

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: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S Parts I-III Date/Time Prepared: 6/24/2015 4:10 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/24/2015 Time: 4:10 pm
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 ADVENTIST LAGRANGE MEMORIAL HOSPITAL (140065) for the cost reporting period beginning 01/01/2015 and ending 01/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(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			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	893	-5,482	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	1,734	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	2,627	-5,482	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: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet S-2 Part I Date/Time Prepared: 6/24/2015 4:05 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60525- County: COOK				
1.00 Street: 5101 S. WILLOW SPRINGS ROAD		2.00 City: LAGRANGE		3.00 State: IL		4.00 Zip Code: 60525-		5.00 County: COOK		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST LAGRANGE MEMORIAL HOSPITAL	140065	16974	1	06/30/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	LA GRANGE MEMORIAL REHAB SUBPROVIDER	14T065	16974	5	01/01/2015	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	01/31/2015		20.00	
21.00	Type of Control (see instructions)					1		21.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	173	0	0	0	79	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	7	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S-2 Part I Date/Time Prepared: 6/24/2015 4:05 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)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00		61.20
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
				1.00	2.00	3.00	4.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	1.78	16.86	0.095494	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.09	1.55	0.054878
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N	70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y	75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
1.00						
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 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)					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.					109.00	
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00	
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §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.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	135,580	0				118.01
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N			120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet S-2 Part I Date/Time Prepared: 6/24/2015 4:05 pm	
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HF8013		140.00	
		1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001		141.00	
142.00	Street: 900 HOPE WAY	PO Box:		142.00			
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
161.10	CORF			N		N	
						1.00	
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						166.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S-2 Part I Date/Time Prepared: 6/24/2015 4:05 pm
			1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act				
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y 167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0 168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.25 169.00
			Beginning	Ending
			1.00	2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2014 09/30/2015 170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet S-2 Part II Date/Time Prepared: 6/24/2015 4:05 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
				Part A		Part B	
		Description	Y/N	Date	Y/N		
		0	1.00	2.00	3.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N				N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		06/03/2015		Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N				N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N				N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N				N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet S-2 Part II Date/Time Prepared: 6/24/2015 4:05 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				21.00	
						1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00	
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00	
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			Y		36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00	
						1.00	2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HARLIN		THOMPSON		41.00	
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYTEM SUNBELT				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MI KE. THOMPSON3@AHSS.ORG		43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140065

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

Worksheet S-2
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	06/03/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

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

Worksheet S-3
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	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	132	4,092	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)		132	4,092	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	837	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		159	4,929	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	496		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		175				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		5	155			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: 140065

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

Worksheet S-3
Part I
Date/Time Prepared:
6/24/2015 4:05 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)	1,579	128	2,628			1.00
2.00 HMO and other (see instructions)	312	79				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	7				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,579	128	2,628			7.00
8.00 INTENSIVE CARE UNIT	165	12	288			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		33	78			13.00
14.00 Total (see instructions)	1,744	173	2,994	19.30	736.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	144	0	281	0.00	16.59	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	32			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				19.30	753.18	27.00
28.00 Observation Bed Days		7	153			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	1	1			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			14			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140065

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

Worksheet S-3
Part I
Date/Time Prepared:
6/24/2015 4:05 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	349	63	670	1.00
2.00 HMO and other (see instructions)				71	22		2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		349	63	670	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0		14	0	35	17.00
18.00 SUBPROVIDER	0.00	0		0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S-3 Part II Date/Time Prepared: 6/24/2015 4:05 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	5,171,011	2,061	5,173,072	142,577.00	36.28	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		98,273	0	98,273	1,128.00	87.12	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		7,421	0	7,421	160.00	46.38	6.00
7.00	Interns & residents (in an approved program)	21.00	93,260	0	93,260	3,360.00	27.76	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		75,736	0	75,736	1,116.00	67.86	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		180,609	0	180,609	4,643.00	38.90	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	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		550,370	0	550,370	8,112.00	67.85	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		935,933	0	935,933			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		33,331	0	33,331			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		8,645	0	8,645			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		744	0	744			24.00
25.00	Interns & residents (in an approved program)		354	0	354			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	44,838	9,733	54,571	1,595.00	34.21	26.00
27.00	Administrative & General	5.00	639,844	-150,300	489,544	14,154.00	34.59	27.00
28.00	Administrative & General under contract (see inst.)		2,353	0	2,353	14.00	168.07	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	157,768	13,837	171,605	5,195.00	33.03	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	125,447	0	125,447	7,805.00	16.07	32.00
33.00	Housekeeping under contract (see instructions)		21,263	0	21,263	333.00	63.85	33.00
34.00	Dietary	10.00	89,483	-74,563	14,920	908.00	16.43	34.00
35.00	Dietary under contract (see instructions)		50,841	0	50,841	720.00	70.61	35.00
36.00	Cafeteria	11.00	0	74,563	74,563	4,535.00	16.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	142,155	46,494	188,649	3,387.00	55.70	38.00
39.00	Central Services and Supply	14.00	62,173	5,558	67,731	2,890.00	23.44	39.00
40.00	Pharmacy	15.00	216,313	0	216,313	4,229.00	51.15	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

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

Worksheet S-3
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 72,525	68,989	141,514	4,942.00	28.63	41.00
42.00	Social Service	17.00 117,566	0	117,566	2,900.00	40.54	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140065

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

Worksheet S-3
Part III
Date/Time Prepared:
6/24/2015 4:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	4,970,778	2,061	4,972,839	137,880.00	36.07	1.00
2.00	Excluded area salaries (see instructions)	180,609	0	180,609	4,643.00	38.90	2.00
3.00	Subtotal salaries (line 1 minus line 2)	4,790,169	2,061	4,792,230	133,237.00	35.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	550,370	0	550,370	8,112.00	67.85	4.00
5.00	Subtotal wage-related costs (see inst.)	935,933	0	935,933	0.00	19.53	5.00
6.00	Total (sum of lines 3 thru 5)	6,276,472	2,061	6,278,533	141,349.00	44.42	6.00
7.00	Total overhead cost (see instructions)	1,742,569	-5,689	1,736,880	53,607.00	32.40	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 6/24/2015 4:05 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	151,900	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	399,272	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	5,154	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	44,902	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	346,098	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	14,916	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	16,765	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	979,007	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140065

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

Worksheet S-3
Part V
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	979,007	1.00
2.00	Hospital	0	934,405	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	19,406	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	25,196	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet S-10 Date/Time Prepared: 6/24/2015 4:05 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.223677		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		589,907		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		4,331,710		6.00
7.00	Medicaid cost (line 1 times line 6)		968,904		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)		378,997		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		109,187		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		24,423		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)		24,423		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		403,420		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	521,185	110,709	631,894	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	116,577	24,763	141,340	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)	116,577	24,763	141,340	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		271,409		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		20,425		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		250,984		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		56,139		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		197,479		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		600,899		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet A	
Date/Time Prepared: 6/24/2015 4:05 pm							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	1,012,830	1,012,830	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	400,008	400,008	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	44,838	601,371	646,209	70,464	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	639,844	1,722,613	2,362,457	35,219	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	157,768	310,594	468,362	15,034	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	125,447	97,429	222,876	-140	9.00
10.00	01000	DIETARY	89,483	99,624	189,107	-158,175	10.00
11.00	01100	CAFETERIA	0	0	0	157,576	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	142,155	18,620	160,775	57,599	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	62,173	27,164	89,337	21,408	14.00
15.00	01500	PHARMACY	216,313	446,640	662,953	-469,824	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	72,525	21,835	94,360	86,014	16.00
17.00	01700	SOCIAL SERVICE	117,566	23,391	140,957	-20	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	93,260	6,972	100,232	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	127,965	62,159	190,124	-320	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,028,982	148,851	1,177,833	-52,934	30.00
31.00	03100	INTENSIVE CARE UNIT	248,936	61,886	310,822	-31,425	31.00
41.00	04100	SUBPROVIDER - I RF	101,458	41,309	142,767	-10	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	27,088	27,088	11,822	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	386,414	292,895	679,309	-16,988	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	60,658	6,751	67,409	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	102,657	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	241,035	72,548	313,583	-59,146	54.00
54.01	05401	NUCLEAR MEDICINE	19,412	1,606	21,018	3,863	54.01
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	24,175	28,504	52,679	5,413	55.00
57.00	05700	CT SCAN	46,047	11,975	58,022	36,648	57.00
58.00	05800	MRI	26,639	3,063	29,702	11,459	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,271	11,726	57,997	0	59.00
60.00	06000	LABORATORY	195,971	289,408	485,379	8,453	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	89,769	36,620	126,389	-2,117	65.00
66.00	06600	PHYSICAL THERAPY	123,926	181,738	305,664	-25,049	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	63,192	4,640	67,832	-154	67.00
68.00	06800	SPEECH PATHOLOGY	17,452	1,228	18,680	-20	68.00
69.00	06900	ELECTROCARDIOLOGY	55,890	28,082	83,972	-100	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	39,343	4,266	43,609	-20	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,424	19,968	23,392	-10	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	330,595	330,595	11	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	623,737	623,737	165	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	449,796	73.00
76.00	03020	HEMODIALYSIS	0	34,306	34,306	0	76.00
76.01	03952	LI THOTRI PSY	0	0	0	0	76.01
76.02	03950	WOUND CARE	49,073	87,052	136,125	-10	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	239,995	108,139	348,134	-51	91.00
91.01	09101	OP DEPARTMENT	8,436	548	8,984	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	86,025	13,382	99,407	-30,180	92.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

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

Worksheet A

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		1,678,181	-1,612,122	66,059	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,091,860	7,588,504	12,680,364	27,624	12,707,988
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,412	15,034	29,446	0	29,446
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,285	6,285	0	6,285
192.01	19201	CFPC CLINIC	44,713	39,300	84,013	0	84,013
194.00	07950	OFFICE BUILDINGS	0	56,243	56,243	-27,624	28,619
194.01	07951	MARKETING	5,084	87,909	92,993	0	92,993
194.02	07952	FOUNDATION	14,942	4,318	19,260	0	19,260
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		TOTAL (SUM OF LINES 118-199)	5,171,011	7,797,593	12,968,604	0	12,968,604

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

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

Worksheet A
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-15,882	996,948	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	31,642	431,650	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-25,790	690,883	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-776,292	1,621,384	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,912	476,484	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	222,736	9.00
10.00	01000	DIETARY	-35,805	-4,873	10.00
11.00	01100	CAFETERIA	0	157,576	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	218,374	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	110,745	14.00
15.00	01500	PHARMACY	2,237	195,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	835	181,209	16.00
17.00	01700	SOCIAL SERVICE	-3,937	137,000	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	100,232	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-50,840	138,964	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-34,007	1,090,892	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,430	261,967	31.00
41.00	04100	SUBPROVIDER - I RF	0	142,757	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-25,575	13,335	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-26,633	635,688	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	67,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	102,657	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	254,437	54.00
54.01	05401	NUCLEAR MEDICINE	0	24,881	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	-9,334	48,758	55.00
57.00	05700	CT SCAN	0	94,670	57.00
58.00	05800	MRI	0	41,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,997	59.00
60.00	06000	LABORATORY	-8	493,824	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-760	123,512	65.00
66.00	06600	PHYSICAL THERAPY	-11,743	268,872	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	-134	67,544	67.00
68.00	06800	SPEECH PATHOLOGY	-129	18,531	68.00
69.00	06900	ELECTROCARDIOLOGY	-14,330	69,542	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	-5,717	37,872	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	330,606	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	623,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-5,244	444,552	73.00
76.00	03020	HEMODIALYSIS	0	34,306	76.00
76.01	03952	LITHOTRIpsy	0	0	76.01
76.02	03950	WOUND CARE	0	136,115	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-51,300	296,783	91.00
91.01	09101	OP DEPARTMENT	0	8,984	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	69,227	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140065

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

Worksheet A
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-66,059	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,149,147	11,558,841	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,446	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,285	192.00
192.01	19201	CFPC CLINIC	-5,305	78,708	192.01
194.00	07950	OFFICE BUILDINGS	0	28,619	194.00
194.01	07951	MARKETING	0	92,993	194.01
194.02	07952	FOUNDATION	0	19,260	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-1,154,452	11,814,152	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	52,991	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	53,494	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	O		0	106,485	
B - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	41,383	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	41,383	
C - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	752	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	O		0	752	
D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	449,796	1.00
	O		0	449,796	
E - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	741	1.00
	O		0	741	
F - RECRUITMENT					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	800	0	1.00
	O		800	0	
G - NURSING ADMINISTRATION					
1.00	NURSING ADMINISTRATION	13.00	25,398	9,550	1.00
	O		25,398	9,550	
H - RADIOLOGY SALARIES					
1.00	NUCLEAR MEDICINE	54.01	2,493	1,407	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	3,461	1,952	2.00
3.00	CT SCAN	57.00	23,450	13,228	3.00
4.00	MRI	58.00	7,339	4,140	4.00
	O		36,743	20,727	
I - NURSERY					
1.00	NURSERY	43.00	30,014	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	79,187	23,470	2.00
	O		109,201	23,470	
J - CAFETERIA					
1.00	CAFETERIA	11.00	74,563	83,013	1.00
	O		74,563	83,013	
K - ROUTINE AND ICU CARE					
1.00	ADULTS & PEDIATRICS	30.00	0	33,182	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,777	2.00
	O		0	34,959	

RECLASSIFICATIONS

Provider CCN: 140065

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

Worksheet A-6

Date/Time Prepared:
6/24/2015 4:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	759,061	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	300,465	2.00
	O		0	1,059,526	
M - OBSERVATION TO ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00	16,062	14,118	1.00
	O		16,062	14,118	
N - SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,933	61,531	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	291,619	195,691	2.00
3.00	OPERATION OF PLANT	7.00	13,837	1,377	3.00
4.00	NURSING ADMINISTRATION	13.00	21,096	1,640	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	5,558	23,610	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	68,989	17,055	6.00
7.00	LABORATORY	60.00	7,750	8,104	7.00
8.00	ADMINISTRATIVE & GENERAL	5.00	1,261	0	8.00
	O		419,043	309,008	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	132,170	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	45,632	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	378,908	3.00
	O		0	556,710	
P - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	27,225	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	417	2.00
	TOTALS		0	27,642	
500.00	Grand Total: Increases		681,810	2,737,880	500.00

RECLASSIFICATIONS

Provider CCN: 140065

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

Worksheet A-6
Date/Time Prepared:
6/24/2015 4:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - RENT AND LEASES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,939	10		1.00
2.00	OPERATION OF PLANT	7.00	0	180	10		2.00
3.00	HOUSEKEEPING	9.00	0	140	0		3.00
4.00	DIETARY	10.00	0	599	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	85	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,708	0		6.00
7.00	PHARMACY	15.00	0	20,028	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	30	0		8.00
9.00	SOCIAL SERVICE	17.00	0	20	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	320	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	40	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	20	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	10	0		13.00
14.00	OPERATING ROOM	50.00	0	16,988	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,676	0		15.00
16.00	NUCLEAR MEDICINE	54.01	0	37	0		16.00
17.00	CT SCAN	57.00	0	30	0		17.00
18.00	MRI	58.00	0	20	0		18.00
19.00	LABORATORY	60.00	0	7,401	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	2,117	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	22,856	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	30	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	20	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	100	0		24.00
25.00	CARDIAC REHAB	69.02	0	20	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	10	0		26.00
27.00	WOUND CARE	76.02	0	10	0		27.00
28.00	EMERGENCY	91.00	0	51	0		28.00
O			0	106,485			
B - PROPERTY TAXES							
1.00	PHYSICAL THERAPY	66.00	0	2,193	13		1.00
2.00	INTEREST EXPENSE	113.00	0	11,566	0		2.00
3.00	OFFICE BUILDINGS	194.00	0	27,624	0		3.00
O			0	41,383			
C - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	52	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	124	0		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	576	0		3.00
O			0	752			
D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	449,796	0		1.00
O			0	449,796			
E - IMPLANTABLES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	741	0		1.00
O			0	741			
F - RECRUITMENT							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	800	0		1.00
O			0	800			
G - NURSING ADMINISTRATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	25,398	9,550	0		1.00
O			25,398	9,550			
H - RADIOLOGY SALARIES							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	36,743	20,727	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
O			36,743	20,727			
I - NURSERY							
1.00	NURSERY	43.00	0	18,192	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	109,201	5,278	0		2.00
O			109,201	23,470			
J - CAFETERIA							
1.00	DIETARY	10.00	74,563	83,013	0		1.00
O			74,563	83,013			
K - ROUTINE AND ICU CARE							
1.00	INTENSIVE CARE UNIT	31.00	0	33,182	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,777	0		2.00
O			0	34,959			

RECLASSIFICATIONS

Provider CCN: 140065

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

Worksheet A-6

Date/Time Prepared:
6/24/2015 4:05 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
L - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,680	9	1.00
2.00	INTEREST EXPENSE	113.00	0	1,043,846	9	2.00
			0	1,059,526		
M - OBSERVATION TO ROUTINE						
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	16,062	14,118	0	1.00
			16,062	14,118		
N - SHARED SERVICES						
1.00	ADMINISTRATIVE & GENERAL	5.00	417,782	309,008	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,261	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
			417,782	310,269		
O - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	556,710	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
			0	556,710		
P - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,642	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	27,642		
500.00	Grand Total: Decreases		679,749	2,739,941		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

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

Worksheet A-7
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,779,429	0	0	0	1.00
2.00	Land Improvements	6,671,495	0	0	0	2.00
3.00	Buildings and Fixtures	209,623,832	7,260	0	7,260	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	30,106,842	16,793	0	16,793	5.00
6.00	Movable Equipment	55,351,046	544,221	0	544,221	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	311,532,644	568,274	0	568,274	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	311,532,644	568,274	0	568,274	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,779,429	0			1.00
2.00	Land Improvements	6,671,495	0			2.00
3.00	Buildings and Fixtures	209,631,092	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	30,123,635	0			5.00
6.00	Movable Equipment	55,895,267	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	312,100,918	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	312,100,918	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

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

Worksheet A-7
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140065

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

Worksheet A-7
Part III
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	256,205,651	0	256,205,651	0.820906	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	55,895,267	0	55,895,267	0.179094	0	2.00
3.00	Total (sum of lines 1-2)	312,100,918	0	312,100,918	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	765,846	52,991	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	337,131	53,494	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,102,977	106,485	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	117,619	27,225	33,267	0	996,948	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,608	417	0	0	431,650	2.00
3.00	Total (sum of lines 1-2)	158,227	27,642	33,267	0	1,428,598	3.00

Provider CCN: 140065

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

Worksheet A-8

Date/Time Prepared:
6/24/2015 4:05 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	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-14,551	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-5,024	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)	B	-41,714	ADMINISTRATIVE & GENERAL		5.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-2,580	OPERATION OF PLANT		7.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-4,332	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-135,097				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	-28,327				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-35,805	DIETARY		10.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-889	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 NON ALLOWABLE COLLECTION FEES	A	-3,330	ELECTROCARDIOLOGY		69.00	0 33.00
33.01 NON ALLOWABLE GOODWILL	A	-34,374	INTEREST EXPENSE		113.00	0 33.01

Provider CCN: 140065

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

Worksheet A-8

Date/Time Prepared:
6/24/2015 4:05 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	3.00	
33.02 LEGAL	A	-15,886	ADMINISTRATIVE & GENERAL		5.00	0 33.02
33.03 SELF INSURED ADJUSTMENT	A	-45,003	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.03
33.04 NON ALLOWABLE ADVERTISING	A	-3,417	ADMINISTRATIVE & GENERAL		5.00	0 33.04
33.05 NON ALLOWABLE ADVERTISING	A	-2,000	ELECTROCARDIOLOGY		69.00	0 33.05
33.06 NON ALLOWABLE CASH MANAGEMENT	A	-86,637	INTEREST EXPENSE		113.00	0 33.06
37.00 OTHER OPERATING REVENUE	B	-99	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.00
38.00 OTHER OPERATING REVENUE	B	-8,556	ADMINISTRATIVE & GENERAL		5.00	0 38.00
42.00 OTHER OPERATING REVENUE	B	-825	ADULTS & PEDIATRICS		30.00	0 42.00
43.00 OTHER OPERATING REVENUE	B	-9,334	RADIOLOGY-THERAPEUTIC		55.00	0 43.00
43.01 OTHER OPERATING REVENUE	B	-11,450	PHYSICAL THERAPY		66.00	0 43.01
43.02 OTHER OPERATING REVENUE	B	-5,717	CARDIAC REHAB		69.02	0 43.02
44.04 PROPERTY TAXES	A	-8,116	CAP REL COSTS-BLDG & FIXT		1.00	13 44.04
44.06 LOBBYING EXPENSE	A	-6,417	ADMINISTRATIVE & GENERAL		5.00	0 44.06
44.07 NON ALLOW PHYS SUBSIDIES	A	-26,633	OPERATING ROOM		50.00	0 44.07
45.02 SPECIAL EVENTS	A	-121	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.02
45.05 PHYSICIAN MALPRACTICE	A	-135,580	ADMINISTRATIVE & GENERAL		5.00	0 45.05
45.06 PHYSICIAN MALPRACTICE	A	-23,719	I&R SERVICES-OTHER PRGM		22.00	0 45.06
			COSTS APPRV			
45.07 STATE ASSESSMENT	A	-419,169	ADMINISTRATIVE & GENERAL		5.00	0 45.07
45.08 HOSPICE	A	-8	LABORATORY		60.00	0 45.08
45.09 HOSPICE	A	-760	RESPIRATORY THERAPY		65.00	0 45.09
45.10 HOSPICE	A	-293	PHYSICAL THERAPY		66.00	0 45.10
45.11 HOSPICE	A	-134	OCCUPATIONAL THERAPY		67.00	0 45.11
45.12 HOSPICE	A	-129	SPEECH PATHOLOGY		68.00	0 45.12
45.13 HOSPICE	A	-5,244	DRUGS CHARGED TO PATIENTS		73.00	0 45.13
45.14 HOSPICE	A	-33,182	ADULTS & PEDIATRICS		30.00	0 45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,154,452				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 140065

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

Worksheet A-8-1

Date/Time Prepared: 6/24/2015 4:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	SHARED SERVICE ALLOCATION	726,789	735,258	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	6,785	0	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	36,666	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	22,871	3,438	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	654,369	791,453	4.01
4.02	15.00	PHARMACY	HOME OFFICE	2,237	0	4.02
4.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,724	0	4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	HOME OFFICE	2,875	2,141	4.04
4.05	113.00	INTEREST EXPENSE	HOME OFFICE	556,710	501,758	4.05
4.06	192.01	CFPC CLINIC	HOME OFFICE	0	5,305	4.06
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			2,011,026	2,039,353	5.00

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

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

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

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

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

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

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

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

Provider CCN: 140065

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

Worksheet A-8-1

Date/Time Prepared:
6/24/2015 4:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-8,469	0		1.00
2.00	6,785	9		2.00
3.00	36,666	9		3.00
4.00	19,433	0		4.00
4.01	-137,084	0		4.01
4.02	2,237	0		4.02
4.03	1,724	0		4.03
4.04	734	0		4.04
4.05	54,952	0		4.05
4.06	-5,305	0		4.06
5.00	-28,327			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

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

Worksheet A-8-2

Date/Time Prepared:
6/24/2015 4:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	17.00	SOCIAL SERVICE	3,937	3,937	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	17,430	17,430	0	0	0	2.00
3.00	43.00	NURSERY	25,575	25,575	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	9,000	9,000	0	0	0	4.00
5.00	91.00	EMERGENCY	51,300	51,300	0	0	0	5.00
6.00	22.00	DR. A	629	0	629	138,700	8	6.00
7.00	22.00	DR. B	1,920	0	1,920	138,700	24	7.00
8.00	22.00	DR. C	764	0	764	138,700	11	8.00
9.00	22.00	DR. D	3,121	3,121	0	0	0	9.00
10.00	22.00	DR. E	1,980	0	1,980	138,700	22	10.00
11.00	22.00	DR. F	1,300	1,300	0	0	0	11.00
12.00	22.00	DR. G	731	731	0	0	0	12.00
13.00	22.00	DR. H	695	695	0	0	0	13.00
14.00	22.00	DR. I	195	195	0	0	0	14.00
15.00	22.00	DR. J	120	120	0	0	0	15.00
16.00	22.00	DR. K	251	251	0	0	0	16.00
17.00	22.00	DR. L	5,960	0	5,960	138,700	60	17.00
18.00	22.00	DR. M	12,658	0	12,658	138,700	160	18.00
19.00	22.00	DR. N	11,483	0	11,483	138,700	144	19.00
20.00	22.00	DR. O	19,701	0	19,701	138,700	160	20.00
21.00	22.00	DR. P	11,919	0	11,919	138,700	160	21.00
22.00	22.00	DR. Q	11,207	0	11,207	138,700	160	22.00
23.00	22.00	DR. R	7,822	0	7,822	138,700	80	23.00
24.00	22.00	DR. S	10,682	0	10,682	138,700	140	24.00
200.00			210,380	113,655	96,725		1,129	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	17.00	SOCIAL SERVICE	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	22.00	DR. A	533	27	0	0	0	6.00
7.00	22.00	DR. B	1,600	80	0	0	0	7.00
8.00	22.00	DR. C	733	37	0	0	0	8.00
9.00	22.00	DR. D	0	0	0	0	0	9.00
10.00	22.00	DR. E	1,467	73	0	0	0	10.00
11.00	22.00	DR. F	0	0	0	0	0	11.00
12.00	22.00	DR. G	0	0	0	0	0	12.00
13.00	22.00	DR. H	0	0	0	0	0	13.00
14.00	22.00	DR. I	0	0	0	0	0	14.00
15.00	22.00	DR. J	0	0	0	0	0	15.00
16.00	22.00	DR. K	0	0	0	0	0	16.00
17.00	22.00	DR. L	4,001	200	0	0	0	17.00
18.00	22.00	DR. M	10,669	533	0	0	0	18.00
19.00	22.00	DR. N	9,602	480	0	0	0	19.00
20.00	22.00	DR. O	10,669	533	0	0	0	20.00
21.00	22.00	DR. P	10,669	533	0	0	0	21.00
22.00	22.00	DR. Q	10,669	533	0	0	0	22.00
23.00	22.00	DR. R	5,335	267	0	0	0	23.00
24.00	22.00	DR. S	9,336	467	0	0	0	24.00
200.00			75,283	3,763	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	17.00	SOCIAL SERVICE	0	0	0	3,937		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	17,430		2.00
3.00	43.00	NURSERY	0	0	0	25,575		3.00
4.00	69.00	ELECTROCARDIOLOGY	0	0	0	9,000		4.00
5.00	91.00	EMERGENCY	0	0	0	51,300		5.00
6.00	22.00	DR. A	0	533	96	96		6.00
7.00	22.00	DR. B	0	1,600	320	320		7.00
8.00	22.00	DR. C	0	733	31	31		8.00
9.00	22.00	DR. D	0	0	0	3,121		9.00
10.00	22.00	DR. E	0	1,467	513	513		10.00
11.00	22.00	DR. F	0	0	0	1,300		11.00
12.00	22.00	DR. G	0	0	0	731		12.00
13.00	22.00	DR. H	0	0	0	695		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140065

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

Worksheet A-8-2

Date/Time Prepared:
6/24/2015 4:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
14.00	22.00	DR. I	0	0	0	195		14.00
15.00	22.00	DR. J	0	0	0	120		15.00
16.00	22.00	DR. K	0	0	0	251		16.00
17.00	22.00	DR. L	0	4,001	1,959	1,959		17.00
18.00	22.00	DR. M	0	10,669	1,989	1,989		18.00
19.00	22.00	DR. N	0	9,602	1,881	1,881		19.00
20.00	22.00	DR. O	0	10,669	9,032	9,032		20.00
21.00	22.00	DR. P	0	10,669	1,250	1,250		21.00
22.00	22.00	DR. Q	0	10,669	538	538		22.00
23.00	22.00	DR. R	0	5,335	2,487	2,487		23.00
24.00	22.00	DR. S	0	9,336	1,346	1,346		24.00
200.00			0	75,283	21,442	135,097		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

Worksheet B
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	996,948	996,948				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	431,650		431,650			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	690,883	6,123	2,651	699,657		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	1,621,384	155,144	67,173	66,917	1,910,618	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	476,484	185,700	80,401	23,457	766,042	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	5,014	2,171	0	7,185	8.00
9.00 00900 HOUSEKEEPING	222,736	3,623	1,569	17,148	245,076	9.00
10.00 01000 DIETARY	-4,873	16,507	7,147	2,039	20,820	10.00
11.00 01100 CAFETERIA	157,576	18,945	8,203	10,192	194,916	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	218,374	0	0	25,787	244,161	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	110,745	4,263	1,846	9,258	126,112	14.00
15.00 01500 PHARMACY	195,366	15,766	6,826	29,568	247,526	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	181,209	16,250	7,036	19,344	223,839	16.00
17.00 01700 SOCIAL SERVICE	137,000	27,663	11,977	16,070	192,710	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	100,232	0	0	12,748	112,980	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	138,964	0	0	17,492	156,456	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,090,892	113,612	49,191	127,920	1,381,615	30.00
31.00 03100 INTENSIVE CARE UNIT	261,967	18,423	7,977	34,028	322,395	31.00
41.00 04100 SUBPROVIDER - I RF	142,757	59,218	25,640	13,868	241,483	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	13,335	3,004	1,301	4,103	21,743	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	635,688	87,800	38,015	52,820	814,323	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	67,409	3,755	1,626	8,291	81,081	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	102,657	10,179	4,407	10,824	128,067	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	254,437	56,900	24,636	27,925	363,898	54.00
54.01 05401 NUCLEAR MEDICINE	24,881	3,402	1,473	2,994	32,750	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	48,758	36,463	15,788	3,778	104,787	55.00
57.00 05700 CT SCAN	94,670	4,558	1,973	9,500	110,701	57.00
58.00 05800 MRI	41,161	0	0	4,645	45,806	58.00
59.00 05900 CARDIAC CATHETERIZATION	57,997	0	0	6,325	64,322	59.00
60.00 06000 LABORATORY	493,824	36,641	15,864	27,847	574,176	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	123,512	9,058	3,922	12,271	148,763	65.00
66.00 06600 PHYSICAL THERAPY	268,872	34,189	14,803	16,940	334,804	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	67,544	831	360	8,638	77,373	67.00
68.00 06800 SPEECH PATHOLOGY	18,531	755	327	2,386	21,999	68.00
69.00 06900 ELECTROCARDIOLOGY	69,542	1,209	523	7,640	78,914	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	37,872	7,003	3,032	5,378	53,285	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	23,382	1,436	622	468	25,908	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	330,606	0	0	0	330,606	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	623,902	0	0	0	623,902	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	444,552	0	0	0	444,552	73.00
76.00 03020 HEMODIALYSIS	34,306	0	0	0	34,306	76.00
76.01 03952 LI THOTRI PSY	0	0	0	0	0	76.01
76.02 03950 WOUND CARE	136,115	0	0	6,708	142,823	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	296,783	30,317	13,126	32,805	373,031	91.00
91.01 09101 OP DEPARTMENT	8,984	7,083	3,067	1,153	20,287	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	69,227	0	0	9,563	78,790	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,558,841	980,834	424,673	688,838	11,524,931	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,446	0	0	1,970	31,416	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	6,285	0	0	0	6,285	192.00
192.01 19201 CFPC CLINIC	78,708	0	0	6,112	84,820	192.01
194.00 07950 OFFICE BUILDINGS	28,619	0	0	0	28,619	194.00
194.01 07951 MARKETING	92,993	0	0	695	93,688	194.01
194.02 07952 FOUNDATION	19,260	0	0	2,042	21,302	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	16,114	6,977	0	23,091	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	11,814,152	996,948	431,650	699,657	11,814,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,910,618					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	147,787	0	913,829			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,386	0	7,049	15,620		8.00
9.00	00900	HOUSEKEEPING	47,281	0	5,094	0	297,451	9.00
10.00	01000	DIETARY	4,017	0	23,208	0	7,656	10.00
11.00	01100	CAFETERIA	37,604	0	26,636	0	8,787	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	47,104	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,330	0	5,994	0	1,977	14.00
15.00	01500	PHARMACY	47,753	0	22,166	0	7,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,184	0	22,846	0	7,536	16.00
17.00	01700	SOCIAL SERVICE	37,178	0	38,892	0	12,830	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21,796	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	30,184	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	266,544	0	159,731	12,534	52,694	30.00
31.00	03100	INTENSIVE CARE UNIT	62,197	0	25,901	1,374	8,544	31.00
41.00	04100	SUBPROVIDER - I&R	46,588	0	83,257	1,340	27,465	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,195	0	4,224	372	1,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	157,102	0	123,440	0	40,721	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	15,642	0	5,279	0	1,741	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,707	0	14,311	0	4,721	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,204	0	79,998	0	26,390	54.00
54.01	05401	NUCLEAR MEDICINE	6,318	0	4,783	0	1,578	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	20,216	0	51,265	0	16,911	55.00
57.00	05700	CT SCAN	21,357	0	6,408	0	2,114	57.00
58.00	05800	MRI	8,837	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,409	0	0	0	0	59.00
60.00	06000	LABORATORY	110,772	0	51,514	0	16,994	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	28,700	0	12,735	0	4,201	65.00
66.00	06600	PHYSICAL THERAPY	64,591	0	48,067	0	15,857	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	14,927	0	1,168	0	385	67.00
68.00	06800	SPEECH PATHOLOGY	4,244	0	1,062	0	350	68.00
69.00	06900	ELECTROCARDIOLOGY	15,224	0	1,699	0	561	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	10,280	0	9,845	0	3,248	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	4,998	0	2,020	0	666	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	63,782	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	120,365	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,764	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	6,618	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	27,554	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	71,966	0	42,624	0	14,061	91.00
91.01	09101	OP DEPARTMENT	3,914	0	9,958	0	3,285	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	15,200	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0
113.00	11300	INTEREST EXPENSE						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,854,819	0	891,174	15,620	289,978	0
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,061	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,213	0	0	0	0	0
192.01	19201	CFPC CLINIC	16,364	0	0	0	0	0
194.00	07950	OFFICE BUILDINGS	5,521	0	0	0	0	0
194.01	07951	MARKETING	18,075	0	0	0	0	0
194.02	07952	FOUNDATION	4,110	0	0	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	4,455	0	22,655	0	7,473	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	0
200.00		Cross Foot Adjustments						0
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,910,618	0	913,829	15,620	297,451	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	55,701					10.00
11.00	01100	0	267,943				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	11,915	0	303,180		13.00
14.00	01400	0	4,278	0	0	162,691	14.00
15.00	01500	0	13,662	0	0	441	15.00
16.00	01600	0	8,938	0	0	0	16.00
17.00	01700	0	7,425	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	5,890	0	0	0	21.00
22.00	02200	0	8,082	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	44,697	59,106	0	243,285	8,761	30.00
31.00	03100	4,898	15,722	0	26,661	3,395	31.00
41.00	04100	4,779	6,408	0	26,013	503	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,327	1,896	0	7,221	198	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	24,405	0	0	14,324	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	3,831	0	0	397	51.00
52.00	05200	0	5,001	0	0	0	52.00
54.00	05400	0	12,903	0	0	863	54.00
54.01	05401	0	1,383	0	0	6	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	1,745	0	0	88	55.00
57.00	05700	0	4,389	0	0	809	57.00
58.00	05800	0	2,146	0	0	113	58.00
59.00	05900	0	2,922	0	0	1,009	59.00
60.00	06000	0	12,867	0	0	822	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	5,670	0	0	1,655	65.00
66.00	06600	0	7,827	0	0	203	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	3,991	0	0	22	67.00
68.00	06800	0	1,102	0	0	0	68.00
69.00	06900	0	3,530	0	0	153	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	2,485	0	0	39	69.02
70.00	07000	0	216	0	0	0	70.00
71.00	07100	0	0	0	0	36,432	71.00
72.00	07200	0	0	0	0	85,668	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	3,099	0	0	1,012	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	15,158	0	0	4,247	91.00
91.01	09101	0	533	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	4,419	0	0	976	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
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To 01/31/2015

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,701	262,944	0	303,180	162,136
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	910	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5
192.01	19201	CFPC CLINIC	0	2,824	0	0	550
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0
194.01	07951	MARKETING	0	321	0	0	0
194.02	07952	FOUNDATION	0	944	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	55,701	267,943	0	303,180	162,691

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	338,860					15.00
16.00	01600	0	306,343				16.00
17.00	01700	0	0	289,035			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	149	20,778	231,934	0	0	30.00
31.00	03100	106	4,123	25,417	0	0	31.00
41.00	04100	0	2,367	24,800	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	495	6,884	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,145	43,393	0	0	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	3,712	0	0	0	51.00
52.00	05200	0	1,307	0	0	0	52.00
54.00	05400	22	20,911	0	0	0	54.00
54.01	05401	0	2,957	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	4,104	0	0	0	55.00
57.00	05700	274	27,810	0	0	0	57.00
58.00	05800	229	8,704	0	0	0	58.00
59.00	05900	0	6,929	0	0	0	59.00
60.00	06000	0	40,816	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	10,222	0	0	0	65.00
66.00	06600	0	7,584	0	0	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	1,570	0	0	0	67.00
68.00	06800	0	720	0	0	0	68.00
69.00	06900	372	9,505	0	0	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	706	0	0	0	69.02
70.00	07000	0	1,294	0	0	0	70.00
71.00	07100	0	9,542	0	0	0	71.00
72.00	07200	0	12,663	0	0	0	72.00
73.00	07300	326,941	25,787	0	0	0	73.00
76.00	03020	0	754	0	0	0	76.00
76.01	03952	0	111	0	0	0	76.01
76.02	03950	0	4,232	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	29	29,190	0	0	0	91.00
91.01	09101	0	37	0	0	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	4,020	0	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	334,267	306,343	289,035	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	4,593	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	338,860	306,343	289,035	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	140,666					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	194,722				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	104,366	144,471	0	2,730,665	-248,837	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	500,733	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	465,003	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	49,948	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	12,231	16,931	0	1,253,015	-29,162	50.00
50.01 05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002	DAY SURGERY	0	0	0	0	0	50.02
51.00 05100	RECOVERY ROOM	0	0	0	111,683	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	178,114	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,929	6,824	0	586,942	-11,753	54.00
54.01 05401	NUCLEAR MEDICINE	0	0	0	49,775	0	54.01
54.02 05402	ULTRASOUND	0	0	0	0	0	54.02
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407	PET SCAN	0	0	0	0	0	54.05
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	199,116	0	55.00
57.00 05700	CT SCAN	0	0	0	173,862	0	57.00
58.00 05800	MRI	0	0	0	65,835	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	87,591	0	59.00
60.00 06000	LABORATORY	0	0	0	807,961	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	0	211,946	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	478,933	0	66.00
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	99,436	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	29,477	0	68.00
69.00 06900	ELECTROCARDIOLOGY	9,880	13,676	0	133,514	-23,556	69.00
69.01 06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902	CARDIAC REHAB	0	0	0	79,888	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	35,102	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	440,362	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	842,598	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	883,044	0	73.00
76.00 03020	HEMODIALYSIS	0	0	0	41,678	0	76.00
76.01 03952	LI THOTRI PSY	0	0	0	111	0	76.01
76.02 03950	WOUND CARE	4,929	6,824	0	190,473	-11,753	76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100	EMERGENCY	4,331	5,996	0	560,633	-10,327	91.00
91.01 09101	OP DEPARTMENT	0	0	0	38,014	0	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

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Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	103,405	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	140,666	194,722	0	11,428,857	-335,388 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	38,387	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,503	192.00
192.01	19201	CFPC CLINIC	0	0	0	109,151	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	34,140	194.00
194.01	07951	MARKETING	0	0	0	112,084	194.01
194.02	07952	FOUNDATION	0	0	0	26,356	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	57,674	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	140,666	194,722	0	11,814,152	-335,388 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	2,481,828
31.00	03100	INTENSIVE CARE UNIT	500,733
41.00	04100	SUBPROVIDER - IRF	465,003
42.00	04200	SUBPROVIDER	0
43.00	04300	NURSERY	49,948
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,223,853
50.01	05001	ENDOSCOPY	0
50.02	05002	DAY SURGERY	0
51.00	05100	RECOVERY ROOM	111,683
52.00	05200	DELIVERY ROOM & LABOR ROOM	178,114
54.00	05400	RADIOLOGY-DIAGNOSTIC	575,189
54.01	05401	NUCLEAR MEDICINE	49,775
54.02	05402	ULTRASOUND	0
54.03	05405	GRANT SQUARE IMAGING	0
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0
54.05	05407	PET SCAN	0
55.00	05500	RADIOLOGY-THERAPEUTIC	199,116
57.00	05700	CT SCAN	173,862
58.00	05800	MRI	65,835
59.00	05900	CARDIAC CATHETERIZATION	87,591
60.00	06000	LABORATORY	807,961
60.01	06001	BLOOD LABORATORY	0
65.00	06500	RESPIRATORY THERAPY	211,946
66.00	06600	PHYSICAL THERAPY	478,933
66.01	06601	FAIRVIEW REHAB CTR	0
66.02	06602	WESTCHESTER REHAB CTR	0
66.03	06603	LAGRANGE REHAB CTR	0
67.00	06700	OCCUPATIONAL THERAPY	99,436
68.00	06800	SPEECH PATHOLOGY	29,477
69.00	06900	ELECTROCARDIOLOGY	109,958
69.01	06901	VASCULAR LAB	0
69.02	06902	CARDIAC REHAB	79,888
70.00	07000	ELECTROENCEPHALOGRAPHY	35,102
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	440,362
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	842,598
73.00	07300	DRUGS CHARGED TO PATIENTS	883,044
76.00	03020	HEMODIALYSIS	41,678
76.01	03952	LI THOTRI PSY	111
76.02	03950	WOUND CARE	178,720
76.98	07698	HYPERBARI C OXYGEN THERAPY	0
OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0
90.01	09001	PAIN MGMT CLINIC	0
91.00	09100	EMERGENCY	550,306
91.01	09101	OP DEPARTMENT	38,014
91.02	09102	MEDICAL ONCOLOGY	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	103,405
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	0
101.00	10100	HOME HEALTH AGENCY	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140065

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

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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,093,469
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,387
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,503
192.01	19201	CFPC CLINIC	109,151
194.00	07950	OFFICE BUILDINGS	34,140
194.01	07951	MARKETING	112,084
194.02	07952	FOUNDATION	26,356
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	57,674
194.04	07954	HHA TRANSITIONAL CARE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	11,478,764

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

Worksheet B
Part II
Date/Time Prepared:
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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	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,123	2,651	8,774	8,774
5.00 00500	ADMINISTRATIVE & GENERAL	0	155,144	67,173	222,317	839
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	185,700	80,401	266,101	294
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,014	2,171	7,185	0
9.00 00900	HOUSEKEEPING	0	3,623	1,569	5,192	215
10.00 01000	DIETARY	0	16,507	7,147	23,654	26
11.00 01100	CAFETERIA	0	18,945	8,203	27,148	128
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	323
14.00 01400	CENTRAL SERVICES & SUPPLY	0	4,263	1,846	6,109	116
15.00 01500	PHARMACY	0	15,766	6,826	22,592	371
16.00 01600	MEDICAL RECORDS & LIBRARY	0	16,250	7,036	23,286	243
17.00 01700	SOCIAL SERVICE	0	27,663	11,977	39,640	202
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	160
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	219
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	113,612	49,191	162,803	1,605
31.00 03100	INTENSIVE CARE UNIT	0	18,423	7,977	26,400	427
41.00 04100	SUBPROVIDER - I&R	0	59,218	25,640	84,858	174
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	3,004	1,301	4,305	51
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	87,800	38,015	125,815	662
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	0	3,755	1,626	5,381	104
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	10,179	4,407	14,586	136
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	56,900	24,636	81,536	350
54.01 05401	NUCLEAR MEDICINE	0	3,402	1,473	4,875	38
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	36,463	15,788	52,251	47
57.00 05700	CT SCAN	0	4,558	1,973	6,531	119
58.00 05800	MRI	0	0	0	0	58
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	79
60.00 06000	LABORATORY	0	36,641	15,864	52,505	349
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	9,058	3,922	12,980	154
66.00 06600	PHYSICAL THERAPY	0	34,189	14,803	48,992	212
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	831	360	1,191	108
68.00 06800	SPEECH PATHOLOGY	0	755	327	1,082	30
69.00 06900	ELECTROCARDIOLOGY	0	1,209	523	1,732	96
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	0	7,003	3,032	10,035	67
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,436	622	2,058	6
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00 03020	HEMODIALYSIS	0	0	0	0	0
76.01 03952	LITHOTRIPSY	0	0	0	0	0
76.02 03950	WOUND CARE	0	0	0	0	84
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	0	30,317	13,126	43,443	411
91.01 09101	OP DEPARTMENT	0	7,083	3,067	10,150	14
91.02 09102	MEDICAL ONCOLOGY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

Worksheet B
Part II
Date/Time Prepared:
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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	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	120	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	980,834	424,673	1,405,507	8,637	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	25	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 CFPC CLINIC	0	0	0	0	77	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	9	194.01
194.02 07952 FOUNDATION	0	0	0	0	26	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	0	16,114	6,977	23,091	0	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118-201)	0	996,948	431,650	1,428,598	8,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	223,156				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	17,261	0	283,656		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	162	0	2,188	9,535	8.00
9.00	00900	HOUSEKEEPING	5,522	0	1,581	0	12,510
10.00	01000	DIETARY	469	0	7,204	0	322
11.00	01100	CAFETERIA	4,392	0	8,268	0	370
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	5,502	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,842	0	1,861	0	83
15.00	01500	PHARMACY	5,578	0	6,880	0	308
16.00	01600	MEDICAL RECORDS & LIBRARY	5,044	0	7,091	0	317
17.00	01700	SOCIAL SERVICE	4,342	0	12,072	0	540
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,546	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,525	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,132	0	49,582	7,652	2,214
31.00	03100	INTENSIVE CARE UNIT	7,265	0	8,040	838	359
41.00	04100	SUBPROVIDER - I RF	5,441	0	25,843	818	1,155
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	490	0	1,311	227	59
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,349	0	38,316	0	1,713
50.01	05001	ENDOSCOPY	0	0	0	0	0
50.02	05002	DAY SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	1,827	0	1,638	0	73
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,886	0	4,442	0	199
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,200	0	24,832	0	1,110
54.01	05401	NUCLEAR MEDICINE	738	0	1,485	0	66
54.02	05402	ULTRASOUND	0	0	0	0	0
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05	05405	PET SCAN	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,361	0	15,913	0	711
57.00	05700	CT SCAN	2,494	0	1,989	0	89
58.00	05800	MRI	1,032	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,449	0	0	0	0
60.00	06000	LABORATORY	12,938	0	15,990	0	715
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,352	0	3,953	0	177
66.00	06600	PHYSICAL THERAPY	7,544	0	14,920	0	667
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,743	0	363	0	16
68.00	06800	SPEECH PATHOLOGY	496	0	330	0	15
69.00	06900	ELECTROCARDIOLOGY	1,778	0	527	0	24
69.01	06901	VASCULAR LAB	0	0	0	0	0
69.02	06902	CARDIAC REHAB	1,201	0	3,056	0	137
70.00	07000	ELECTROENCEPHALOGRAPHY	584	0	627	0	28
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,450	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,058	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	10,017	0	0	0	0
76.00	03020	HEMODIALYSIS	773	0	0	0	0
76.01	03952	LI THOTRI PSY	0	0	0	0	0
76.02	03950	WOUND CARE	3,218	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	8,406	0	13,231	0	591
91.01	09101	OP DEPARTMENT	457	0	3,091	0	138
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,775	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	216,639	0	276,624	9,535	12,196	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	708	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	142	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	1,911	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	645	0	0	0	0	194.00
194.01	07951	MARKETING	2,111	0	0	0	0	194.01
194.02	07952	FOUNDATION	480	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	520	0	7,032	0	314	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	223,156	0	283,656	9,535	12,510	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	29,127					10.00
11.00	01100	CAFETERIA	0	40,306				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,792	0	7,617		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	644	0	0	11,655	14.00
15.00	01500	PHARMACY	0	2,055	0	0	32	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,345	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,117	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	886	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,216	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,373	8,890	0	6,112	628	30.00
31.00	03100	INTENSIVE CARE UNIT	2,561	2,365	0	670	243	31.00
41.00	04100	SUBPROVIDER - IIRF	2,499	964	0	654	36	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	694	285	0	181	14	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,671	0	0	1,026	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	576	0	0	28	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	752	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,941	0	0	62	54.00
54.01	05401	NUCLEAR MEDICINE	0	208	0	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	263	0	0	6	55.00
57.00	05700	CT SCAN	0	660	0	0	58	57.00
58.00	05800	MRI	0	323	0	0	8	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	440	0	0	72	59.00
60.00	06000	LABORATORY	0	1,936	0	0	59	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	853	0	0	119	65.00
66.00	06600	PHYSICAL THERAPY	0	1,177	0	0	15	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	600	0	0	2	67.00
68.00	06800	SPEECH PATHOLOGY	0	166	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	531	0	0	11	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0	374	0	0	3	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	33	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,138	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	0	466	0	0	72	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	2,280	0	0	304	91.00
91.01	09101	OP DEPARTMENT	0	80	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	665	0	0	70	92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

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Part II
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,127	39,554	0	7,617	11,616
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	137	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	CFPC CLINIC	0	425	0	0	39
194.00	07950	OFFICE BUILDINGS	0	0	0	0	0
194.01	07951	MARKETING	0	48	0	0	0
194.02	07952	FOUNDATION	0	142	0	0	0
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	2,548	0	0	0	0
202.00		TOTAL (sum lines 118-201)	31,675	40,306	0	7,617	11,655

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	37,816				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	37,326			16.00
17.00	01700	SOCIAL SERVICE	0	0	57,913		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17	2,533	46,472		30.00
31.00	03100	INTENSIVE CARE UNIT	12	503	5,093		31.00
41.00	04100	SUBPROVIDER - I&R	0	289	4,969		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	60	1,379		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	686	5,271	0		50.00
50.01	05001	ENDOSCOPY	0	0	0		50.01
50.02	05002	DAY SURGERY	0	0	0		50.02
51.00	05100	RECOVERY ROOM	0	453	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	159	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3	2,549	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	360	0		54.01
54.02	05402	ULTRASOUND	0	0	0		54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0		54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05	05407	PET SCAN	0	0	0		54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	500	0		55.00
57.00	05700	CT SCAN	31	3,390	0		57.00
58.00	05800	MRI	26	1,061	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	845	0		59.00
60.00	06000	LABORATORY	0	4,976	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
65.00	06500	RESPIRATORY THERAPY	0	1,246	0		65.00
66.00	06600	PHYSICAL THERAPY	0	924	0		66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0		66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0		66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0		66.03
67.00	06700	OCCUPATIONAL THERAPY	0	191	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	88	0		68.00
69.00	06900	ELECTROCARDIOLOGY	41	1,159	0		69.00
69.01	06901	VASCULAR LAB	0	0	0		69.01
69.02	06902	CARDIAC REHAB	0	86	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	158	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,163	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,544	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,484	3,144	0		73.00
76.00	03020	HEMODIALYSIS	0	92	0		76.00
76.01	03952	LITHOTRIPSY	0	14	0		76.01
76.02	03950	WOUND CARE	0	516	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0		90.01
91.00	09100	EMERGENCY	3	3,558	0		91.00
91.01	09101	OP DEPARTMENT	0	4	0		91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0		91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	490	0		92.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

Worksheet B
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0			99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,303	37,326	57,913	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201 CFPC CLINIC	513	0	0			192.01
194.00	07950 OFFICE BUILDINGS	0	0	0			194.00
194.01	07951 MARKETING	0	0	0			194.01
194.02	07952 FOUNDATION	0	0	0			194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0			194.04
200.00	Cross Foot Adjustments				0		0 200.00
201.00	Negative Cost Centers	0	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	37,816	37,326	57,913	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,592				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		4,960			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				343,013	0 30.00
31.00 03100	INTENSIVE CARE UNIT				54,776	0 31.00
41.00 04100	SUBPROVIDER - I RF				127,700	0 41.00
42.00 04200	SUBPROVIDER				0	0 42.00
43.00 04300	NURSERY				9,056	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				195,509	0 50.00
50.01 05001	ENDOSCOPY				0	0 50.01
50.02 05002	DAY SURGERY				0	0 50.02
51.00 05100	RECOVERY ROOM				10,080	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				23,160	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				120,583	0 54.00
54.01 05401	NUCLEAR MEDICINE				7,770	0 54.01
54.02 05402	ULTRASOUND				0	0 54.02
54.03 05405	GRANT SQUARE IMAGING				0	0 54.03
54.04 05406	WINDSOR MEDICAL RADIOLOGY				0	0 54.04
54.05 05407	PET SCAN				0	0 54.05
55.00 05500	RADIOLOGY-THERAPEUTIC				72,052	0 55.00
57.00 05700	CT SCAN				15,361	0 57.00
58.00 05800	MRI				2,508	0 58.00
59.00 05900	CARDIAC CATHETERIZATION				2,885	0 59.00
60.00 06000	LABORATORY				89,468	0 60.00
60.01 06001	BLOOD LABORATORY				0	0 60.01
65.00 06500	RESPIRATORY THERAPY				22,834	0 65.00
66.00 06600	PHYSICAL THERAPY				74,451	0 66.00
66.01 06601	FAIRVIEW REHAB CTR				0	0 66.01
66.02 06602	WESTCHESTER REHAB CTR				0	0 66.02
66.03 06603	LAGRANGE REHAB CTR				0	0 66.03
67.00 06700	OCCUPATIONAL THERAPY				4,214	0 67.00
68.00 06800	SPEECH PATHOLOGY				2,207	0 68.00
69.00 06900	ELECTROCARDIOLOGY				5,899	0 69.00
69.01 06901	VASCULAR LAB				0	0 69.01
69.02 06902	CARDIAC REHAB				14,959	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY				3,494	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				11,223	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				21,740	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				49,645	0 73.00
76.00 03020	HEMODIALYSIS				865	0 76.00
76.01 03952	LI THOTRI PSY				14	0 76.01
76.02 03950	WOUND CARE				4,356	0 76.02
76.98 07698	HYPERBARIC OXYGEN THERAPY				0	0 76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0 89.00
90.01 09001	PAIN MGMT CLINIC				0	0 90.01
91.00 09100	EMERGENCY				72,227	0 91.00
91.01 09101	OP DEPARTMENT				13,934	0 91.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140065

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

Worksheet B
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
			21.00	22.00	23.00				
24.00	25.00								
91.02	09102	MEDICAL ONCOLOGY				0	0	91.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				3,120	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF				0	0	99.10	
101.00	10100	HOME HEALTH AGENCY				0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION				0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00	
111.00	11100	ISLET ACQUISITION				0	0	111.00	
113.00	11300	INTEREST EXPENSE						113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	1,379,103	0	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				870	0	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES				142	0	192.00	
192.01	19201	CFPC CLINIC				2,965	0	192.01	
194.00	07950	OFFICE BUILDINGS				645	0	194.00	
194.01	07951	MARKETING				2,168	0	194.01	
194.02	07952	FOUNDATION				648	0	194.02	
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS				30,957	0	194.03	
194.04	07954	HHA TRANSITIONAL CARE				0	0	194.04	
200.00		Cross Foot Adjustments	3,592	4,960	0	8,552	0	200.00	
201.00		Negative Cost Centers	0	0	0	2,548	0	201.00	
202.00		TOTAL (sum lines 118-201)	3,592	4,960	0	1,428,598	0	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
50.02	05002	DAY SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
54.03	05405	GRANT SQUARE IMAGING	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	54.04
54.05	05407	PET SCAN	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	FAIRVIEW REHAB CTR	66.01
66.02	06602	WESTCHESTER REHAB CTR	66.02
66.03	06603	LAGRANGE REHAB CTR	66.03
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	VASCULAR LAB	69.01
69.02	06902	CARDIAC REHAB	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03020	HEMODIALYSIS	76.00
76.01	03952	LITHOTRIPSY	76.01
76.02	03950	WOUND CARE	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.01	09001	PAIN MGMT CLINIC	90.01
91.00	09100	EMERGENCY	91.00
91.01	09101	OP DEPARTMENT	91.01
91.02	09102	MEDICAL ONCOLOGY	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet B Part II Date/Time Prepared: 6/24/2015 4:05 pm
Cost Center Description		Total		
		26.00		
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,379,103	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	870	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	142	192.00
192.01	19201	CFPC CLINIC	2,965	192.01
194.00	07950	OFFICE BUILDINGS	645	194.00
194.01	07951	MARKETING	2,168	194.01
194.02	07952	FOUNDATION	648	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	30,957	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	194.04
200.00		Cross Foot Adjustments	8,552	200.00
201.00		Negative Cost Centers	2,548	201.00
202.00		TOTAL (sum lines 118-201)	1,428,598	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	433,083				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		433,083			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,660	2,660	5,118,501		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	67,396	67,396	489,544	-1,910,618	9,903,534
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	80,669	80,669	171,605	0	766,042
8.00 00800	LAUNDRY & LINEN SERVICE	2,178	2,178	0	0	7,185
9.00 00900	HOUSEKEEPING	1,574	1,574	125,447	0	245,076
10.00 01000	DIETARY	7,171	7,171	14,920	0	20,820
11.00 01100	CAFETERIA	8,230	8,230	74,563	0	194,916
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	188,649	0	244,161
14.00 01400	CENTRAL SERVICES & SUPPLY	1,852	1,852	67,731	0	126,112
15.00 01500	PHARMACY	6,849	6,849	216,313	0	247,526
16.00 01600	MEDICAL RECORDS & LIBRARY	7,059	7,059	141,514	0	223,839
17.00 01700	SOCIAL SERVICE	12,017	12,017	117,566	0	192,710
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	93,260	0	112,980
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	127,965	0	156,456
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	49,354	49,354	935,843	0	1,381,615
31.00 03100	INTENSIVE CARE UNIT	8,003	8,003	248,936	0	322,395
41.00 04100	SUBPROVIDER - I RF	25,725	25,725	101,458	0	241,483
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,305	1,305	30,014	0	21,743
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	38,141	38,141	386,414	0	814,323
50.01 05001	ENDOSCOPY	0	0	0	0	0
50.02 05002	DAY SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	1,631	1,631	60,658	0	81,081
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,422	4,422	79,187	0	128,067
54.00 05400	RADIOLOGY-DIAGNOSTIC	24,718	24,718	204,292	0	363,898
54.01 05401	NUCLEAR MEDICINE	1,478	1,478	21,905	0	32,750
54.02 05402	ULTRASOUND	0	0	0	0	0
54.03 05405	GRANT SQUARE IMAGING	0	0	0	0	0
54.04 05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0
54.05 05407	PET SCAN	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	15,840	15,840	27,636	0	104,787
57.00 05700	CT SCAN	1,980	1,980	69,497	0	110,701
58.00 05800	MRI	0	0	33,978	0	45,806
59.00 05900	CARDIAC CATHETERIZATION	0	0	46,271	0	64,322
60.00 06000	LABORATORY	15,917	15,917	203,721	0	574,176
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,935	3,935	89,769	0	148,763
66.00 06600	PHYSICAL THERAPY	14,852	14,852	123,926	0	334,804
66.01 06601	FAIRVIEW REHAB CTR	0	0	0	0	0
66.02 06602	WESTCHESTER REHAB CTR	0	0	0	0	0
66.03 06603	LAGRANGE REHAB CTR	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	361	361	63,192	0	77,373
68.00 06800	SPEECH PATHOLOGY	328	328	17,452	0	21,999
69.00 06900	ELECTROCARDIOLOGY	525	525	55,890	0	78,914
69.01 06901	VASCULAR LAB	0	0	0	0	0
69.02 06902	CARDIAC REHAB	3,042	3,042	39,343	0	53,285
70.00 07000	ELECTROENCEPHALOGRAPHY	624	624	3,424	0	25,908
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	330,606
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	623,902
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	444,552
76.00 03020	HEMODIALYSIS	0	0	0	0	34,306
76.01 03952	LI THOTRI PSY	0	0	0	0	0
76.02 03950	WOUND CARE	0	0	49,073	0	142,823
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.01 09001	PAIN MGMT CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	13,170	13,170	239,995	0	373,031
91.01 09101	OP DEPARTMENT	3,077	3,077	8,436	0	20,287

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
91.02 09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	69,963	0	78,790	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	426,083	426,083	5,039,350	-1,910,618	9,614,313	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	14,412	0	31,416	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,285	192.00
192.01 19201 CFPC CLINIC	0	0	44,713	0	84,820	192.01
194.00 07950 OFFICE BUILDINGS	0	0	0	0	28,619	194.00
194.01 07951 MARKETING	0	0	5,084	0	93,688	194.01
194.02 07952 FOUNDATION	0	0	14,942	0	21,302	194.02
194.03 07953 OTHER NONREIMBURSABLE COST CENTERS	7,000	7,000	0	0	23,091	194.03
194.04 07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	996,948	431,650	699,657		1,910,618	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.301979	0.996691	0.136692		0.192923	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			8,774		223,156	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001714		0.022533	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		282,358				7.00
8.00	00800	0	2,178	3,275			8.00
9.00	00900	0	1,574	0	278,606		9.00
10.00	01000	0	7,171	0	7,171	3,275	10.00
11.00	01100	0	8,230	0	8,230	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	0	1,852	0	1,852	0	14.00
15.00	01500	0	6,849	0	6,849	0	15.00
16.00	01600	0	7,059	0	7,059	0	16.00
17.00	01700	0	12,017	0	12,017	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	49,354	2,628	49,354	2,628	30.00
31.00	03100	0	8,003	288	8,003	288	31.00
41.00	04100	0	25,725	281	25,725	281	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,305	78	1,305	78	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,141	0	38,141	0	50.00
50.01	05001	0	0	0	0	0	50.01
50.02	05002	0	0	0	0	0	50.02
51.00	05100	0	1,631	0	1,631	0	51.00
52.00	05200	0	4,422	0	4,422	0	52.00
54.00	05400	0	24,718	0	24,718	0	54.00
54.01	05401	0	1,478	0	1,478	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05405	0	0	0	0	0	54.03
54.04	05406	0	0	0	0	0	54.04
54.05	05407	0	0	0	0	0	54.05
55.00	05500	0	15,840	0	15,840	0	55.00
57.00	05700	0	1,980	0	1,980	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	15,917	0	15,917	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	3,935	0	3,935	0	65.00
66.00	06600	0	14,852	0	14,852	0	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	06602	0	0	0	0	0	66.02
66.03	06603	0	0	0	0	0	66.03
67.00	06700	0	361	0	361	0	67.00
68.00	06800	0	328	0	328	0	68.00
69.00	06900	0	525	0	525	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	3,042	0	3,042	0	69.02
70.00	07000	0	624	0	624	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03952	0	0	0	0	0	76.01
76.02	03950	0	0	0	0	0	76.02
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	0	0	0	0	0	89.00
90.01	09001	0	0	0	0	0	90.01
91.00	09100	0	13,170	0	13,170	0	91.00
91.01	09101	0	3,077	0	3,077	0	91.01
91.02	09102	0	0	0	0	0	91.02
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQURE FEET)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQURE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	275,358	3,275	271,606	3,275	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 CFPC CLINIC	0	0	0	0	0	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	0	0	0	0	0	194.01
194.02	07952 FOUNDATION	0	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	7,000	0	7,000	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	913,829	15,620	297,451	55,701	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	3.236420	4.769466	1.067640	17.007939	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	283,656	9,535	12,510	31,675	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.004597	2.911450	0.044902	8.893740	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description			CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	4,242,422					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	188,649	0	3,275			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,731	0	0	1,184,500		14.00
15.00	01500	PHARMACY	216,313	0	0	3,212	438,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	141,514	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	117,566	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	93,260	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	127,965	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	935,843	0	2,628	63,787	193	30.00
31.00	03100	INTENSIVE CARE UNIT	248,936	0	288	24,718	137	31.00
41.00	04100	SUBPROVIDER - I&R	101,458	0	281	3,663	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	30,014	0	78	1,440	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	386,414	0	0	104,290	7,954	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	60,658	0	0	2,888	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	79,187	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	204,292	0	0	6,283	29	54.00
54.01	05401	NUCLEAR MEDICINE	21,905	0	0	41	0	54.01
54.02	05402	ULTRASOUND	0	0	0	0	0	54.02
54.03	05403	GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05404	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05405	PET SCAN	0	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	27,636	0	0	639	0	55.00
57.00	05700	CT SCAN	69,497	0	0	5,891	355	57.00
58.00	05800	MRI	33,978	0	0	823	297	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,271	0	0	7,344	0	59.00
60.00	06000	LABORATORY	203,721	0	0	5,983	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	89,769	0	0	12,047	0	65.00
66.00	06600	PHYSICAL THERAPY	123,926	0	0	1,479	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	63,192	0	0	158	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,452	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,890	0	0	1,115	481	69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	39,343	0	0	285	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,424	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	265,247	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	623,737	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	423,173	73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952	LI THOTRI PSY	0	0	0	0	0	76.01
76.02	03950	WOUND CARE	49,073	0	0	7,365	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	239,995	0	0	30,918	37	91.00
91.01	09101	OP DEPARTMENT	8,436	0	0	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		CAFETERIA (GROSS SALARY)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	69,963	0	0	7,109	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,163,271	0	3,275	1,180,462	432,656	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,412	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	35	0	192.00
192.01	19201 CFPC CLINIC	44,713	0	0	4,003	5,945	192.01
194.00	07950 OFFICE BUILDINGS	0	0	0	0	0	194.00
194.01	07951 MARKETING	5,084	0	0	0	0	194.01
194.02	07952 FOUNDATION	14,942	0	0	0	0	194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.03
194.04	07954 HHA TRANSITIONAL CARE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	267,943	0	303,180	162,691	338,860	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.063158	0.000000	92.574046	0.137350	0.772593	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	40,306	0	7,617	11,655	37,816	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009501	0.000000	2.325802	0.009840	0.086220	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	49,595,965					16.00
17.00 01700 SOCIAL SERVICE	0	3,275				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			6,820	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,363,754	2,628		0	5,060	30.00
31.00 03100 INTENSIVE CARE UNIT	667,455	288		0	0	31.00
41.00 04100 SUBPROVIDER - I RF	383,144	281		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	80,175	78		0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,026,505	0	0	0	593	50.00
50.01 05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02 05002 DAY SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	601,015	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	211,527	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,385,378	0	0	0	239	54.00
54.01 05401 NUCLEAR MEDICINE	478,700	0	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04 05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05 05407 PET SCAN	0	0	0	0	0	54.05
55.00 05500 RADIOLOGY-THERAPEUTIC	664,470	0	0	0	0	55.00
57.00 05700 CT SCAN	4,502,207	0	0	0	0	57.00
58.00 05800 MRI	1,409,050	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,121,787	0	0	0	0	59.00
60.00 06000 LABORATORY	6,607,784	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	1,654,890	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	1,227,714	0	0	0	0	66.00
66.01 06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02 06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03 06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00 06700 OCCUPATIONAL THERAPY	254,212	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	116,564	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	1,538,819	0	0	0	479	69.00
69.01 06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02 06902 CARDIAC REHAB	114,245	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	209,500	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,544,786	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,049,960	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,174,758	0	0	0	0	73.00
76.00 03020 HEMODIALYSIS	122,050	0	0	0	0	76.00
76.01 03952 LI THOTRI PSY	18,000	0	0	0	0	76.01
76.02 03950 WOUND CARE	685,171	0	0	0	239	76.02
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01 09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	4,725,536	0	0	0	210	91.00
91.01 09101 OP DEPARTMENT	5,971	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	650,838	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,595,965	3,275	0	6,820	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	0	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	306,343	289,035	0	140,666	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006177	88.254962	0.000000	20.625513	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	37,326	57,913	0	3,592	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000753	17.683359	0.000000	0.526686	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,820	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,060	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	593	50.00
50.01	05001	ENDOSCOPY	0	50.01
50.02	05002	DAY SURGERY	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239	54.00
54.01	05401	NUCLEAR MEDICINE	0	54.01
54.02	05402	ULTRASOUND	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	54.04
54.05	05407	PET SCAN	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	479	69.00
69.01	06901	VASCULAR LAB	0	69.01
69.02	06902	CARDIAC REHAB	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
76.00	03020	HEMODIALYSIS	0	76.00
76.01	03952	LI THOTRI PSY	0	76.01
76.02	03950	WOUND CARE	239	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	90.01
91.00	09100	EMERGENCY	210	91.00
91.01	09101	OP DEPARTMENT	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140065

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

Worksheet B-1

Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMETERED PRGM (ASSIGNED TIME)		
		22.00	23.00		
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,820	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	CFPC CLINIC	0	0	192.01
194.00	07950	OFFICE BUILDINGS	0	0	194.00
194.01	07951	MARKETING	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
194.03	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.03
194.04	07954	HHA TRANSITIONAL CARE	0	0	194.04
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	194,722	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.551613	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,960	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.727273	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet C Part I Date/Time Prepared: 6/24/2015 4:05 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		2,481,828	0	2,481,828	30.00
31.00	03100 INTENSIVE CARE UNIT		500,733	0	500,733	31.00
41.00	04100 SUBPROVIDER - I RF		465,003	0	465,003	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		49,948	0	49,948	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		1,223,853	0	1,223,853	50.00
50.01	05001 ENDOSCOPY		0	0	0	50.01
50.02	05002 DAY SURGERY		0	0	0	50.02
51.00	05100 RECOVERY ROOM		111,683	0	111,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		178,114	0	178,114	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		575,189	0	575,189	54.00
54.01	05401 NUCLEAR MEDICINE		49,775	0	49,775	54.01
54.02	05402 ULTRASOUND		0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING		0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY		0	0	0	54.04
54.05	05407 PET SCAN		0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC		199,116	0	199,116	55.00
57.00	05700 CT SCAN		173,862	0	173,862	57.00
58.00	05800 MRI		65,835	0	65,835	58.00
59.00	05900 CARDIAC CATHETERIZATION		87,591	0	87,591	59.00
60.00	06000 LABORATORY		807,961	0	807,961	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	211,946	0	211,946	65.00
66.00	06600 PHYSICAL THERAPY	0	478,933	0	478,933	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	99,436	0	99,436	67.00
68.00	06800 SPEECH PATHOLOGY	0	29,477	0	29,477	68.00
69.00	06900 ELECTROCARDIOLOGY		109,958	0	109,958	69.00
69.01	06901 VASCULAR LAB		0	0	0	69.01
69.02	06902 CARDIAC REHAB		79,888	0	79,888	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		35,102	0	35,102	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		440,362	0	440,362	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		842,598	0	842,598	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		883,044	0	883,044	73.00
76.00	03020 HEMODIALYSIS		41,678	0	41,678	76.00
76.01	03952 LI THOTRI PSY		111	0	111	76.01
76.02	03950 WOUND CARE		178,720	0	178,720	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC		0	0	0	90.01
91.00	09100 EMERGENCY		550,306	0	550,306	91.00
91.01	09101 OP DEPARTMENT		38,014	0	38,014	91.01
91.02	09102 MEDICAL ONCOLOGY		0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		136,540	0	136,540	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		103,405	0	103,405	92.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		11,230,009	0	11,230,009	200.00
201.00	Less Observation Beds		136,540	0	136,540	201.00
202.00	Total (see instructions)		11,093,469	0	11,093,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

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

Worksheet C
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,099,549		3,099,549		30.00
31.00	03100	INTENSIVE CARE UNIT	667,455		667,455		31.00
41.00	04100	SUBPROVIDER - IRF	383,144		383,144		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	80,175		80,175		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,872,828	4,153,677	7,026,505	0.174177	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	231,760	369,255	601,015	0.185824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,575	37,952	211,527	0.842039	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	867,516	2,517,862	3,385,378	0.169904	54.00
54.01	05401	NUCLEAR MEDICINE	209,350	269,350	478,700	0.103980	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	36,954	627,516	664,470	0.299661	55.00
57.00	05700	CT SCAN	1,454,886	3,047,321	4,502,207	0.038617	57.00
58.00	05800	MRI	483,260	925,790	1,409,050	0.046723	58.00
59.00	05900	CARDIAC CATHETERIZATION	731,062	390,725	1,121,787	0.078082	59.00
60.00	06000	LABORATORY	3,742,376	2,865,408	6,607,784	0.122274	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,537,521	117,369	1,654,890	0.128073	65.00
66.00	06600	PHYSICAL THERAPY	468,393	759,321	1,227,714	0.390101	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	239,074	15,138	254,212	0.391154	67.00
68.00	06800	SPEECH PATHOLOGY	110,090	6,474	116,564	0.252883	68.00
69.00	06900	ELECTROCARDIOLOGY	789,265	749,554	1,538,819	0.071456	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	9,504	104,741	114,245	0.699269	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	21,300	188,200	209,500	0.167551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	744,816	799,970	1,544,786	0.285063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,367,575	682,385	2,049,960	0.411031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,326,098	848,660	4,174,758	0.211520	73.00
76.00	03020	HEMODIALYSIS	122,050	0	122,050	0.341483	76.00
76.01	03952	LITHOTRIpsy	0	18,000	18,000	0.006167	76.01
76.02	03950	WOUND CARE	2,727	682,444	685,171	0.260840	76.02
76.98	07698	HYPERBARIc OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	1,523,758	3,201,778	4,725,536	0.116454	91.00
91.01	09101	OP DEPARTMENT	230	5,741	5,971	6.366438	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	50,270	213,935	264,205	0.516796	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	60,060	590,778	650,838	0.158880	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	25,406,621	24,189,344	49,595,965		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	25,406,621	24,189,344	49,595,965		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet C Part I Date/Time Prepared: 6/24/2015 4:05 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.174177	50.00
50.01	05001	ENDOSCOPY	0.000000	50.01
50.02	05002	DAY SURGERY	0.000000	50.02
51.00	05100	RECOVERY ROOM	0.185824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.842039	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169904	54.00
54.01	05401	NUCLEAR MEDICINE	0.103980	54.01
54.02	05402	ULTRASOUND	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	54.04
54.05	05407	PET SCAN	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299661	55.00
57.00	05700	CT SCAN	0.038617	57.00
58.00	05800	MRI	0.046723	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078082	59.00
60.00	06000	LABORATORY	0.122274	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.128073	65.00
66.00	06600	PHYSICAL THERAPY	0.390101	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.391154	67.00
68.00	06800	SPEECH PATHOLOGY	0.252883	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071456	69.00
69.01	06901	VASCULAR LAB	0.000000	69.01
69.02	06902	CARDIAC REHAB	0.699269	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.285063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211520	73.00
76.00	03020	HEMODIALYSIS	0.341483	76.00
76.01	03952	LITHOTRIPSY	0.006167	76.01
76.02	03950	WOUND CARE	0.260840	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS				
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.116454	91.00
91.01	09101	OP DEPARTMENT	6.366438	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.516796	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.158880	92.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

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

Worksheet C
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		2,481,828		0	2,481,828	30.00
31.00	03100 INTENSIVE CARE UNIT		500,733		0	500,733	31.00
41.00	04100 SUBPROVIDER - I RF		465,003		0	465,003	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		49,948		0	49,948	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		1,223,853		0	1,223,853	50.00
50.01	05001 ENDOSCOPY		0		0	0	50.01
50.02	05002 DAY SURGERY		0		0	0	50.02
51.00	05100 RECOVERY ROOM		111,683		0	111,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		178,114		0	178,114	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		575,189		0	575,189	54.00
54.01	05401 NUCLEAR MEDICINE		49,775		0	49,775	54.01
54.02	05402 ULTRASOUND		0		0	0	54.02
54.03	05405 GRANT SQUARE IMAGING		0		0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY		0		0	0	54.04
54.05	05407 PET SCAN		0		0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC		199,116		0	199,116	55.00
57.00	05700 CT SCAN		173,862		0	173,862	57.00
58.00	05800 MRI		65,835		0	65,835	58.00
59.00	05900 CARDIAC CATHETERIZATION		87,591		0	87,591	59.00
60.00	06000 LABORATORY		807,961		0	807,961	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	211,946		0	211,946	65.00
66.00	06600 PHYSICAL THERAPY	0	478,933		0	478,933	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0		0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0		0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0		0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	99,436		0	99,436	67.00
68.00	06800 SPEECH PATHOLOGY	0	29,477		0	29,477	68.00
69.00	06900 ELECTROCARDIOLOGY		109,958		0	109,958	69.00
69.01	06901 VASCULAR LAB		0		0	0	69.01
69.02	06902 CARDIAC REHAB		79,888		0	79,888	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY		35,102		0	35,102	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		440,362		0	440,362	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		842,598		0	842,598	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		883,044		0	883,044	73.00
76.00	03020 HEMODIALYSIS		41,678		0	41,678	76.00
76.01	03952 LI THOTRI PSY		111		0	111	76.01
76.02	03950 WOUND CARE		178,720		0	178,720	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY		0		0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.01	09001 PAIN MGMT CLINIC		0		0	0	90.01
91.00	09100 EMERGENCY		550,306		0	550,306	91.00
91.01	09101 OP DEPARTMENT		38,014		0	38,014	91.01
91.02	09102 MEDICAL ONCOLOGY		0		0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		136,540		0	136,540	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		103,405		0	103,405	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0		0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
200.00	Subtotal (see instructions)		11,230,009	0	0	11,230,009	200.00
201.00	Less Observation Beds		136,540		0	136,540	201.00
202.00	Total (see instructions)		11,093,469	0	0	11,093,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140065

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

Worksheet C
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,099,549		3,099,549		30.00
31.00	03100	INTENSIVE CARE UNIT	667,455		667,455		31.00
41.00	04100	SUBPROVIDER - IRF	383,144		383,144		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	80,175		80,175		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,872,828	4,153,677	7,026,505	0.174177	50.00
50.01	05001	ENDOSCOPY	0	0	0	0.000000	50.01
50.02	05002	DAY SURGERY	0	0	0	0.000000	50.02
51.00	05100	RECOVERY ROOM	231,760	369,255	601,015	0.185824	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173,575	37,952	211,527	0.842039	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	867,516	2,517,862	3,385,378	0.169904	54.00
54.01	05401	NUCLEAR MEDICINE	209,350	269,350	478,700	0.103980	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0.000000	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0.000000	54.04
54.05	05407	PET SCAN	0	0	0	0.000000	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	36,954	627,516	664,470	0.299661	55.00
57.00	05700	CT SCAN	1,454,886	3,047,321	4,502,207	0.038617	57.00
58.00	05800	MRI	483,260	925,790	1,409,050	0.046723	58.00
59.00	05900	CARDIAC CATHETERIZATION	731,062	390,725	1,121,787	0.078082	59.00
60.00	06000	LABORATORY	3,742,376	2,865,408	6,607,784	0.122274	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	1,537,521	117,369	1,654,890	0.128073	65.00
66.00	06600	PHYSICAL THERAPY	468,393	759,321	1,227,714	0.390101	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0.000000	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0.000000	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0.000000	66.03
67.00	06700	OCCUPATIONAL THERAPY	239,074	15,138	254,212	0.391154	67.00
68.00	06800	SPEECH PATHOLOGY	110,090	6,474	116,564	0.252883	68.00
69.00	06900	ELECTROCARDIOLOGY	789,265	749,554	1,538,819	0.071456	69.00
69.01	06901	VASCULAR LAB	0	0	0	0.000000	69.01
69.02	06902	CARDIAC REHAB	9,504	104,741	114,245	0.699269	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	21,300	188,200	209,500	0.167551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	744,816	799,970	1,544,786	0.285063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,367,575	682,385	2,049,960	0.411031	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,326,098	848,660	4,174,758	0.211520	73.00
76.00	03020	HEMODIALYSIS	122,050	0	122,050	0.341483	76.00
76.01	03952	LI THOTRI PSY	0	18,000	18,000	0.006167	76.01
76.02	03950	WOUND CARE	2,727	682,444	685,171	0.260840	76.02
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	1,523,758	3,201,778	4,725,536	0.116454	91.00
91.01	09101	OP DEPARTMENT	230	5,741	5,971	6.366438	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	50,270	213,935	264,205	0.516796	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	60,060	590,778	650,838	0.158880	92.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	25,406,621	24,189,344	49,595,965		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	25,406,621	24,189,344	49,595,965		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet C Part I Date/Time Prepared: 6/24/2015 4:05 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 ENDOSCOPY	0.000000		50.01
50.02	05002 DAY SURGERY	0.000000		50.02
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE	0.000000		54.01
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05405 GRANT SQUARE IMAGING	0.000000		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0.000000		54.04
54.05	05407 PET SCAN	0.000000		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 FAIRVIEW REHAB CTR	0.000000		66.01
66.02	06602 WESTCHESTER REHAB CTR	0.000000		66.02
66.03	06603 LAGRANGE REHAB CTR	0.000000		66.03
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901 VASCULAR LAB	0.000000		69.01
69.02	06902 CARDIAC REHAB	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 HEMODIALYSIS	0.000000		76.00
76.01	03952 LI THOTRIPSY	0.000000		76.01
76.02	03950 WOUND CARE	0.000000		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
	OUTPATIENT SERVICE COST CENTERS			
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001 PAIN MGMT CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 OP DEPARTMENT	0.000000		91.01
91.02	09102 MEDICAL ONCOLOGY	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part I Date/Time Prepared: 6/24/2015 4:05 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	343,013	0	343,013	2,781	123.34	30.00
31.00	INTENSIVE CARE UNIT	54,776		54,776	288	190.19	31.00
41.00	SUBPROVIDER - IRF	127,700	0	127,700	281	454.45	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	9,056		9,056	78	116.10	43.00
200.00	Total (Lines 30-199)	534,545		534,545	3,428		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	1,579	194,754	30.00
31.00	INTENSIVE CARE UNIT	165	31,381	31.00
41.00	SUBPROVIDER - IRF	144	65,441	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	1,888	291,576	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part II Date/Time Prepared: 6/24/2015 4:05 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	195,509	7,026,505	0.027825	1,236,592	34,408	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	10,080	601,015	0.016772	105,122	1,763	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,160	211,527	0.109490	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,583	3,385,378	0.035619	488,373	17,395	54.00
54.01	05401	NUCLEAR MEDICINE	7,770	478,700	0.016231	129,841	2,107	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	72,052	664,470	0.108435	29,016	3,146	55.00
57.00	05700	CT SCAN	15,361	4,502,207	0.003412	782,933	2,671	57.00
58.00	05800	MRI	2,508	1,409,050	0.001780	232,369	414	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,885	1,121,787	0.002572	446,170	1,148	59.00
60.00	06000	LABORATORY	89,468	6,607,784	0.013540	2,106,969	28,528	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	22,834	1,654,890	0.013798	932,923	12,872	65.00
66.00	06600	PHYSICAL THERAPY	74,451	1,227,714	0.060642	222,132	13,471	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	4,214	254,212	0.016577	73,615	1,220	67.00
68.00	06800	SPEECH PATHOLOGY	2,207	116,564	0.018934	44,171	836	68.00
69.00	06900	ELECTROCARDIOLOGY	5,899	1,538,819	0.003833	487,567	1,869	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	14,959	114,245	0.130938	5,385	705	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,494	209,500	0.016678	13,355	223	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,223	1,544,786	0.007265	332,061	2,412	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740	2,049,960	0.010605	556,808	5,905	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,645	4,174,758	0.011892	1,732,543	20,603	73.00
76.00	03020	HEMODIALYSIS	865	122,050	0.007087	102,422	726	76.00
76.01	03952	LI THOTRI PSY	14	18,000	0.000778	0	0	76.01
76.02	03950	WOUND CARE	4,356	685,171	0.006358	2,648	17	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	72,227	4,725,536	0.015284	842,440	12,876	91.00
91.01	09101	OP DEPARTMENT	13,934	5,971	2.333612	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	18,871	264,205	0.071426	50,270	3,591	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,120	650,838	0.004794	49,090	235	92.01
200.00		Total (lines 50-199)	863,429	45,365,642		11,004,815	169,141	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet D Part III Date/Time Prepared: 6/24/2015 4:05 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,781	0.00	1,579	0		30.00
31.00	03100	INTENSIVE CARE UNIT	288	0.00	165	0		31.00
41.00	04100	SUBPROVIDER - IRF	281	0.00	144	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	78	0.00	0	0		43.00
200.00		Total (lines 30-199)	3,428		1,888	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part IV Date/Time Prepared: 6/24/2015 4:05 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0 50.01
50.02	05002	DAY SURGERY	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0	0	0	0	0 54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0	0	0 54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0 54.04
54.05	05407	PET SCAN	0	0	0	0	0 54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0	0	0 66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0	0	0 66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0	0	0 66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	06901	VASCULAR LAB	0	0	0	0	0 69.01
69.02	06902	CARDIAC REHAB	0	0	0	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	03020	HEMODIALYSIS	0	0	0	0	0 76.00
76.01	03952	LITHOTRIPSY	0	0	0	0	0 76.01
76.02	03950	WOUND CARE	0	0	0	0	0 76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
91.01	09101	OP DEPARTMENT	0	0	0	0	0 91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0	0	0 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part IV Date/Time Prepared: 6/24/2015 4:05 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,026,505	0.000000	0.000000	1,236,592	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	601,015	0.000000	0.000000	105,122	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	211,527	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,385,378	0.000000	0.000000	488,373	54.00
54.01	05401 NUCLEAR MEDICINE	0	478,700	0.000000	0.000000	129,841	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	664,470	0.000000	0.000000	29,016	55.00
57.00	05700 CT SCAN	0	4,502,207	0.000000	0.000000	782,933	57.00
58.00	05800 MRI	0	1,409,050	0.000000	0.000000	232,369	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,121,787	0.000000	0.000000	446,170	59.00
60.00	06000 LABORATORY	0	6,607,784	0.000000	0.000000	2,106,969	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,654,890	0.000000	0.000000	932,923	65.00
66.00	06600 PHYSICAL THERAPY	0	1,227,714	0.000000	0.000000	222,132	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	254,212	0.000000	0.000000	73,615	67.00
68.00	06800 SPEECH PATHOLOGY	0	116,564	0.000000	0.000000	44,171	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,538,819	0.000000	0.000000	487,567	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902 CARDIAC REHAB	0	114,245	0.000000	0.000000	5,385	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	209,500	0.000000	0.000000	13,355	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,544,786	0.000000	0.000000	332,061	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,049,960	0.000000	0.000000	556,808	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,174,758	0.000000	0.000000	1,732,543	73.00
76.00	03020 HEMODIALYSIS	0	122,050	0.000000	0.000000	102,422	76.00
76.01	03952 LI THOTRI PSY	0	18,000	0.000000	0.000000	0	76.01
76.02	03950 WOUND CARE	0	685,171	0.000000	0.000000	2,648	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	4,725,536	0.000000	0.000000	842,440	91.00
91.01	09101 OP DEPARTMENT	0	5,971	0.000000	0.000000	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	264,205	0.000000	0.000000	50,270	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	650,838	0.000000	0.000000	49,090	92.01
200.00	Total (lines 50-199)	0	45,365,642			11,004,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140065

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

Worksheet D
Part IV
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	1,426,029	0		50.00
50.01	05001 ENDOSCOPY	0	0	0		50.01
50.02	05002 DAY SURGERY	0	0	0		50.02
51.00	05100 RECOVERY ROOM	0	91,214	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	752,828	0		54.00
54.01	05401 NUCLEAR MEDICINE	0	90,097	0		54.01
54.02	05402 ULTRASOUND	0	0	0		54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0		54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0		54.04
54.05	05407 PET SCAN	0	0	0		54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	257,923	0		55.00
57.00	05700 CT SCAN	0	864,834	0		57.00
58.00	05800 MRI	0	237,935	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	215,468	0		59.00
60.00	06000 LABORATORY	0	653,882	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	47,406	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0		66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0		66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0		66.03
67.00	06700 OCCUPATIONAL THERAPY	0	150	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	219,080	0		69.00
69.01	06901 VASCULAR LAB	0	0	0		69.01
69.02	06902 CARDIAC REHAB	0	55,565	0		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	76,790	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	319,056	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	335,953	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	337,822	0		73.00
76.00	03020 HEMODIALYSIS	0	0	0		76.00
76.01	03952 LITHOTRIPSY	0	2,734	0		76.01
76.02	03950 WOUND CARE	0	373,181	0		76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
OUTPATIENT SERVICE COST CENTERS						
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	715,388	0		91.00
91.01	09101 OP DEPARTMENT	0	4,193	0		91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	74,336	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	233,054	0		92.01
200.00	Total (lines 50-199)	0	7,384,918	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part V Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.174177	1,426,029	0	0	248,381	50.00
50.01	05001	ENDOSCOPY	0.000000	0	0	0	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0.185824	91,214	0	0	16,950	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.842039	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169904	752,828	0	0	127,908	54.00
54.01	05401	NUCLEAR MEDICINE	0.103980	90,097	0	0	9,368	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	0	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	0	0	0	54.04
54.05	05407	PET SCAN	0.000000	0	0	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299661	257,923	0	0	77,289	55.00
57.00	05700	CT SCAN	0.038617	864,834	0	0	33,397	57.00
58.00	05800	MRI	0.046723	237,935	0	0	11,117	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078082	215,468	0	0	16,824	59.00
60.00	06000	LABORATORY	0.122274	653,882	0	0	79,953	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.128073	47,406	0	0	6,071	65.00
66.00	06600	PHYSICAL THERAPY	0.390101	0	0	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	0	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	0	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	0	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.391154	150	0	0	59	67.00
68.00	06800	SPEECH PATHOLOGY	0.252883	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071456	219,080	0	0	15,655	69.00
69.01	06901	VASCULAR LAB	0.000000	0	0	0	0	69.01
69.02	06902	CARDIAC REHAB	0.699269	55,565	0	0	38,855	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167551	76,790	0	0	12,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.285063	319,056	0	0	90,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411031	335,953	0	0	138,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211520	337,822	7,623	6,381	71,456	73.00
76.00	03020	HEMODIALYSIS	0.341483	0	0	0	0	76.00
76.01	03952	LITHOTRIpsy	0.006167	2,734	0	0	17	76.01
76.02	03950	WOUND CARE	0.260840	373,181	0	0	97,341	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.116454	715,388	0	0	83,310	91.00
91.01	09101	OP DEPARTMENT	6.366438	4,193	0	0	26,694	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.516796	74,336	0	0	38,417	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.158880	233,054	0	0	37,028	92.01
200.00		Subtotal (see instructions)		7,384,918	7,623	6,381	1,277,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		7,384,918	7,623	6,381	1,277,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part V Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
50.02	05002	DAY SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	54.04
54.05	05407	PET SCAN	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	VASCULAR LAB	0	0	69.01
69.02	06902	CARDIAC REHAB	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,612	1,350	73.00
76.00	03020	HEMODIALYSIS	0	0	76.00
76.01	03952	LITHOTRIPSY	0	0	76.01
76.02	03950	WOUND CARE	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	OP DEPARTMENT	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	1,612	1,350	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,612	1,350	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140065 Component CCN: 14T065		Period: From 01/01/2015 To 01/31/2015		Worksheet D Part II Date/Time Prepared: 6/24/2015 4:05 pm	
			Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	195,509	7,026,505	0.027825	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0.000000	0	0	50.01
50.02	05002	DAY SURGERY	0	0	0.000000	0	0	50.02
51.00	05100	RECOVERY ROOM	10,080	601,015	0.016772	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,160	211,527	0.109490	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	120,583	3,385,378	0.035619	4,897	174	54.00
54.01	05401	NUCLEAR MEDICINE	7,770	478,700	0.016231	0	0	54.01
54.02	05402	ULTRASOUND	0	0	0.000000	0	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0	0	0.000000	0	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0	0	54.04
54.05	05407	PET SCAN	0	0	0.000000	0	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	72,052	664,470	0.108435	0	0	55.00
57.00	05700	CT SCAN	15,361	4,502,207	0.003412	8,904	30	57.00
58.00	05800	MRI	2,508	1,409,050	0.001780	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,885	1,121,787	0.002572	0	0	59.00
60.00	06000	LABORATORY	89,468	6,607,784	0.013540	49,645	672	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	22,834	1,654,890	0.013798	47,704	658	65.00
66.00	06600	PHYSICAL THERAPY	74,451	1,227,714	0.060642	61,691	3,741	66.00
66.01	06601	FAIRVIEW REHAB CTR	0	0	0.000000	0	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0	0	0.000000	0	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0	0	0.000000	0	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	4,214	254,212	0.016577	63,198	1,048	67.00
68.00	06800	SPEECH PATHOLOGY	2,207	116,564	0.018934	27,904	528	68.00
69.00	06900	ELECTROCARDIOLOGY	5,899	1,538,819	0.003833	1,434	5	69.00
69.01	06901	VASCULAR LAB	0	0	0.000000	0	0	69.01
69.02	06902	CARDIAC REHAB	14,959	114,245	0.130938	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,494	209,500	0.016678	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,223	1,544,786	0.007265	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,740	2,049,960	0.010605	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,645	4,174,758	0.011892	51,664	614	73.00
76.00	03020	HEMODIALYSIS	865	122,050	0.007087	0	0	76.00
76.01	03952	LITHOTRIpsy	14	18,000	0.000778	0	0	76.01
76.02	03950	WOUND CARE	4,356	685,171	0.006358	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.01	09001	PAIN MGMT CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	72,227	4,725,536	0.015284	0	0	91.00
91.01	09101	OP DEPARTMENT	13,934	5,971	2.333612	0	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0	0	0.000000	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	264,205	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,120	650,838	0.004794	0	0	92.01
200.00		Total (lines 50-199)	844,558	45,365,642		317,041	7,470	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065 Component CCN: 14T065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part IV Date/Time Prepared: 6/24/2015 4:05 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 VASCULAR LAB	0	0	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	0	0	0	0	76.00
76.01	03952 LITHOTRIpsy	0	0	0	0	0	76.01
76.02	03950 WOUND CARE	0	0	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065 Component CCN: 14T065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part IV Date/Time Prepared: 6/24/2015 4:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	7,026,505	0.000000	0.000000	0	50.00
50.01	05001 ENDOSCOPY	0	0	0.000000	0.000000	0	50.01
50.02	05002 DAY SURGERY	0	0	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	601,015	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	211,527	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,385,378	0.000000	0.000000	4,897	54.00
54.01	05401 NUCLEAR MEDICINE	0	478,700	0.000000	0.000000	0	54.01
54.02	05402 ULTRASOUND	0	0	0.000000	0.000000	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0.000000	0.000000	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0.000000	0.000000	0	54.04
54.05	05407 PET SCAN	0	0	0.000000	0.000000	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	664,470	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	4,502,207	0.000000	0.000000	8,904	57.00
58.00	05800 MRI	0	1,409,050	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,121,787	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	6,607,784	0.000000	0.000000	49,645	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,654,890	0.000000	0.000000	47,704	65.00
66.00	06600 PHYSICAL THERAPY	0	1,227,714	0.000000	0.000000	61,691	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0.000000	0.000000	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0.000000	0.000000	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0.000000	0.000000	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	254,212	0.000000	0.000000	63,198	67.00
68.00	06800 SPEECH PATHOLOGY	0	116,564	0.000000	0.000000	27,904	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,538,819	0.000000	0.000000	1,434	69.00
69.01	06901 VASCULAR LAB	0	0	0.000000	0.000000	0	69.01
69.02	06902 CARDIAC REHAB	0	114,245	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	209,500	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,544,786	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,049,960	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,174,758	0.000000	0.000000	51,664	73.00
76.00	03020 HEMODIALYSIS	0	122,050	0.000000	0.000000	0	76.00
76.01	03952 LI THOTRIPSY	0	18,000	0.000000	0.000000	0	76.01
76.02	03950 WOUND CARE	0	685,171	0.000000	0.000000	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	4,725,536	0.000000	0.000000	0	91.00
91.01	09101 OP DEPARTMENT	0	5,971	0.000000	0.000000	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0.000000	0.000000	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	264,205	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	650,838	0.000000	0.000000	0	92.01
200.00	Total (lines 50-199)	0	45,365,642			317,041	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140065 Component CCN: 14T065	Period: From 01/01/2015 To 01/31/2015	Worksheet D Part IV Date/Time Prepared: 6/24/2015 4:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	0	50.01
50.02	05002 DAY SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05405 GRANT SQUARE IMAGING	0	0	0	54.03
54.04	05406 WINDSOR MEDICAL RADIOLOGY	0	0	0	54.04
54.05	05407 PET SCAN	0	0	0	54.05
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 FAIRVIEW REHAB CTR	0	0	0	66.01
66.02	06602 WESTCHESTER REHAB CTR	0	0	0	66.02
66.03	06603 LAGRANGE REHAB CTR	0	0	0	66.03
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 VASCULAR LAB	0	0	0	69.01
69.02	06902 CARDIAC REHAB	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 HEMODIALYSIS	0	0	0	76.00
76.01	03952 LI THOTRI PSY	0	0	0	76.01
76.02	03950 WOUND CARE	0	0	0	76.02
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.01	09001 PAIN MGMT CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 OP DEPARTMENT	0	0	0	91.01
91.02	09102 MEDICAL ONCOLOGY	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/24/2015 4:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,781	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,781	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,628	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)		1,579	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,481,828	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)		2,481,828	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,481,828	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		892.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,409,131	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)		1,409,131	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-1 Date/Time Prepared: 6/24/2015 4:05 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	500,733	288	1,738.66	165	286,879	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,818,136	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,514,146	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)					226,135	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					169,141	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					395,276	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,118,870	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)					153	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					892.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					136,540	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065		Period: From 01/01/2015 To 01/31/2015		Worksheet D-1 Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	343,013	2,481,828	0.138210	136,540	18,871	90.00
91.00	Nursing School cost	0	2,481,828	0.000000	136,540	0	91.00
92.00	Allied health cost	0	2,481,828	0.000000	136,540	0	92.00
93.00	All other Medical Education	0	2,481,828	0.000000	136,540	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-1
		Component CCN: 14T065		Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		281	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		281	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		281	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)		144	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		465,003	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)		465,003	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		465,003	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,654.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		238,293	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)		238,293	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-1
					Component CCN: 14T065	Date/Time Prepared: 6/24/2015 4:05 pm	
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT						44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					80,228	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					318,521	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					65,441	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,470	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					72,911	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					245,610	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140065 Component CCN: 14T065		Period: From 01/01/2015 To 01/31/2015		Worksheet D-1 Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	127,700	465,003	0.274622	0	0	90.00
91.00	Nursing School cost	0	465,003	0.000000	0	0	91.00
92.00	Allied health cost	0	465,003	0.000000	0	0	92.00
93.00	All other Medical Education	0	465,003	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-3 Date/Time Prepared: 6/24/2015 4:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,825,099	30.00
31.00	03100	INTENSIVE CARE UNIT		374,833	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174177	1,236,592	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.185824	105,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.842039	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169904	488,373	54.00
54.01	05401	NUCLEAR MEDICINE	0.103980	129,841	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299661	29,016	55.00
57.00	05700	CT SCAN	0.038617	782,933	57.00
58.00	05800	MRI	0.046723	232,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078082	446,170	59.00
60.00	06000	LABORATORY	0.122274	2,106,969	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.128073	932,923	65.00
66.00	06600	PHYSICAL THERAPY	0.390101	222,132	66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.391154	73,615	67.00
68.00	06800	SPEECH PATHOLOGY	0.252883	44,171	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071456	487,567	69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.699269	5,385	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167551	13,355	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.285063	332,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411031	556,808	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211520	1,732,543	73.00
76.00	03020	HEMODIALYSIS	0.341483	102,422	76.00
76.01	03952	LI THOTRI PSY	0.006167	0	76.01
76.02	03950	WOUND CARE	0.260840	2,648	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.116454	842,440	91.00
91.01	09101	OP DEPARTMENT	6.366438	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.516796	50,270	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.158880	49,090	92.01
200.00		Total (sum of lines 50-94 and 96-98)		11,004,815	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)		11,004,815	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet D-3	
		Component CCN: 14T065		Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		196,344	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.174177	0	50.00
50.01	05001	ENDOSCOPY	0.000000	0	50.01
50.02	05002	DAY SURGERY	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0.185824	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.842039	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169904	4,897	832 54.00
54.01	05401	NUCLEAR MEDICINE	0.103980	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	54.02
54.03	05405	GRANT SQUARE IMAGING	0.000000	0	54.03
54.04	05406	WINDSOR MEDICAL RADIOLOGY	0.000000	0	54.04
54.05	05407	PET SCAN	0.000000	0	54.05
55.00	05500	RADIOLOGY-THERAPEUTIC	0.299661	0	55.00
57.00	05700	CT SCAN	0.038617	8,904	344 57.00
58.00	05800	MRI	0.046723	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078082	0	59.00
60.00	06000	LABORATORY	0.122274	49,645	6,070 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.128073	47,704	6,110 65.00
66.00	06600	PHYSICAL THERAPY	0.390101	61,691	24,066 66.00
66.01	06601	FAIRVIEW REHAB CTR	0.000000	0	66.01
66.02	06602	WESTCHESTER REHAB CTR	0.000000	0	66.02
66.03	06603	LAGRANGE REHAB CTR	0.000000	0	66.03
67.00	06700	OCCUPATIONAL THERAPY	0.391154	63,198	24,720 67.00
68.00	06800	SPEECH PATHOLOGY	0.252883	27,904	7,056 68.00
69.00	06900	ELECTROCARDIOLOGY	0.071456	1,434	102 69.00
69.01	06901	VASCULAR LAB	0.000000	0	69.01
69.02	06902	CARDIAC REHAB	0.699269	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.167551	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.285063	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.411031	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.211520	51,664	10,928 73.00
76.00	03020	HEMODIALYSIS	0.341483	0	76.00
76.01	03952	LI THOTRI PSY	0.006167	0	76.01
76.02	03950	WOUND CARE	0.260840	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS					
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.01	09001	PAIN MGMT CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.116454	0	91.00
91.01	09101	OP DEPARTMENT	6.366438	0	91.01
91.02	09102	MEDICAL ONCOLOGY	0.000000	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.516796	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.158880	0	92.01
200.00		Total (sum of lines 50-94 and 96-98)		317,041	80,228 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		317,041	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E Part A Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		2,823,597	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		5,724	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		634,966	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		157.58	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		19.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.35	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		18.65	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.30	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		18.65	12.00
13.00	Total allowable FTE count for the prior year.		18.65	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		18.65	14.00
15.00	Sum of lines 12 through 14 divided by 3.		18.65	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		18.65	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.118353	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.119048	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.118353	21.00
22.00	IME payment adjustment (see instructions)		176,656	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		39,726	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.65	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		176,656	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		39,726	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		8.41	31.00
32.00	Sum of lines 30 and 31		9.81	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E Part A Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,855	0	35.00
35.01	Factor 3 (see instructions)		0.000095876	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		0		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		3,005,977		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		3,045,703		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		244,411		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		114,049		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		3,404,163		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		3,404,163		61.00
62.00	Deductibles billed to program beneficiaries		301,856		62.00
63.00	Coinurance billed to program beneficiaries		5,985		63.00
64.00	Allowable bad debts (see instructions)		15,787		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		10,262		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		12,160		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		3,106,584		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		18,985		70.93
70.94	HRR adjustment amount (see instructions)		-40,095		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E Part A Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		3,085,474		71.00
71.01	Sequestration adjustment (see instructions)		61,709		71.01
72.00	Interim payments		3,022,872		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)		893		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XVIII		Hospital		PPS		
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	2,823,597	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0	0	0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	5,724	0	5,724	0	5,724	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	634,966	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.118353	0.118353	0.118353	0.118353		5.00
6.00	IME payment adjustment (see instructions)	22.00	176,656	0	176,656	0	176,656	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	39,726	0	39,726	0	39,726	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	176,656	0	176,656	0	176,656	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	39,726	0	39,726	0	39,726	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0000	0.0000	0.0000	0.0000		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	0	0	0	0	0	11.00
11.01	Uncompensated care payments	36.00	0	0	0	0	0	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	3,005,977	0	3,005,977	0	3,005,977	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	3,045,703	0	3,045,703	0	3,045,703	15.00
16.00	Payment for inpatient program capital	50.00	244,411	0	244,411	0	244,411	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140065

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	3,290,114	0	3,290,114	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	225,746	0	0	0	0	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	1,148	0	0	0	0	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0575	0.0575	0.0575	0.0575		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	12,980	0	12,980	0	12,980	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0201	0.0201	0.0201	0.0201		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	4,537	0	4,537	0	4,537	25.00
26.00	Total prospective capital payments (see instructions)	12.00	244,411	0	244,411	0	244,411	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E Part B Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			2,962 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,277,994 2.00
3.00	PPS payments			1,195,237 3.00
4.00	Outlier payment (see instructions)			6,961 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			2,962 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			14,004 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			14,004 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			14,004 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			11,042 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)			2,962 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,202,198 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			252,757 26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			952,403 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)			38,079 28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			990,482 30.00
31.00	Primary payer payments			1,277 31.00
32.00	Subtotal (line 30 minus line 31)			989,205 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			15,636 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			10,163 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			13,220 36.00
37.00	Subtotal (see instructions)			999,368 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			999,368 40.00
40.01	Sequestration adjustment (see instructions)			19,987 40.01
41.00	Interim payments			984,863 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-5,482 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140065

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

Worksheet E-1
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		3,022,872		984,863	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,022,872		984,863	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		893		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		5,482	6.02	
7.00	Total Medicare program liability (see instructions)		3,023,765		979,381	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: 140065
Component CCN: 14T065

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

Worksheet E-1
Part I
Date/Time Prepared:
6/24/2015 4:05 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		224,330		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		224,330		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		1,734		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		226,064		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 FOR HIT

Provider CCN: 140065

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

Worksheet E-1
Part II
Date/Time Prepared:
6/24/2015 4:05 pm

Title XVIII		Hospital	PPS
			1.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140065 Component CCN: 14T065	Period: From 01/01/2015 To 01/31/2015	Worksheet E-3 Part III Date/Time Prepared: 6/24/2015 4:05 pm
		Title VIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		226,883	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		1,770	3.00
4.00	Outlier Payments		2,025	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		9.064516	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		230,678	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		230,678	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		230,678	19.00
20.00	Deductibles		0	20.00
21.00	Subtotal (line 19 minus line 20)		230,678	21.00
22.00	Coinsurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		230,678	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		230,678	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		230,678	32.00
32.01	Sequestration adjustment (see instructions)		4,614	32.01
33.00	Interim payments		224,330	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		1,734	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		2,025	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E-4 Date/Time Prepared: 6/24/2015 4:05 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.58	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.03	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)			1.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.64	6.00
7.00	Enter the lesser of line 5 or line 6			1.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.64	0.00	1.64	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.55	0.00	1.55	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.55	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.55	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.55	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.55	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.55	0.00		17.00
18.00	Per resident amount	145,587.56	0.00		18.00
19.00	Approved amount for resident costs	225,661	0	225,661	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)			0.09	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)			225,661	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	1,888	312		26.00
27.00	Total Inpatient Days (see instructions)	3,198	3,198		27.00
28.00	Ratio of inpatient days to total inpatient days	0.590369	0.097561		28.00
29.00	Program direct GME amount	133,223	22,016		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		3,111		30.00
31.00	Net Program direct GME amount			152,128	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet E-4 Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		3,832,667	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)		3,832,667	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,280,956	42.00
43.00	Primary payer payments (see instructions)		1,277	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,279,679	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		5,112,346	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.749688	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.250312	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		152,128	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		114,049	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		38,079	50.00

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

Provider CCN: 140065

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

Worksheet G

Date/Time Prepared:
6/24/2015 4:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	25,306,631	0	0	0	1.00
2.00	Temporary investments	9,519,979	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	19,091,125	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,206,072	0	0	0	6.00
7.00	Inventory	4,771,278	0	0	0	7.00
8.00	Prepaid expenses	1,539,835	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	56,022,776	0	0	0	11.00
FIXED ASSETS						
12.00	Land	9,779,429	0	0	0	12.00
13.00	Land improvements	6,671,495	0	0	0	13.00
14.00	Accumulated depreciation	-6,209,369	0	0	0	14.00
15.00	Buildings	209,631,092	0	0	0	15.00
16.00	Accumulated depreciation	-107,688,621	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	30,123,635	0	0	0	19.00
20.00	Accumulated depreciation	-24,863,481	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	55,895,267	0	0	0	23.00
24.00	Accumulated depreciation	-43,834,113	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)	129,505,334	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,398,966	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,766,467	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,165,433	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	195,693,543	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,359,502	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,129,600	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,887,475	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	19,989,408	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	41,365,985	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,003,941	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,589,504	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	129,593,445	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	170,959,430	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	24,734,113				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	24,734,113	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	195,693,543	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140065

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

Worksheet G-1

Date/Time Prepared:
6/24/2015 4:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		23,999,631		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		692,098			2.00
3.00	Total (sum of line 1 and line 2)		24,691,729		0	3.00
4.00	GENERAL FUND BALANCE	44,909		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		44,909		0	10.00
11.00	Subtotal (line 3 plus line 10)		24,736,638		0	11.00
12.00	DONOR RESTRICTED FUND BALANCE	2,490		0		12.00
13.00	ROUNDING	35		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,525		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		24,734,113		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	GENERAL FUND BALANCE		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DONOR RESTRICTED FUND BALANCE		0			12.00
13.00	ROUNDING		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140065

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/24/2015 4:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,293,726		3,293,726	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	383,144		383,144	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	3,676,870		3,676,870	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	717,081		717,081	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	717,081		717,081	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,393,951		4,393,951	17.00
18.00	Ancillary services	19,509,515	21,026,184	40,535,699	18.00
19.00	Outpatient services	1,523,988	3,207,298	4,731,286	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	460,108	460,108	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	25,427,454	24,693,590	50,121,044	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		12,968,604		29.00
30.00	BAD DEBT	271,409			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)		271,409		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)		13,240,013		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140065

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

Worksheet G-3

Date/Time Prepared:
6/24/2015 4:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	50,121,044	1.00
2.00	Less contractual allowances and discounts on patients' accounts	36,374,371	2.00
3.00	Net patient revenues (line 1 minus line 2)	13,746,673	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	13,240,013	4.00
5.00	Net income from service to patients (line 3 minus line 4)	506,660	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING AND NONOPERATING	185,438	24.00
25.00	Total other income (sum of lines 6-24)	185,438	25.00
26.00	Total (line 5 plus line 25)	692,098	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	692,098	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140065	Period: From 01/01/2015 To 01/31/2015	Worksheet L Parts I-III Date/Time Prepared: 6/24/2015 4:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		225,746	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,148	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)		94.10	3.00
4.00	Number of interns & residents (see instructions)		18.65	4.00
5.00	Indirect medical education percentage (see instructions)		5.75	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		12,980	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		8.41	8.00
9.00	Sum of lines 7 and 8		9.81	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.01	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		4,537	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		244,411	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00