 06/30/2014

Date/Time Prepared: 12/2/2014 4:54 pm

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Building	Equipment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	85,916	112,468	1,257,117	296,284	289,240	321,882	1.00
MAINTENANCE								
2.00	Hemodialysis	0	99,827	1,115,817	262,982	256,729	285,702	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCPD	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCPD	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	85,916	12,641	141,300	33,302	32,511	36,180	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2 through 16)	85,916	112,468	1,257,117	296,284	289,240	321,882	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	272,721	0	2,635,628	1,309,643	3,945,271		1.00
MAINTENANCE								
2.00	Hemodialysis	242,067	0	2,263,124	1,124,546	3,387,670		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCPD	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCPD	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	30,654	0	372,504	185,097	557,601		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2 through 16)	272,721	0	2,635,628	1,309,643	3,945,271		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					3,945,271		19.00



DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period: From 07/01/2013

Worksheet 1-3

Component CCN: 142302

To 06/30/2014

Date/Time Prepared: 12/2/2014 4:54 pm

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	85,916	112,468	1,257,117	296,284	289,240	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	0	8,876.00	8,876.00	8,876.00	8,876	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCPD	0	0.00	0.00	0.00	0	7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCPD	0	0.00	0.00	0.00	0	11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,553	1,124	1,124.00	1,124.00	1,124	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	1,124	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	76.437722	11.246800	125.711700	29.628400	28.924000	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	321,882	272,721	0	2,635,628	1,309,643	1.00
<b>MAINTENANCE</b>							
2.00	Hemodialysis	8,876	8,876	8,876			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
<b>TRAINING</b>							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCPD	0	0	0			7.00
<b>HOME</b>							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCPD	0	0	0			11.00
<b>OTHER BILLABLE SERVICES</b>							
12.00	Inpatient Dialysis Treatments	1,124	1,124	1,124			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,635,628	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	32.188200	27.272100	0.000000		0.496900	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140018  
Component CCN: 142302

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

Worksheet 1-4  
Date/Time Prepared:  
12/2/2014 4:54 pm

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments (prior to Jan. 1)	Number of Program Treatments (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
1.00	Maintenance - Hemodialysis	12,269	3,387,670	276.12	3,023	3,091	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks (prior to Jan. 1)	Patient Weeks (on/after Jan. 1)	
		1.00	2.00	3.00	4.01	4.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	12,269	3,387,670		3,023	3,091	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	12,269					12.00
		Total Program Expenses (see instructions)	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)	
		5.00	6.01	6.02	7.01	7.02	
1.00	Maintenance - Hemodialysis	1,688,198	778,392	795,901	257.49	257.49	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0.00	0.00	2.00
3.00	Training - Hemodialysis	0	0	0	0.00	0.00	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0.00	0.00	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	6.00
7.00	Home Program - Hemodialysis	0	0	0	0.00	0.00	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0.00	0.00	8.00
			(prior to Jan. 1)	(on/after Jan. 1)			
		5.00	6.01	6.02	7.01	7.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0.00	0.00	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0.00	0.00	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,688,198	778,392	795,901			11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140018

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

Worksheet I-5

Date/Time Prepared:  
12/2/2014 4:54 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	1,688,198		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)			2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	778,392	778,392	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	795,901	795,901	2.02
2.03	Total payment due (see instructions)	1,574,293	1,574,293	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)			3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	1,392	1,392	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	1,392	1,392	3.03
4.00	Coinsurance billed to Medicare (Part B) patients			4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	315,660	315,660	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	315,660	315,660	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013			5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014			5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	188,875	188,875	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	188,875	188,875	5.05
6.00	Allowable bad debts (see instructions)	166,210		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	188,875		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	128,177	8.00
9.00	Program payment (see instructions)	0	1,258,321	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	166,210		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	3,387,670		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,387,670		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 12/2/2014 4:54 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,475,687	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		37,204	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)		150.78	3.00
4.00	Number of interns & residents (see instructions)		116.81	4.00
5.00	Indirect medical education percentage (see instructions)		24.44	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		360,658	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.48	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		65.64	8.00
9.00	Sum of lines 7 and 8		83.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		18.33	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		270,493	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,144,042	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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