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: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/23/2015 6:14 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: — Time:
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ALTON MEMORIAL HOSPITAL (140002) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-148,164	134,390	-9,587	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	-148,164	134,390	-9,587	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2015 6:14 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: ONE MEMORIAL DRIVE	PO Box:			1.00
2.00	City: ALTON	State: IL	Zip Code: 62002-	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ALTON MEMORIAL HOSPITAL	140002	41180	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	ALTON MEMORIAL HOSPITAL PSYCH	14S002	41180	4	01/01/2008	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	ALTON MEMORIAL HOSPITAL SNF	145566	41180		10/15/1986	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
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)	01/01/2014	12/31/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,166	456	35	0	940	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	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2015 6:14 am

		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	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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.	N			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.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:14 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:14 am

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (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)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, 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	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N	81.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/23/2015 6:14 am

		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.		Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
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)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
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:	0	110,906	775,996	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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:14 am

		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	269026	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: BJC HEALTH SYSTEM	Contractor's Name: WPS	Contractor's Number: 05301	141.00
142.00	Street: 4901 FOREST PARK AVENUE	PO Box:		142.00
143.00	City: ST. LOUIS	State: MO	Zip Code: 63108	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	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/23/2015 6:14 am

		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)	04/01/2014	06/30/2014	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II | Date/Time Prepared: 5/23/2015 6:14 am

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y			3.00
			Y/N	Type	Date	
			1.00	2.00	3.00	
	Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N			5.00
				Y/N	Legal Oper.	
				1.00	2.00	
	Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.			N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N		11.00
					Y/N	
					1.00	
	Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N	14.00
	Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N	15.00
				Part A		Part B	
		Description		Y/N	Date	Y/N	
		0		1.00	2.00	3.00	
	PS&R Data						
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)			Y	04/29/2015	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		Y	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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/23/2015 6:14 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	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.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y	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.				Y	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.				Y	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.	PAUL	BRADSHAW	41.00
42.00	Enter the employer/company name of the cost report preparer.	BJC HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-362-7419	PJB1541@BJC.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/23/2015 6:14 am

		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)	04/29/2015			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		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

VOLUNTARY CONTACT INFORMATION | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part V | Date/Time Prepared: 5/23/2015 6:14 am

		1.00	
	Cost Report Preparer Contact Information		
1.00	First Name	PAUL	1.00
2.00	Last Name	BRADSHAW	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	BJC HEALTH CARE	4.00
5.00	Phone Number	(314)362-7419	5.00
6.00	E-mail Address	PJB1541@BJC.ORG	6.00
7.00	Department	BJC@THECOMMONS	7.00
8.00	Mailing Address 1	MAILSTOP 90-67-808	8.00
9.00	Mailing Address 2	4249 CLAYTON AVE.	9.00
10.00	City	ST. LOUIS	10.00
11.00	State	MO	11.00
12.00	Zip	63110	12.00
	Officer or Administrator of Provider Contact Information		
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part IX Date/Time Prepared: 5/23/2015 6:14 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/23/2015 6:14 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	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)		120	43,800	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	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						13.00
14.00	Total (see instructions)		132	48,180	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	20	7,300		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	24	8,760		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		176				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2015 6:14 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	10,323	3,223	21,296			1.00
2.00	HMO and other (see instructions)	3,250	940				2.00
3.00	HMO IPF Subprovider	78	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	10,323	3,223	21,296			7.00
8.00	INTENSIVE CARE UNIT	1,318	434	2,636			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)	11,641	3,657	23,932	0.00	660.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,840	0	3,012	0.00	21.80	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	2,882	182	4,202	0.00	19.82	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	702.34	27.00
28.00	Observation Bed Days		0	1,305			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/23/2015 6:14 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,770	1,273	6,954	1.00
2.00	HMO and other (see instructions)			791	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,770	1,273	6,954	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	217	0	249	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2015 6:14 am

		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	38,493,982	0	38,493,982	1,445,864.00	26.62	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		93,249	0	93,249	652.00	143.02	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		12,357	0	12,357	214.00	57.74	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	1,106,175	0	1,106,175	41,740.00	26.50	9.00
10.00	Excluded area salaries (see instructions)		3,777,623	23,263	3,800,886	176,799.00	21.50	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		587,165	0	587,165	7,620.00	77.06	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		396,690	0	396,690	2,609.00	152.05	13.00
14.00	Home office salaries & wage-related costs		7,795,626	0	7,795,626	155,029.00	50.28	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)		9,133,569	0	9,133,569			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,342,539	0	1,342,539			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		21,922	0	21,922			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,740	0	2,740			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	980,933	207,200	1,188,133	69,379.00	17.13	26.00
27.00	Administrative & General	5.00	3,293,775	-465,054	2,828,721	74,236.00	38.10	27.00
28.00	Administrative & General under contract (see inst.)		769,326	0	769,326	7,521.00	102.29	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	831,457	0	831,457	32,853.00	25.31	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	880,991	0	880,991	72,302.00	12.18	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,644,551	0	1,644,551	100,425.00	16.38	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	764,510	0	764,510	20,161.00	37.92	38.00
39.00	Central Services and Supply	14.00	223,302	0	223,302	13,634.00	16.38	39.00
40.00	Pharmacy	15.00	1,629,527	0	1,629,527	41,725.00	39.05	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/23/2015 6:14 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	199,782	257,854	457,636	24,134.00	18.96	41.00
42.00	Social Service	17.00	743,202	0	743,202	24,384.00	30.48	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part III Date/Time Prepared: 5/23/2015 6:14 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		40,895,502	0	40,895,502	1,553,596.00	26.32	1.00
2.00	Excluded area salaries (see instructions)		4,883,798	23,263	4,907,061	218,539.00	22.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)		36,011,704	-23,263	35,988,441	1,335,057.00	26.96	3.00
4.00	Subtotal other wages & related costs (see inst.)		8,779,481	0	8,779,481	165,258.00	53.13	4.00
5.00	Subtotal wage-related costs (see inst.)		9,155,491	0	9,155,491	0.00	25.44	5.00
6.00	Total (sum of lines 3 thru 5)		53,946,676	-23,263	53,923,413	1,500,315.00	35.94	6.00
7.00	Total overhead cost (see instructions)		11,961,356	0	11,961,356	480,754.00	24.88	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part IV Date/Time Prepared: 5/23/2015 6:14 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	436,428	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,563,567	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)	4,296,693	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	169,053	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	25,244	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)	60,704	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	723,739	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	2,810,820	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	135,419	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	279,103	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,500,770	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

WAGE INDEX PENSION COST SCHEDULE	Provider CCN: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/23/2015 6:14 am

			1.00	
	Step 1: Determine the 3-Year Averaging Period			
1.00	Wage Index fiscal year ending.		2018	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2014	12/31/2014	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2014		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2013		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2015		5.00
	Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)			
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
	Step 3: Average Pension Contribution During the Averaging Period			
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2013		9.00
10.00	Ending date of averaging period from line 5	12/31/2015		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		01/01/2013	122,115,532	11.01
11.02		01/01/2014	109,100,000	11.02
11.03		01/01/2015	129,073,000	11.03
			1.00	
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		360,288,532	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		10,008,015	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		120,096,180	16.00
	Step 4: Total Pension Cost for Wage Index			
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		4,233,831	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		4,233,831	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		124,330,011	19.00
		Prepared By	Date	
		1.00	2.00	
	Prepared By and Date Prepared			
100.00		CASSANDRA CUSICK	04/30/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part V Date/Time Prepared: 5/23/2015 6:14 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-7 | Date/Time Prepared: 5/23/2015 6:14 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	28	0	28	12.00
13.00		RUB	5	0	5	13.00
14.00		RUA	45	0	45	14.00
15.00		RVC	46	0	46	15.00
16.00		RVB	156	0	156	16.00
17.00		RVA	858	0	858	17.00
18.00		RHC	130	0	130	18.00
19.00		RHB	155	0	155	19.00
20.00		RHA	788	0	788	20.00
21.00		RMC	6	0	6	21.00
22.00		RMB	28	0	28	22.00
23.00		RMA	88	0	88	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	10	0	10	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	14	0	14	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	46	0	46	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	21	0	21	35.00
36.00		HB1	77	0	77	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	7	0	7	39.00
40.00		LD1	3	0	3	40.00
41.00		LC2	25	0	25	41.00
42.00		LC1	12	0	12	42.00
43.00		LB2	3	0	3	43.00
44.00		LB1	8	0	8	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	1	0	1	47.00
48.00		CD1	6	0	6	48.00
49.00		CC2	6	0	6	49.00
50.00		CC1	11	0	11	50.00
51.00		CB2	7	0	7	51.00
52.00		CB1	37	0	37	52.00
53.00		CA2	35	0	35	53.00
54.00		CA1	206	0	206	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	3	0	3	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-7 | Date/Time Prepared: 5/23/2015 6:14 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	2	0	2	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	9	0	9	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,882	0	2,882	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	1,106,175	39.54	N	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,797,924			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-10 | Date/Time Prepared: 5/23/2015 6:14 am

		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)	0.249216	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	8,488,119	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	3,621,195	5.00
6.00	Medicaid charges	63,639,951	6.00
7.00	Medicaid cost (line 1 times line 6)	15,860,094	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	3,750,780	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	39,060	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,750,780	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	4,130,146	830,395	4,960,541	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,029,298	206,948	1,236,246	21.00
22.00	Partial payment by patients approved for charity care	312,008	180,196	492,204	22.00
23.00	Cost of charity care (line 21 minus line 22)	717,290	26,752	744,042	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)	9,335,626	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	725,660	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	8,609,966	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,145,741	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	2,889,783	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,640,563	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	5,413,147	5,413,147	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,340,886	5,340,886	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	280,262	851,963	1,132,225	-608	1,131,617	4.00
4.03	00401	ADMITTING	700,671	257,770	958,441	208,038	1,166,479	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	3,293,775	32,203,807	35,497,582	-9,648,160	25,849,422	5.00
7.00	00700	OPERATION OF PLANT	831,457	2,340,814	3,172,271	-32,451	3,139,820	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	372,271	372,271	0	372,271	8.00
9.00	00900	HOUSEKEEPING	880,991	437,779	1,318,770	-310	1,318,460	9.00
10.00	01000	DIETARY	0	2,489,962	2,489,962	-11,322	2,478,640	10.00
11.00	01100	CAFETERIA	0	42,184	42,184	0	42,184	11.00
13.00	01300	NURSING ADMINISTRATION	764,510	374,910	1,139,420	-111,039	1,028,381	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	223,302	306,369	529,671	-278,655	251,016	14.00
15.00	01500	PHARMACY	1,629,527	10,811,705	12,441,232	-153,501	12,287,731	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	199,782	126,208	325,990	319,422	645,412	16.00
17.00	01700	SOCIAL SERVICE	743,202	322,524	1,065,726	-1,510	1,064,216	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,949,721	5,137,384	13,087,105	-770,263	12,316,842	30.00
31.00	03100	INTENSIVE CARE UNIT	1,749,766	1,024,082	2,773,848	-162,908	2,610,940	31.00
40.00	04000	SUBPROVIDER - IPF	1,200,794	386,974	1,587,768	-5,742	1,582,026	40.00
44.00	04400	SKILLED NURSING FACILITY	1,106,175	432,070	1,538,245	-28,894	1,509,351	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,954,984	8,691,329	10,646,313	-5,915,925	4,730,388	50.00
51.00	05100	RECOVERY ROOM	450,501	185,961	636,462	5,407	641,869	51.00
53.00	05300	ANESTHESIOLOGY	29,329	463,789	493,118	-191,995	301,123	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,164,013	1,334,094	3,498,107	-395,551	3,102,556	54.00
56.00	05600	RADIOISOTOPE	191,450	311,828	503,278	-41,675	461,603	56.00
57.00	05700	CT SCAN	236,595	192,757	429,352	-7,561	421,791	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	269,059	269,059	0	269,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	554,659	2,262,132	2,816,791	-1,927,230	889,561	59.00
60.00	06000	LABORATORY	1,351,109	2,088,565	3,439,674	-444,392	2,995,282	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	223,918	859,190	1,083,108	292,975	1,376,083	63.00
65.00	06500	RESPIRATORY THERAPY	703,579	458,217	1,161,796	-55,392	1,106,404	65.00
66.00	06600	PHYSICAL THERAPY	1,017,522	386,119	1,403,641	-31,597	1,372,044	66.00
67.00	06700	OCCUPATIONAL THERAPY	194,995	46,633	241,628	12,197	253,825	67.00
68.00	06800	SPEECH PATHOLOGY	152,219	41,512	193,731	2,433	196,164	68.00
69.00	06900	ELECTROCARDIOLOGY	732,768	457,030	1,189,798	1,126	1,190,924	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,015,662	3,015,662	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,171,707	6,171,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	345,429	345,429	-11,284	334,145	74.00
76.00	03020	ONCOLOGY	657,244	1,714,387	2,371,631	-22,516	2,349,115	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	604,065	660,750	1,264,815	-311,057	953,758	76.01
76.02	03550	OP PSYCH	330,228	137,303	467,531	-11,790	455,741	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	198,518	198,518	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,814,040	2,256,519	5,070,559	-264,843	4,805,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,736,065	1,058,724	2,794,789	-141,316	2,653,473	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,653,218	82,140,103	119,793,321	2,031	119,795,352	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,413	9,185	28,598	-1,151	27,447	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	71,525	276,237	347,762	0	347,762	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	9,950	6,986	16,936	-304	16,632	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	211,964	741,177	953,141	-576	952,565	193.01
193.02	19302	MEDICAL OFFICE BUILDING	119,299	465,947	585,246	0	585,246	193.02
193.03	19303	HOME CARE PHARMACY	355,600	2,554,992	2,910,592	0	2,910,592	193.03
193.04	19304	MANAGEMENT SERVICES	793	2,678	3,471	0	3,471	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	52,220	433,961	486,181	0	486,181	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		TOTAL (SUM OF LINES 118-199)	38,493,982	86,631,266	125,125,248	0	125,125,248	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	5,413,147		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	5,340,886		2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	205,348	1,336,965		4.00
4.03	00401	ADMITTING	0	1,166,479		4.03
5.00	00500	ADMINISTRATIVE & GENERAL	-5,920,329	19,929,093		5.00
7.00	00700	OPERATION OF PLANT	-93,186	3,046,634		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	372,271		8.00
9.00	00900	HOUSEKEEPING	0	1,318,460		9.00
10.00	01000	DIETARY	-224,991	2,253,649		10.00
11.00	01100	CAFETERIA	0	42,184		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,028,381		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	251,016		14.00
15.00	01500	PHARMACY	-7,307	12,280,424		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-114,857	530,555		16.00
17.00	01700	SOCIAL SERVICE	30	1,064,246		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,509,713	10,807,129		30.00
31.00	03100	INTENSIVE CARE UNIT	-241,992	2,368,948		31.00
40.00	04000	SUBPROVIDER - IPF	-54,000	1,528,026		40.00
44.00	04400	SKILLED NURSING FACILITY	0	1,509,351		44.00
46.00	04600	OTHER LONG TERM CARE	0	0		46.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-200,294	4,530,094		50.00
51.00	05100	RECOVERY ROOM	0	641,869		51.00
53.00	05300	ANESTHESIOLOGY	0	301,123		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,541	3,098,015		54.00
56.00	05600	RADIOISOTOPE	0	461,603		56.00
57.00	05700	CT SCAN	0	421,791		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-114,814	154,245		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	889,561		59.00
60.00	06000	LABORATORY	17,845	3,013,127		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,376,083		63.00
65.00	06500	RESPIRATORY THERAPY	-68,509	1,037,895		65.00
66.00	06600	PHYSICAL THERAPY	-1,140	1,370,904		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	253,825		67.00
68.00	06800	SPEECH PATHOLOGY	0	196,164		68.00
69.00	06900	ELECTROCARDIOLOGY	-35,984	1,154,940		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,015,662		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,171,707		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	334,145		74.00
76.00	03020	ONCOLOGY	-1,392,682	956,433		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	953,758		76.01
76.02	03550	OP PSYCH	-1,262	454,479		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	198,518		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-1,049,503	3,756,213		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	2,653,473		95.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,811,881	108,983,471		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,447		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	347,762		192.00
192.01	19201	TWIN RIVERS MRI	0	0		192.01
193.00	19300	NONPAID WORKERS	0	16,632		193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	952,565		193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	585,246		193.02
193.03	19303	HOME CARE PHARMACY	0	2,910,592		193.03
193.04	19304	MANAGEMENT SERVICES	0	3,471		193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0		193.05
193.06	19306	VACANT SPACE	0	0		193.06
193.07	19307	POB 2	0	486,181		193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0		193.08
200.00		TOTAL (SUM OF LINES 118-199)	-10,811,881	114,313,367		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet Non-CMS W | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
4.03	ADMITTING	00401		4.03
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
44.00	SKILLED NURSING FACILITY	04400		44.00
46.00	OTHER LONG TERM CARE	04600		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ONCOLOGY	03020	ACUPUNCTURE	76.00
76.01	GASTRO INTESTINAL SERVICES	03340	GASTRO INTESTINAL SERVICES	76.01
76.02	OP PSYCH	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.02
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
	OUTPATIENT SERVICE COST CENTERS			
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	09500		95.00
	SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	TWIN RIVERS MRI	19201		192.01
193.00	NONPAID WORKERS	19300		193.00
193.01	PHYSICIAN/PUBLIC RELATIONS	19301		193.01
193.02	MEDICAL OFFICE BUILDING	19302		193.02
193.03	HOME CARE PHARMACY	19303		193.03
193.04	MANAGEMENT SERVICES	19304		193.04
193.05	EUNICE SMITH NURSING HOME	19305		193.05
193.06	VACANT SPACE	19306		193.06
193.07	POB 2	19307		193.07
193.08	NON REIMBURSABLE MEALS	19308		193.08
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/23/2015 6:14 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,294,269		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,284,071		2.00
	0		0	10,578,340		
	B - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,187,369		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	9,187,369		
	C - TO RECLASS LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	188,445	119,836		1.00
	0		188,445	119,836		
	D - TO RECLASS DIRECTOR'S EXPENSE					
1.00	RECOVERY ROOM	51.00	12,070	923		1.00
2.00	ANESTHESIOLOGY	53.00	19,696	1,507		2.00
3.00	RADIOISOTOPE	56.00	4,356	333		3.00
4.00	OCCUPATIONAL THERAPY	67.00	14,463	1,106		4.00
5.00	SPEECH PATHOLOGY	68.00	6,376	488		5.00
6.00	ELECTROCARDIOLOGY	69.00	75,657	5,789		6.00
7.00	ONCOLOGY	76.00	19,162	1,466		7.00
8.00	GASTRO INTESTINAL SERVICES	76.01	33,446	2,558		8.00
9.00	AMBULANCE SERVICES	95.00	23,263	1,780		9.00
	0		208,489	15,950		
	E - TO RECLASS HYPERBARIC OXYGEN EXPENSE					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	198,518		1.00
	0		0	198,518		
	F - TO RECLASS DEPRECIATION DEPT EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,633,485		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/23/2015 6:14 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
	0		0	1,633,485		
	G - TO RECLASS NORTH REGION SPLIT					
1.00	ADMITTING	4.03	207,200	838		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	257,854	61,720		2.00
	0		465,054	62,558		
	H - TO RECLASS MEDICAL IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,171,707		1.00
	0		0	6,171,707		
	I - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	175,693		1.00
	TOTALS		0	175,693		
500.00	Grand Total: Increases		861,988	28,143,456		500.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/23/2015 6:14 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	10,578,340	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	10,578,340			
	B - RECLASS MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	243,592	0		1.00
2.00	PHARMACY	15.00	0	150,899	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	708,854	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	98,373	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	5,583	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	22,946	0		6.00
7.00	OPERATING ROOM	50.00	0	5,447,002	0		7.00
8.00	RECOVERY ROOM	51.00	0	7,586	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	140,188	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,597	0		10.00
11.00	RADIOISOTOPE	56.00	0	1,063	0		11.00
12.00	CT SCAN	57.00	0	7,505	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	1,782,316	0		13.00
14.00	LABORATORY	60.00	0	2,172	0		14.00
15.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,382	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	1,791	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	5,240	0		17.00
18.00	OCCUPATIONAL THERAPY	67.00	0	2,811	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	4,431	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	5,437	0		20.00
21.00	RENAL DIALYSIS	74.00	0	11,284	0		21.00
22.00	ONCOLOGY	76.00	0	42,533	0		22.00
23.00	GASTRO INTESTINAL SERVICES	76.01	0	242,925	0		23.00
24.00	OP PSYCH	76.02	0	165	0		24.00
25.00	EMERGENCY	91.00	0	179,853	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	33,841	0		26.00
	0		0	9,187,369			
	C - TO RECLASS LAB ADMIN						
1.00	LABORATORY	60.00	188,445	119,836	0		1.00
	0		188,445	119,836			
	D - TO RECLASS DIRECTOR'S EXPENSE						
1.00	OPERATING ROOM	50.00	65,212	4,988	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	23,518	1,799	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	48,241	3,691	0		3.00
4.00	RESPIRATORY THERAPY	65.00	27,416	2,098	0		4.00
5.00	PHYSICAL THERAPY	66.00	20,839	1,594	0		5.00
6.00	EMERGENCY	91.00	23,263	1,780	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	0		208,489	15,950			
	E - TO RECLASS HYPERBARIC OXYGEN EXPENSE						
1.00	OPERATING ROOM	50.00	0	198,518	0		1.00
	0		0	198,518			
	F - TO RECLASS DEPRECIATION DEPT EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	608	0		1.00
2.00	OPERATION OF PLANT	7.00	0	32,451	0		2.00
3.00	HOUSEKEEPING	9.00	0	310	0		3.00
4.00	DIETARY	10.00	0	11,322	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	111,039	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	35,063	0		6.00
7.00	PHARMACY	15.00	0	2,602	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	152	0		8.00
9.00	SOCIAL SERVICE	17.00	0	1,510	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	61,409	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	64,535	0		11.00
12.00	SUBPROVIDER - IPF	40.00	0	159	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	5,948	0		13.00
14.00	OPERATING ROOM	50.00	0	200,205	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	73,010	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	342,637	0		16.00
17.00	RADIOISOTOPE	56.00	0	45,301	0		17.00
18.00	CT SCAN	57.00	0	56	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	92,982	0		19.00
20.00	LABORATORY	60.00	0	133,939	0		20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,924	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	24,087	0		22.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/23/2015 6:14 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	PHYSICAL THERAPY	66.00	0	3,924	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	561	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	74,883	0		25.00
26.00	ONCOLOGY	76.00	0	611	0		26.00
27.00	GASTRO INTESTINAL SERVICES	76.01	0	104,136	0		27.00
28.00	OP PSYCH	76.02	0	11,625	0		28.00
29.00	EMERGENCY	91.00	0	59,947	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	132,518	0		30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,151	0		31.00
32.00	NONPAID WORKERS	193.00	0	304	0		32.00
33.00	PHYSICIAN/PUBLIC RELATIONS	193.01	0	576	0		33.00
	0		0	1,633,485			
	G - TO RECLASS NORTH REGION SPLIT						
1.00	ADMINISTRATIVE & GENERAL	5.00	465,054	62,558	0		1.00
2.00		0.00	0	0	0		2.00
	0		465,054	62,558			
	H - TO RECLASS MEDICAL IMPLANTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,171,707	0		1.00
	0		0	6,171,707			
	I - TO RECLASS PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	175,693	10		1.00
	TOTALS		0	175,693			
500.00	Grand Total: Decreases		861,988	28,143,456			500.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2015 6:14 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	A - RECLASS DEPRECIATION								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,294,269	ADMINISTRATIVE & GENERAL	5.00	0	10,578,340	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,284,071		0.00	0	0	2.00
	0		0	10,578,340	0		0	10,578,340	
	B - RECLASS MEDICAL SUPPLIES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,187,369	CENTRAL SERVICES & SUPPLY	14.00	0	243,592	1.00
2.00		0.00	0	0	PHARMACY	15.00	0	150,899	2.00
3.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	708,854	3.00
4.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	98,373	4.00
5.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	5,583	5.00
6.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	22,946	6.00
7.00		0.00	0	0	OPERATING ROOM	50.00	0	5,447,002	7.00
8.00		0.00	0	0	RECOVERY ROOM	51.00	0	7,586	8.00
9.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	140,188	9.00
10.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	27,597	10.00
11.00		0.00	0	0	RADIOISOTOPE	56.00	0	1,063	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	7,505	12.00
13.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	1,782,316	13.00
14.00		0.00	0	0	LABORATORY	60.00	0	2,172	14.00
15.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	11,382	15.00
16.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	1,791	16.00
17.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	5,240	17.00
18.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	2,811	18.00
19.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	4,431	19.00
20.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	5,437	20.00
21.00		0.00	0	0	RENAL DIALYSIS	74.00	0	11,284	21.00
22.00		0.00	0	0	ONCOLOGY	76.00	0	42,533	22.00
23.00		0.00	0	0	GASTRO INTESTINAL SERVICES	76.01	0	242,925	23.00
24.00		0.00	0	0	OP PSYCH	76.02	0	165	24.00
25.00		0.00	0	0	EMERGENCY	91.00	0	179,853	25.00
26.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	33,841	26.00
	0		0	9,187,369	0		0	9,187,369	
	C - TO RECLASS LAB ADMIN								
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	188,445	119,836	LABORATORY	60.00	188,445	119,836	1.00
	0		188,445	119,836	0		188,445	119,836	
	D - TO RECLASS DIRECTOR'S EXPENSE								
1.00	RECOVERY ROOM	51.00	12,070	923	OPERATING ROOM	50.00	65,212	4,988	1.00
2.00	ANESTHESIOLOGY	53.00	19,696	1,507	RADIOLOGY-DIAGNOSTIC	54.00	23,518	1,799	2.00
3.00	RADIOISOTOPE	56.00	4,356	333	CARDIAC CATHETERIZATION	59.00	48,241	3,691	3.00
4.00	OCCUPATIONAL THERAPY	67.00	14,463	1,106	RESPIRATORY THERAPY	65.00	27,416	2,098	4.00
5.00	SPEECH PATHOLOGY	68.00	6,376	488	PHYSICAL THERAPY	66.00	20,839	1,594	5.00
6.00	ELECTROCARDIOLOGY	69.00	75,657	5,789	EMERGENCY	91.00	23,263	1,780	6.00
7.00	ONCOLOGY	76.00	19,162	1,466		0.00	0	0	7.00
8.00	GASTRO INTESTINAL SERVICES	76.01	33,446	2,558		0.00	0	0	8.00
9.00	AMBULANCE SERVICES	95.00	23,263	1,780		0.00	0	0	9.00
	0		208,489	15,950	0		208,489	15,950	
	E - TO RECLASS HYPERBARIC OXYGEN EXPENSE								
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	198,518	OPERATING ROOM	50.00	0	198,518	1.00
	0		0	198,518	0		0	198,518	
	F - TO RECLASS DEPRECIATION DEPT EXPENSE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,633,485	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	608	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	0	32,451	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	310	3.00
4.00		0.00	0	0	DIETARY	10.00	0	11,322	4.00
5.00		0.00	0	0	NURSING ADMINISTRATION	13.00	0	111,039	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	35,063	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	2,602	7.00
8.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	152	8.00
9.00		0.00	0	0	SOCIAL SERVICE	17.00	0	1,510	9.00
10.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	61,409	10.00

RECLASSIFICATIONS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 5/23/2015 6:14 am

	Increases				Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
11.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	64,535	11.00
12.00		0.00	0	0	SUBPROVIDER - IPF	40.00	0	159	12.00
13.00		0.00	0	0	SKILLED NURSING FACILITY	44.00	0	5,948	13.00
14.00		0.00	0	0	OPERATING ROOM	50.00	0	200,205	14.00
15.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	73,010	15.00
16.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	342,637	16.00
17.00		0.00	0	0	RADIOISOTOPE	56.00	0	45,301	17.00
18.00		0.00	0	0	CT SCAN	57.00	0	56	18.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	92,982	19.00
20.00		0.00	0	0	LABORATORY	60.00	0	133,939	20.00
21.00		0.00	0	0	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,924	21.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	24,087	22.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	3,924	23.00
24.00		0.00	0	0	OCCUPATIONAL THERAPY	67.00	0	561	24.00
25.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	74,883	25.00
26.00		0.00	0	0	ONCOLOGY	76.00	0	611	26.00
27.00		0.00	0	0	GASTRO INTESTINAL SERVICES	76.01	0	104,136	27.00
28.00		0.00	0	0	OP PSYCH	76.02	0	11,625	28.00
29.00		0.00	0	0	EMERGENCY	91.00	0	59,947	29.00
30.00		0.00	0	0	AMBULANCE SERVICES	95.00	0	132,518	30.00
31.00		0.00	0	0	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,151	31.00
32.00		0.00	0	0	NONPAID WORKERS	193.00	0	304	32.00
33.00		0.00	0	0	PHYSICIAN/PUBLIC RELATIONS	193.01	0	576	33.00
	0		0	1,633,485	0		0	1,633,485	
	G - TO RECLASS NORTH REGION SPLIT								
1.00	ADMITTING	4.03	207,200	838	ADMINISTRATIVE & GENERAL	5.00	465,054	62,558	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	257,854	61,720		0.00	0	0	2.00
	0		465,054	62,558	0		465,054	62,558	
	H - TO RECLASS MEDICAL IMPLANTS								
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,171,707	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,171,707	1.00
	0		0	6,171,707	0		0	6,171,707	
	I - TO RECLASS PROPERTY INSURANCE								
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	175,693	ADMINISTRATIVE & GENERAL	5.00	0	175,693	1.00
	TOTALS		0	175,693	TOTALS		0	175,693	
500.00	Grand Total: Increases		861,988	28,143,456	Grand Total: Decreases		861,988	28,143,456	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I | Date/Time Prepared: 5/23/2015 6:14 am

		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	177,168	0	0	0	0	1.00
2.00	Land Improvements	5,879,311	79,821	0	79,821	0	2.00
3.00	Buildings and Fixtures	64,152,062	475,436	0	475,436	0	3.00
4.00	Building Improvements	16,658,184	238,192	0	238,192	0	4.00
5.00	Fixed Equipment	33,364,953	666,626	0	666,626	0	5.00
6.00	Movable Equipment	46,957,580	7,545,505	0	7,545,505	228,768	6.00
7.00	HIT designated Assets	2,543,268	1,341,610	0	1,341,610	0	7.00
8.00	Subtotal (sum of lines 1-7)	169,732,526	10,347,190	0	10,347,190	228,768	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	169,732,526	10,347,190	0	10,347,190	228,768	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	177,168	0	1.00
2.00	Land Improvements	5,959,132	0	2.00
3.00	Buildings and Fixtures	64,627,498	0	3.00
4.00	Building Improvements	16,896,376	0	4.00
5.00	Fixed Equipment	34,031,579	0	5.00
6.00	Movable Equipment	54,274,317	0	6.00
7.00	HIT designated Assets	3,884,878	0	7.00
8.00	Subtotal (sum of lines 1-7)	179,850,948	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	179,850,948	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00	NEW 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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	121,691,573	0	121,691,573	0.676625	118,878	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	58,159,195	0	58,159,195	0.323375	56,815	2.00
3.00	Total (sum of lines 1-2)	179,850,768	0	179,850,768	1.000000	175,693	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	118,878	5,294,269	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	56,815	5,284,071	0	2.00
3.00	Total (sum of lines 1-2)	0	0	175,693	10,578,340	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	118,878	0	0	5,413,147	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	56,815	0	0	5,340,886	2.00
3.00	Total (sum of lines 1-2)	0	175,693	0	0	10,754,033	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-527	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	-4,500,933			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	-2,867,307			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-526,925	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	ASSOCIATION DUES	A	-39,849	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	ESH DIETARY COST	A	328,701	DIETARY	10.00	0	33.01
33.02	ELIMINATE FINANCING COSTS	A	-32,634	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	NON OPERATING DONATIONS	B	-10,802	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	OTHER NON OPERATING REVENUE	B	-24,114	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	MALPRACTICE EXPENSE	A	-775,996	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	OTHER REVENUE - EMPLOYEE BENEFITS	B	-10,505	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	OTHER REVENUE - A&G	B	-701,940	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	OTHER REVENUE - PLANT OPERATIONS	B	-92,659	OPERATION OF PLANT	7.00	0	33.08
33.09	OTHER REVENUE - PHARMACY	B	-7,307	PHARMACY	15.00	0	33.09
33.10	OTHER REVENUE - MEDICAL RECORDS	B	-114,857	MEDICAL RECORDS & LIBRARY	16.00	0	33.10
33.11	OTHER REVENUE - ADULTS & PEDS	B	-1,081	ADULTS & PEDIATRICS	30.00	0	33.11
33.12	OTHER REVENUE - RADIOLOGY	B	-4,541	RADIOLOGY-DIAGNOSTIC	54.00	0	33.12
33.13	OTHER REVENUE - LAB	B	-1,350	LABORATORY	60.00	0	33.13
33.14	OTHER REVENUE - P.T,	B	-1,140	PHYSICAL THERAPY	66.00	0	33.14
33.15	OTHER REVENUE - EKG	B	-35,984	ELECTROCARDIOLOGY	69.00	0	33.15
33.16	OTHER REVENUE - OP PSYCH	B	-1,262	OP PSYCH	76.02	0	33.16
33.17	OTHER REVENUE - ER	B	-19,468	EMERGENCY	91.00	0	33.17
33.19	PENSION EXPENSE	B	218,952	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.19
33.20	ALCOHOLIC BEVERAGES	B	-108	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	DISALLOWED INTEREST EXPENSE	B	-1,145,326	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	ENTERTAINMENT	B	-5,791	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	ENTERTAINMENT	B	30	SOCIAL SERVICE	17.00	0	33.23
33.24	NON ALLOWED EMPLOYEE ACTIVITIES	B	-3,099	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	ASBESTOS ABATEMENT	B	-68,292	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26	VENDING MACINE REVENUE	B	-26,767	DIETARY	10.00	0	33.26
33.27	CONTRIBUTIONS	B	-339,000	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28			0		0.00	0	33.28
33.29			0		0.00	0	33.29
33.30			0		0.00	0	33.30
33.31			0		0.00	0	33.31
33.32			0		0.00	0	33.32
33.33			0		0.00	0	33.33
33.34			0		0.00	0	33.34
33.35			0		0.00	0	33.35
34.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	34.00
35.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	35.00
36.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,811,881				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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-1 | Date/Time Prepared: 5/23/2015 6:14 am

	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	BJC HEALTH SYSTEM	11,532,242	14,317,094	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	CHRISTIAN HEALTH SERVICES	19,759	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	55,714	60,304	3.00
4.00	60.00	LABORATORY	BARNES JEWISH LAB	48,369	26,656	4.00
4.01	60.00	LABORATORY	CHILDREN'S HOSPITAL LAB	3,179	5,697	4.01
4.02	50.00	OPERATING ROOM	MIDWEST SURGICAL TECNOLOGIES	5,223	7,228	4.02
4.03	58.00	MAGNETIC RESONANCE IMAGING (	TWIN RIVERS MRI	151,136	265,950	4.03
5.00	0		0	11,815,622	14,682,929	5.00

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

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

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

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

6.00	G	BJC HEALTHCARE	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	HOME OFFICE				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: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 5/23/2015 6:14 am

	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	-2,784,852	0		1.00
2.00	19,759	0		2.00
3.00	-4,590	0		3.00
4.00	21,713	0		4.00
4.01	-2,518	0		4.01
4.02	-2,005	0		4.02
4.03	-114,814	0		4.03
5.00	-2,867,307			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/23/2015 6:14 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	12,357	12,357	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	1,351,965	1,351,965	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	144,310	144,310	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	241,992	241,992	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	54,000	54,000	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	198,289	198,289	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	68,509	68,509	0	0	0	7.00
8.00	76.00	AGGREGATE-ONCOLOGY	1,392,682	1,392,682	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	1,030,035	1,030,035	0	0	0	9.00
10.00	5.00	DR. A	8,040	0	8,040	177,200	23	10.00
11.00	5.00	DR. B	1,650	0	1,650	177,200	11	11.00
200.00			4,503,829	4,494,139	9,690		34	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	0	0	8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	9.00
10.00	5.00	DR. A	1,959	98	0	0	0	10.00
11.00	5.00	DR. B	937	47	0	0	0	11.00
200.00			2,896	145	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	12,357		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	1,351,965		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	144,310		3.00
4.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	241,992		4.00
5.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	54,000		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	198,289		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	68,509		7.00
8.00	76.00	AGGREGATE-ONCOLOGY	0	0	0	1,392,682		8.00
9.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,030,035		9.00
10.00	5.00	DR. A	0	1,959	6,081	6,081		10.00
11.00	5.00	DR. B	0	937	713	713		11.00
200.00			0	2,896	6,794	4,500,933		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,413,147	5,413,147				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	5,340,886		5,340,886			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,336,965	29,484	614	1,367,063		4.00
4.03	00401	ADMITTING	1,166,479	65,069	0	32,478	1,264,026	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	19,929,093	304,983	3,711,718	101,195	0	5.00
7.00	00700	OPERATION OF PLANT	3,046,634	2,105,923	15,103	29,745	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	372,271	13,184	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,318,460	31,174	313	31,517	0	9.00
10.00	01000	DIETARY	2,253,649	129,383	11,441	0	0	10.00
11.00	01100	CAFETERIA	42,184	58,130	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,028,381	5,933	108,377	27,350	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	251,016	53,407	35,432	7,988	0	14.00
15.00	01500	PHARMACY	12,280,424	33,200	2,629	58,295	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	530,555	63,655	154	16,371	0	16.00
17.00	01700	SOCIAL SERVICE	1,064,246	6,280	1,526	26,587	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,807,129	657,679	62,056	284,398	97,237	30.00
31.00	03100	INTENSIVE CARE UNIT	2,368,948	65,776	65,215	62,596	21,641	31.00
40.00	04000	SUBPROVIDER - IPF	1,528,026	88,069	161	42,957	9,834	40.00
44.00	04400	SKILLED NURSING FACILITY	1,509,351	46,336	6,011	39,572	8,458	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,530,094	248,159	202,314	67,605	45,644	50.00
51.00	05100	RECOVERY ROOM	641,869	40,523	0	16,548	11,487	51.00
53.00	05300	ANESTHESIOLOGY	301,123	2,924	73,779	1,754	18,745	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,098,015	130,869	346,246	76,574	111,956	54.00
56.00	05600	RADIOISOTOPE	461,603	11,997	45,778	7,005	12,871	56.00
57.00	05700	CT SCAN	421,791	6,820	57	8,464	92,409	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	154,245	0	0	0	4,120	58.00
59.00	05900	CARDIAC CATHETERIZATION	889,561	21,106	93,961	18,117	23,739	59.00
60.00	06000	LABORATORY	3,013,127	172,363	135,350	41,593	155,803	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,376,083	4,363	3,965	14,752	17,612	63.00
65.00	06500	RESPIRATORY THERAPY	1,037,895	18,482	24,341	24,189	24,170	65.00
66.00	06600	PHYSICAL THERAPY	1,370,904	65,021	3,965	35,655	28,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	253,825	17,511	567	7,493	6,751	67.00
68.00	06800	SPEECH PATHOLOGY	196,164	5,993	0	5,674	2,976	68.00
69.00	06900	ELECTROCARDIOLOGY	1,154,940	60,551	75,672	28,921	56,107	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,015,662	0	0	0	50,570	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,171,707	0	0	0	63,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	188,763	73.00
74.00	07400	RENAL DIALYSIS	334,145	3,356	0	0	4,134	74.00
76.00	03020	ONCOLOGY	956,433	21,298	617	24,198	6,240	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	953,758	41,014	105,233	22,806	31,831	76.01
76.02	03550	OP PSYCH	454,479	46,528	11,747	11,814	8,065	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	198,518	0	0	0	3,545	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,756,213	199,271	60,578	99,837	117,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,653,473	11,698	133,914	62,938	39,859	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,983,471	4,887,512	5,338,834	1,336,986	1,264,026	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,447	12,417	1,163	694	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	347,762	0	0	2,559	0	192.00
192.01	19201	TWIN RIVERS MRI	0	57,614	0	0	0	192.01
193.00	19300	NONPAID WORKERS	16,632	19,129	307	356	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	952,565	12,477	582	7,583	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	585,246	0	0	4,268	0	193.02
193.03	19303	HOME CARE PHARMACY	2,910,592	5,765	0	12,721	0	193.03
193.04	19304	MANAGEMENT SERVICES	3,471	0	0	28	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	418,233	0	0	0	193.06
193.07	19307	POB 2	486,181	0	0	1,868	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,313,367	5,413,147	5,340,886	1,367,063	1,264,026	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A.03	5.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL	24,046,989	24,046,989				5.00
7.00	00700	OPERATION OF PLANT	5,197,405	1,384,589	6,581,994			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	385,455	102,685	29,844	517,984		8.00
9.00	00900	HOUSEKEEPING	1,381,464	368,022	70,568	0	1,820,054	9.00
10.00	01000	DIETARY	2,394,473	637,888	292,879	0	82,241	10.00
11.00	01100	CAFETERIA	100,314	26,724	131,585	0	36,950	11.00
13.00	01300	NURSING ADMINISTRATION	1,170,041	311,699	13,430	0	3,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347,843	92,665	120,895	2,414	33,948	14.00
15.00	01500	PHARMACY	12,374,548	3,296,606	75,153	13	21,103	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	610,735	162,700	144,092	0	40,462	16.00
17.00	01700	SOCIAL SERVICE	1,098,639	292,677	14,217	0	3,992	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,908,499	3,172,424	1,488,755	218,369	418,048	30.00
31.00	03100	INTENSIVE CARE UNIT	2,584,176	688,424	148,895	35,028	41,810	31.00
40.00	04000	SUBPROVIDER - IPF	1,669,047	444,634	199,358	12,847	55,981	40.00
44.00	04400	SKILLED NURSING FACILITY	1,609,728	428,832	104,888	28,848	29,453	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,093,816	1,356,993	561,746	38,730	157,741	50.00
51.00	05100	RECOVERY ROOM	710,427	189,258	91,730	9,659	25,758	51.00
53.00	05300	ANESTHESIOLOGY	398,325	106,114	6,620	0	1,859	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,763,660	1,002,639	296,243	37,171	83,186	54.00
56.00	05600	RADIOISOTOPE	539,254	143,657	27,158	2,122	7,626	56.00
57.00	05700	CT SCAN	529,541	141,070	15,438	0	4,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,365	42,188	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,484	278,783	47,778	2,872	13,416	59.00
60.00	06000	LABORATORY	3,518,236	937,258	390,170	0	109,561	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,416,775	377,429	9,876	0	2,773	63.00
65.00	06500	RESPIRATORY THERAPY	1,129,077	300,786	41,836	2,415	11,748	65.00
66.00	06600	PHYSICAL THERAPY	1,504,095	400,691	147,185	5,493	41,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	286,147	76,230	39,638	0	11,131	67.00
68.00	06800	SPEECH PATHOLOGY	210,807	56,159	13,565	0	3,809	68.00
69.00	06900	ELECTROCARDIOLOGY	1,376,191	366,617	137,066	5,717	38,489	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,066,232	816,844	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,235,141	1,661,042	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,763	50,286	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	341,635	91,012	7,597	0	2,133	74.00
76.00	03020	ONCOLOGY	1,008,786	268,741	48,212	0	13,538	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,154,642	307,597	92,842	25,268	26,070	76.01
76.02	03550	OP PSYCH	532,633	141,893	105,322	7	29,575	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	202,063	53,830	0	5,918	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,233,374	1,127,771	451,079	62,228	126,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,901,882	773,061	26,480	21,668	7,436	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,425,707	22,478,518	5,392,140	516,787	1,485,938	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,721	11,114	28,108	0	7,893	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	350,321	93,326	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	57,614	15,348	130,418	1,197	36,622	192.01
193.00	19300	NONPAID WORKERS	36,424	9,703	43,301	0	12,159	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	973,207	259,262	28,243	0	7,931	193.01
193.02	19302	MEDICAL OFFICE BUILDING	589,514	157,047	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	2,929,078	780,306	13,050	0	3,664	193.03
193.04	19304	MANAGEMENT SERVICES	3,499	932	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	418,233	111,417	946,734	0	265,847	193.06
193.07	19307	POB 2	488,049	130,016	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
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)	114,313,367	24,046,989	6,581,994	517,984	1,820,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	3,407,481					10.00
11.00	01100	CAFETERIA	1,554,330	1,849,903				11.00
13.00	01300	NURSING ADMINISTRATION	0	27,196	1,526,137			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	19,220	0	616,985		14.00
15.00	01500	PHARMACY	0	58,542	0	0	15,825,965	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	18,543	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	34,407	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	621,875	411,701	923,325	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	82,335	80,646	181,011	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	94,078	64,163	144,006	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	131,255	58,336	130,943	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	93,096	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,423	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	3,414	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	108,989	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	8,859	0	0	0	56.00
57.00	05700	CT SCAN	0	12,627	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,898	0	0	0	59.00
60.00	06000	LABORATORY	0	78,968	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	27,814	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	37,262	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	46,798	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,301	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,357	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	41,176	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	202,556	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	414,429	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,825,965	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	40,117	89,008	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	26,578	57,844	0	0	76.01
76.02	03550	OP PSYCH	0	20,220	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	136,568	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	132,094	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,483,873	1,641,313	1,526,137	616,985	15,825,965	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,795	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	1,089	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	8,948	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	12,892	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	18,572	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	641,933	158,613	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	0	6,681	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	281,675	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,407,481	1,849,903	1,526,137	616,985	15,825,965	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	976,532					16.00
17.00	01700	SOCIAL SERVICE	0	1,443,932				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	75,140	987,285	20,225,421	0	20,225,421	30.00
31.00	03100	INTENSIVE CARE UNIT	16,723	139,637	3,998,685	0	3,998,685	31.00
40.00	04000	SUBPROVIDER - IPF	7,599	122,205	2,813,918	0	2,813,918	40.00
44.00	04400	SKILLED NURSING FACILITY	6,536	194,805	2,723,624	0	2,723,624	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,271	0	7,337,393	0	7,337,393	50.00
51.00	05100	RECOVERY ROOM	8,877	0	1,052,132	0	1,052,132	51.00
53.00	05300	ANESTHESIOLOGY	14,485	0	530,817	0	530,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,513	0	5,378,401	0	5,378,401	54.00
56.00	05600	RADIOISOTOPE	9,946	0	738,622	0	738,622	56.00
57.00	05700	CT SCAN	71,408	0	774,419	0	774,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,184	0	203,737	0	203,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,344	0	1,429,575	0	1,429,575	59.00
60.00	06000	LABORATORY	120,395	0	5,154,588	0	5,154,588	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,609	0	1,848,276	0	1,848,276	63.00
65.00	06500	RESPIRATORY THERAPY	18,677	0	1,541,801	0	1,541,801	65.00
66.00	06600	PHYSICAL THERAPY	22,062	0	2,167,654	0	2,167,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,217	0	428,664	0	428,664	67.00
68.00	06800	SPEECH PATHOLOGY	2,300	0	291,997	0	291,997	68.00
69.00	06900	ELECTROCARDIOLOGY	43,356	0	2,008,612	0	2,008,612	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,078	0	4,124,710	0	4,124,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,018	0	8,359,630	0	8,359,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	145,629	0	16,210,643	0	16,210,643	73.00
74.00	07400	RENAL DIALYSIS	3,195	0	445,572	0	445,572	74.00
76.00	03020	ONCOLOGY	4,822	0	1,473,224	0	1,473,224	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	24,597	0	1,715,438	0	1,715,438	76.01
76.02	03550	OP PSYCH	6,232	0	835,882	0	835,882	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,740	0	264,551	0	264,551	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	90,778	0	6,228,463	0	6,228,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	30,801	0	3,893,422	0	3,893,422	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	976,532	1,443,932	104,199,871	0	104,199,871	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	90,631	0	90,631	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	443,647	0	443,647	192.00
192.01	19201	TWIN RIVERS MRI	0	0	241,199	0	241,199	192.01
193.00	19300	NONPAID WORKERS	0	0	102,676	0	102,676	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	1,277,591	0	1,277,591	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	759,453	0	759,453	193.02
193.03	19303	HOME CARE PHARMACY	0	0	3,744,670	0	3,744,670	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	4,431	0	4,431	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	800,546	0	800,546	193.05
193.06	19306	VACANT SPACE	0	0	1,742,231	0	1,742,231	193.06
193.07	19307	POB 2	0	0	624,746	0	624,746	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	281,675	0	281,675	193.08
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	976,532	1,443,932	114,313,367	0	114,313,367	202.00

COST ALLOCATION STATISTICS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet Non-CMS W | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS SALARIES	4.00
4.03	ADMITTING	7	GROSS REVENUE	4.03
5.00	ADMINISTRATIVE & GENERAL	-21	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	14	MEALS SERVED	10.00
11.00	CAFETERIA	15	FTE'S	11.00
13.00	NURSING ADMINISTRATION	16	HOURS OF SERVICE	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	14.00
15.00	PHARMACY	18	COSTED REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	16.00
17.00	SOCIAL SERVICE	20	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,313	29,484	614	37,411	37,411	4.00
4.03	00401	ADMITTING	8,594	65,069	0	73,663	889	4.03
5.00	00500	ADMINISTRATIVE & GENERAL	744,451	304,983	3,711,718	4,761,152	2,769	5.00
7.00	00700	OPERATION OF PLANT	4,444	2,105,923	15,103	2,125,470	814	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,184	0	13,184	0	8.00
9.00	00900	HOUSEKEEPING	458	31,174	313	31,945	862	9.00
10.00	01000	DIETARY	8,387	129,383	11,441	149,211	0	10.00
11.00	01100	CAFETERIA	0	58,130	0	58,130	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,933	108,377	114,310	748	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	430	53,407	35,432	89,269	219	14.00
15.00	01500	PHARMACY	159,740	33,200	2,629	195,569	1,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,987	63,655	154	70,796	448	16.00
17.00	01700	SOCIAL SERVICE	3,678	6,280	1,526	11,484	728	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	455,423	657,679	62,056	1,175,158	7,782	30.00
31.00	03100	INTENSIVE CARE UNIT	4,830	65,776	65,215	135,821	1,713	31.00
40.00	04000	SUBPROVIDER - IPF	2,905	88,069	161	91,135	1,176	40.00
44.00	04400	SKILLED NURSING FACILITY	3,063	46,336	6,011	55,410	1,083	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,388	248,159	202,314	462,861	1,850	50.00
51.00	05100	RECOVERY ROOM	410	40,523	0	40,933	453	51.00
53.00	05300	ANESTHESIOLOGY	0	2,924	73,779	76,703	48	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,489	130,869	346,246	484,604	2,096	54.00
56.00	05600	RADIOISOTOPE	0	11,997	45,778	57,775	192	56.00
57.00	05700	CT SCAN	0	6,820	57	6,877	232	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,106	93,961	115,067	496	59.00
60.00	06000	LABORATORY	9,583	172,363	135,350	317,296	1,138	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,363	3,965	8,328	404	63.00
65.00	06500	RESPIRATORY THERAPY	13,348	18,482	24,341	56,171	662	65.00
66.00	06600	PHYSICAL THERAPY	3,844	65,021	3,965	72,830	976	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	17,511	567	18,078	205	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,993	0	5,993	155	68.00
69.00	06900	ELECTROCARDIOLOGY	538	60,551	75,672	136,761	791	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,356	0	3,356	0	74.00
76.00	03020	ONCOLOGY	10,677	21,298	617	32,592	662	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	2,004	41,014	105,233	148,251	624	76.01
76.02	03550	OP PSYCH	3,247	46,528	11,747	61,522	323	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,341	199,271	60,578	268,190	2,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	15,561	11,698	133,914	161,173	1,722	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,498,133	4,887,512	5,338,834	11,724,479	36,587	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,417	1,163	13,580	19	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	70	192.00
192.01	19201	TWIN RIVERS MRI	0	57,614	0	57,614	0	192.01
193.00	19300	NONPAID WORKERS	0	19,129	307	19,436	10	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	12,477	582	13,059	208	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	0	0	117	193.02
193.03	19303	HOME CARE PHARMACY	499	5,765	0	6,264	348	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	1	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	418,233	0	418,233	0	193.06
193.07	19307	POB 2	0	0	0	0	51	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,498,632	5,413,147	5,340,886	12,252,665	37,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	ADMITTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.03	5.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING	74,552					4.03
5.00	00500	ADMINISTRATIVE & GENERAL	0	4,763,921				5.00
7.00	00700	OPERATION OF PLANT	0	274,298	2,400,582			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	20,343	10,885	44,412		8.00
9.00	00900	HOUSEKEEPING	0	72,908	25,737	0	131,452	9.00
10.00	01000	DIETARY	0	126,371	106,819	0	5,940	10.00
11.00	01100	CAFETERIA	0	5,294	47,992	0	2,669	11.00
13.00	01300	NURSING ADMINISTRATION	0	61,750	4,898	0	272	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,358	44,093	207	2,452	14.00
15.00	01500	PHARMACY	0	653,101	27,410	1	1,524	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	32,232	52,553	0	2,922	16.00
17.00	01700	SOCIAL SERVICE	0	57,982	5,185	0	288	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,726	628,483	542,977	18,723	30,194	30.00
31.00	03100	INTENSIVE CARE UNIT	1,274	136,382	54,305	3,003	3,020	31.00
40.00	04000	SUBPROVIDER - IPF	579	88,086	72,710	1,102	4,043	40.00
44.00	04400	SKILLED NURSING FACILITY	498	84,955	38,255	2,473	2,127	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,688	268,831	204,880	3,321	11,393	50.00
51.00	05100	RECOVERY ROOM	676	37,493	33,456	828	1,860	51.00
53.00	05300	ANESTHESIOLOGY	1,104	21,022	2,414	0	134	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,592	198,631	108,046	3,187	6,008	54.00
56.00	05600	RADIOISOTOPE	758	28,460	9,905	182	551	56.00
57.00	05700	CT SCAN	5,441	27,947	5,630	0	313	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	243	8,358	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,398	55,229	17,425	246	969	59.00
60.00	06000	LABORATORY	9,174	185,678	142,303	0	7,913	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,037	74,772	3,602	0	200	63.00
65.00	06500	RESPIRATORY THERAPY	1,423	59,588	15,258	207	848	65.00
66.00	06600	PHYSICAL THERAPY	1,681	79,380	53,681	471	2,985	66.00
67.00	06700	OCCUPATIONAL THERAPY	397	15,102	14,457	0	804	67.00
68.00	06800	SPEECH PATHOLOGY	175	11,126	4,948	0	275	68.00
69.00	06900	ELECTROCARDIOLOGY	3,304	72,630	49,990	490	2,780	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,978	161,823	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,735	329,066	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,239	9,962	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	243	18,030	2,771	0	154	74.00
76.00	03020	ONCOLOGY	367	53,240	17,584	0	978	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,874	60,937	33,861	2,167	1,883	76.01
76.02	03550	OP PSYCH	475	28,110	38,413	1	2,136	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	209	10,664	0	507	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,917	223,421	164,517	5,335	9,148	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,347	153,150	9,658	1,858	537	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,552	4,453,193	1,966,618	44,309	107,320	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,202	10,251	0	570	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,489	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	3,041	47,566	103	2,645	192.01
193.00	19300	NONPAID WORKERS	0	1,922	15,793	0	878	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	51,362	10,301	0	573	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	31,112	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	154,585	4,760	0	265	193.03
193.04	19304	MANAGEMENT SERVICES	0	185	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	22,073	345,293	0	19,201	193.06
193.07	19307	POB 2	0	25,757	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	74,552	4,763,921	2,400,582	44,412	131,452	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	388,341					10.00
11.00	01100	CAFETERIA	177,142	291,227				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,281	186,259			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,026	0	157,624		14.00
15.00	01500	PHARMACY	0	9,216	0	0	888,416	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,919	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	5,417	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	70,873	64,813	112,688	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,384	12,696	22,092	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	10,722	10,101	17,575	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	14,959	9,184	15,981	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	14,656	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	2,586	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	537	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,158	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,395	0	0	0	56.00
57.00	05700	CT SCAN	0	1,988	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,447	0	0	0	59.00
60.00	06000	LABORATORY	0	12,432	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,379	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,866	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,367	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,622	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	843	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,482	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,748	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	105,876	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	888,416	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	6,316	10,863	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	4,184	7,060	0	0	76.01
76.02	03550	OP PSYCH	0	3,183	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	21,500	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	20,795	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	283,080	258,389	186,259	157,624	888,416	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	283	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	171	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	1,409	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	2,029	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	0	2,924	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	73,159	24,970	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	0	1,052	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	32,102	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	388,341	291,227	186,259	157,624	888,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161,870					16.00
17.00	01700	SOCIAL SERVICE	0	81,084				17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,448	55,442	2,725,307	0	2,725,307	30.00
31.00	03100	INTENSIVE CARE UNIT	2,770	7,841	390,301	0	390,301	31.00
40.00	04000	SUBPROVIDER - IPF	1,259	6,862	305,350	0	305,350	40.00
44.00	04400	SKILLED NURSING FACILITY	1,083	10,939	236,947	0	236,947	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,843	0	976,323	0	976,323	50.00
51.00	05100	RECOVERY ROOM	1,471	0	119,756	0	119,756	51.00
53.00	05300	ANESTHESIOLOGY	2,400	0	104,362	0	104,362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,332	0	840,654	0	840,654	54.00
56.00	05600	RADIOISOTOPE	1,648	0	100,866	0	100,866	56.00
57.00	05700	CT SCAN	11,830	0	60,258	0	60,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	527	0	9,128	0	9,128	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,039	0	197,316	0	197,316	59.00
60.00	06000	LABORATORY	19,946	0	695,880	0	695,880	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,255	0	94,977	0	94,977	63.00
65.00	06500	RESPIRATORY THERAPY	3,094	0	143,117	0	143,117	65.00
66.00	06600	PHYSICAL THERAPY	3,655	0	223,026	0	223,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	864	0	51,529	0	51,529	67.00
68.00	06800	SPEECH PATHOLOGY	381	0	23,896	0	23,896	68.00
69.00	06900	ELECTROCARDIOLOGY	7,183	0	280,411	0	280,411	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,474	0	223,023	0	223,023	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,121	0	446,798	0	446,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,215	0	933,832	0	933,832	73.00
74.00	07400	RENAL DIALYSIS	529	0	25,083	0	25,083	74.00
76.00	03020	ONCOLOGY	799	0	123,401	0	123,401	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	4,075	0	264,916	0	264,916	76.01
76.02	03550	OP PSYCH	1,033	0	135,196	0	135,196	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	454	0	11,834	0	11,834	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	15,039	0	716,799	0	716,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	5,103	0	356,343	0	356,343	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	161,870	81,084	10,816,629	0	10,816,629	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,905	0	26,905	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	18,559	0	18,559	192.00
192.01	19201	TWIN RIVERS MRI	0	0	110,969	0	110,969	192.01
193.00	19300	NONPAID WORKERS	0	0	38,210	0	38,210	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0	0	76,912	0	76,912	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	33,258	0	33,258	193.02
193.03	19303	HOME CARE PHARMACY	0	0	169,146	0	169,146	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	186	0	186	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	98,129	0	98,129	193.05
193.06	19306	VACANT SPACE	0	0	804,800	0	804,800	193.06
193.07	19307	POB 2	0	0	26,860	0	26,860	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	32,102	0	32,102	193.08
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	161,870	81,084	12,252,665	0	12,252,665	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
			1.00	2.00	4.00	4.03	5A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	451,642					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,285,220				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,460	608	38,213,720			4.00
4.03	00401	ADMITTING	5,429	0	907,871	418,110,833		4.03
5.00	00500	ADMINISTRATIVE & GENERAL	25,446	3,673,032	2,828,721	0	-24,046,989	5.00
7.00	00700	OPERATION OF PLANT	175,706	14,946	831,457	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,100	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,601	310	880,991	0	0	9.00
10.00	01000	DIETARY	10,795	11,322	0	0	0	10.00
11.00	01100	CAFETERIA	4,850	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	495	107,247	764,510	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,456	35,063	223,302	0	0	14.00
15.00	01500	PHARMACY	2,770	2,602	1,629,527	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,311	152	457,636	0	0	16.00
17.00	01700	SOCIAL SERVICE	524	1,510	743,202	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	54,873	61,409	7,949,721	32,165,882	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,488	64,535	1,749,766	7,158,627	0	31.00
40.00	04000	SUBPROVIDER - IPF	7,348	159	1,200,794	3,252,960	0	40.00
44.00	04400	SKILLED NURSING FACILITY	3,866	5,948	1,106,175	2,797,924	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,705	200,205	1,889,772	15,098,815	0	50.00
51.00	05100	RECOVERY ROOM	3,381	0	462,571	3,799,952	0	51.00
53.00	05300	ANESTHESIOLOGY	244	73,010	49,025	6,200,712	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,919	342,637	2,140,495	37,034,742	0	54.00
56.00	05600	RADIOISOTOPE	1,001	45,301	195,806	4,257,814	0	56.00
57.00	05700	CT SCAN	569	56	236,595	30,568,653	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,363,005	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,761	92,982	506,418	7,852,800	0	59.00
60.00	06000	LABORATORY	14,381	133,939	1,162,664	51,539,131	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	364	3,924	412,363	5,825,949	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,542	24,087	676,163	7,995,264	0	65.00
66.00	06600	PHYSICAL THERAPY	5,425	3,924	996,683	9,444,225	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,461	561	209,458	2,233,108	0	67.00
68.00	06800	SPEECH PATHOLOGY	500	0	158,595	984,507	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,052	74,883	808,425	18,560,044	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,728,520	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,983,805	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	62,416,447	0	73.00
74.00	07400	RENAL DIALYSIS	280	0	0	1,367,657	0	74.00
76.00	03020	ONCOLOGY	1,777	611	676,406	2,064,278	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	3,422	104,136	637,511	10,529,609	0	76.01
76.02	03550	OP PSYCH	3,882	11,625	330,228	2,668,010	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	1,172,751	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,626	59,947	2,790,777	38,860,404	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	976	132,518	1,759,328	13,185,238	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	407,786	5,283,189	37,372,956	418,110,833	-24,046,989	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,036	1,151	19,413	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	71,525	0	0	192.00
192.01	19201	TWIN RIVERS MRI	4,807	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	1,596	304	9,950	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	1,041	576	211,964	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	0	0	119,299	0	0	193.02
193.03	19303	HOME CARE PHARMACY	481	0	355,600	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	793	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	0	193.05
193.06	19306	VACANT SPACE	34,895	0	0	0	0	193.06
193.07	19307	POB 2	0	0	52,220	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (GROSS REVENUE)	Reconciliation	
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	4.03	5A	
202.00		Cost to be allocated (per Wkst. B, Part I)	5,413,147	5,340,886	1,367,063	1,264,026		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.985482	1.010532	0.035774	0.003023		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			37,411	74,552		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000979	0.000178		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL	90,266,378					5.00
7.00	00700	OPERATION OF PLANT	5,197,405	242,601				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	385,455	1,100	621,749			8.00
9.00	00900	HOUSEKEEPING	1,381,464	2,601	0	238,900		9.00
10.00	01000	DIETARY	2,394,473	10,795	0	10,795	377,808	10.00
11.00	01100	CAFETERIA	100,314	4,850	0	4,850	172,338	11.00
13.00	01300	NURSING ADMINISTRATION	1,170,041	495	0	495	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	347,843	4,456	2,897	4,456	0	14.00
15.00	01500	PHARMACY	12,374,548	2,770	16	2,770	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	610,735	5,311	0	5,311	0	16.00
17.00	01700	SOCIAL SERVICE	1,098,639	524	0	524	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,908,499	54,873	262,113	54,873	68,951	30.00
31.00	03100	INTENSIVE CARE UNIT	2,584,176	5,488	42,045	5,488	9,129	31.00
40.00	04000	SUBPROVIDER - IPF	1,669,047	7,348	15,421	7,348	10,431	40.00
44.00	04400	SKILLED NURSING FACILITY	1,609,728	3,866	34,627	3,866	14,553	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,093,816	20,705	46,488	20,705	0	50.00
51.00	05100	RECOVERY ROOM	710,427	3,381	11,594	3,381	0	51.00
53.00	05300	ANESTHESIOLOGY	398,325	244	0	244	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,763,660	10,919	44,617	10,919	0	54.00
56.00	05600	RADIOISOTOPE	539,254	1,001	2,547	1,001	0	56.00
57.00	05700	CT SCAN	529,541	569	0	569	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	158,365	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,046,484	1,761	3,447	1,761	0	59.00
60.00	06000	LABORATORY	3,518,236	14,381	0	14,381	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,416,775	364	0	364	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,129,077	1,542	2,899	1,542	0	65.00
66.00	06600	PHYSICAL THERAPY	1,504,095	5,425	6,593	5,425	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	286,147	1,461	0	1,461	0	67.00
68.00	06800	SPEECH PATHOLOGY	210,807	500	0	500	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,376,191	5,052	6,862	5,052	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,066,232	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,235,141	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	188,763	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	341,635	280	0	280	0	74.00
76.00	03020	ONCOLOGY	1,008,786	1,777	0	1,777	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,154,642	3,422	30,330	3,422	0	76.01
76.02	03550	OP PSYCH	532,633	3,882	9	3,882	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	202,063	0	7,104	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,233,374	16,626	74,694	16,626	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,901,882	976	26,009	976	0	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,378,718	198,745	620,312	195,044	275,402	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,721	1,036	0	1,036	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	350,321	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	57,614	4,807	1,437	4,807	0	192.01
193.00	19300	NONPAID WORKERS	36,424	1,596	0	1,596	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	973,207	1,041	0	1,041	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	589,514	0	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	2,929,078	481	0	481	0	193.03
193.04	19304	MANAGEMENT SERVICES	3,499	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	0	0	0	0	71,175	193.05
193.06	19306	VACANT SPACE	418,233	34,895	0	34,895	0	193.06
193.07	19307	POB 2	488,049	0	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	31,231	193.08
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)	24,046,989	6,581,994	517,984	1,820,054	3,407,481	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.266400	27.130943	0.833108	7.618476	9.019081	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	4,763,921	2,400,582	44,412	131,452	388,341	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.052776	9.895186	0.071431	0.550239	1.027879	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
4.03	00401	ADMITTING						4.03
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	62,852					11.00
13.00	01300	NURSING ADMINISTRATION	924	480,501				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	653	0	10,000			14.00
15.00	01500	PHARMACY	1,989	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	630	0	0	0	418,110,833	16.00
17.00	01700	SOCIAL SERVICE	1,169	0	0	0	0	17.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,988	290,707	0	0	32,165,882	30.00
31.00	03100	INTENSIVE CARE UNIT	2,740	56,991	0	0	7,158,627	31.00
40.00	04000	SUBPROVIDER - IPF	2,180	45,340	0	0	3,252,960	40.00
44.00	04400	SKILLED NURSING FACILITY	1,982	41,227	0	0	2,797,924	44.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,163	0	0	0	15,098,815	50.00
51.00	05100	RECOVERY ROOM	558	0	0	0	3,799,952	51.00
53.00	05300	ANESTHESIOLOGY	116	0	0	0	6,200,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,703	0	0	0	37,034,742	54.00
56.00	05600	RADIOISOTOPE	301	0	0	0	4,257,814	56.00
57.00	05700	CT SCAN	429	0	0	0	30,568,653	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,363,005	58.00
59.00	05900	CARDIAC CATHETERIZATION	744	0	0	0	7,852,800	59.00
60.00	06000	LABORATORY	2,683	0	0	0	51,539,131	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	945	0	0	0	5,825,949	63.00
65.00	06500	RESPIRATORY THERAPY	1,266	0	0	0	7,995,264	65.00
66.00	06600	PHYSICAL THERAPY	1,590	0	0	0	9,444,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	350	0	0	0	2,233,108	67.00
68.00	06800	SPEECH PATHOLOGY	182	0	0	0	984,507	68.00
69.00	06900	ELECTROCARDIOLOGY	1,399	0	0	0	18,560,044	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,283	0	16,728,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	6,717	0	20,983,805	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	62,416,447	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,367,657	74.00
76.00	03020	ONCOLOGY	1,363	28,024	0	0	2,064,278	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	903	18,212	0	0	10,529,609	76.01
76.02	03550	OP PSYCH	687	0	0	0	2,668,010	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,172,751	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,640	0	0	0	38,860,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	4,488	0	0	0	13,185,238	95.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,765	480,501	10,000	100	418,110,833	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	TWIN RIVERS MRI	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	37	0	0	0	0	193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	304	0	0	0	0	193.01
193.02	19302	MEDICAL OFFICE BUILDING	438	0	0	0	0	193.02
193.03	19303	HOME CARE PHARMACY	631	0	0	0	0	193.03
193.04	19304	MANAGEMENT SERVICES	0	0	0	0	0	193.04
193.05	19305	EUNICE SMITH NURSING HOME	5,389	0	0	0	0	193.05
193.06	19306	VACANT SPACE	0	0	0	0	0	193.06
193.07	19307	POB 2	227	0	0	0	0	193.07
193.08	19308	NON REIMBURSABLE MEALS	0	0	0	0	0	193.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,849,903	1,526,137	616,985	15,825,965	976,532	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	29.432683	3.176137	61.698500	158,259.650000	0.002336	203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	291,227	186,259	157,624	888,416	161,870	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.633536	0.387635	15.762400	8,884.160000	0.000387	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS) 17.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
4.03	00401	ADMITTING			4.03
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	31,146		17.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	21,296		30.00
31.00	03100	INTENSIVE CARE UNIT	3,012		31.00
40.00	04000	SUBPROVIDER - IPF	2,636		40.00
44.00	04400	SKILLED NURSING FACILITY	4,202		44.00
46.00	04600	OTHER LONG TERM CARE	0		46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0		50.00
51.00	05100	RECOVERY ROOM	0		51.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		54.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		63.00
65.00	06500	RESPIRATORY THERAPY	0		65.00
66.00	06600	PHYSICAL THERAPY	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	0		74.00
76.00	03020	ONCOLOGY	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0		76.01
76.02	03550	OP PSYCH	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		76.98
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,146		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
192.01	19201	TWIN RIVERS MRI	0		192.01
193.00	19300	NONPAID WORKERS	0		193.00
193.01	19301	PHYSICIAN/PUBLIC RELATIONS	0		193.01
193.02	19302	MEDICAL OFFICE BUILDING	0		193.02
193.03	19303	HOME CARE PHARMACY	0		193.03
193.04	19304	MANAGEMENT SERVICES	0		193.04
193.05	19305	EUNICE SMITH NURSING HOME	0		193.05
193.06	19306	VACANT SPACE	0		193.06
193.07	19307	POB 2	0		193.07
193.08	19308	NON REIMBURSABLE MEALS	0		193.08
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,443,932		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	46.360110		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	81,084		204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/23/2015 6:14 am

		Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)					
			17.00					
205.00		Unit cost multiplier (Wkst. B, Part II)	2.603352					205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

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		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	20,225,421		20,225,421	0	20,225,421	30.00
31.00	03100	INTENSIVE CARE UNIT	3,998,685		3,998,685	0	3,998,685	31.00
40.00	04000	SUBPROVIDER - IPF	2,813,918		2,813,918	0	2,813,918	40.00
44.00	04400	SKILLED NURSING FACILITY	2,723,624		2,723,624	0	2,723,624	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,337,393		7,337,393	0	7,337,393	50.00
51.00	05100	RECOVERY ROOM	1,052,132		1,052,132	0	1,052,132	51.00
53.00	05300	ANESTHESIOLOGY	530,817		530,817	0	530,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,378,401		5,378,401	0	5,378,401	54.00
56.00	05600	RADIOISOTOPE	738,622		738,622	0	738,622	56.00
57.00	05700	CT SCAN	774,419		774,419	0	774,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,737		203,737	0	203,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,429,575		1,429,575	0	1,429,575	59.00
60.00	06000	LABORATORY	5,154,588		5,154,588	0	5,154,588	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,848,276		1,848,276	0	1,848,276	63.00
65.00	06500	RESPIRATORY THERAPY	1,541,801	0	1,541,801	0	1,541,801	65.00
66.00	06600	PHYSICAL THERAPY	2,167,654	0	2,167,654	0	2,167,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	428,664	0	428,664	0	428,664	67.00
68.00	06800	SPEECH PATHOLOGY	291,997	0	291,997	0	291,997	68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,612		2,008,612	0	2,008,612	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,124,710		4,124,710	0	4,124,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,359,630		8,359,630	0	8,359,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,210,643		16,210,643	0	16,210,643	73.00
74.00	07400	RENAL DIALYSIS	445,572		445,572	0	445,572	74.00
76.00	03020	ONCOLOGY	1,473,224		1,473,224	0	1,473,224	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,715,438		1,715,438	0	1,715,438	76.01
76.02	03550	OP PSYCH	835,882		835,882	0	835,882	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	264,551		264,551	0	264,551	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,228,463		6,228,463	0	6,228,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,167,831		1,167,831		1,167,831	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,893,422		3,893,422	0	3,893,422	95.00
200.00		Subtotal (see instructions)	105,367,702	0	105,367,702	0	105,367,702	200.00
201.00		Less Observation Beds	1,167,831		1,167,831		1,167,831	201.00
202.00		Total (see instructions)	104,199,871	0	104,199,871	0	104,199,871	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,854,853		30,854,853			30.00
31.00	03100	INTENSIVE CARE UNIT	7,158,627		7,158,627			31.00
40.00	04000	SUBPROVIDER - IPF	3,252,960		3,252,960			40.00
44.00	04400	SKILLED NURSING FACILITY	2,797,924		2,797,924			44.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,168,739	10,930,076	15,098,815	0.485958	0.000000	50.00
51.00	05100	RECOVERY ROOM	759,293	3,040,659	3,799,952	0.276880	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	1,966,410	4,234,302	6,200,712	0.085606	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,815,660	31,219,082	37,034,742	0.145226	0.000000	54.00
56.00	05600	RADIOISOTOPE	795,083	3,462,731	4,257,814	0.173474	0.000000	56.00
57.00	05700	CT SCAN	7,101,267	23,467,386	30,568,653	0.025334	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,294,629	68,376	1,363,005	0.149476	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,929,719	4,923,081	7,852,800	0.182047	0.000000	59.00
60.00	06000	LABORATORY	21,515,354	30,023,777	51,539,131	0.100013	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,910,258	2,915,691	5,825,949	0.317249	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	7,182,553	812,711	7,995,264	0.192839	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,245,392	6,198,833	9,444,225	0.229522	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,584,598	648,510	2,233,108	0.191958	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	254,160	730,547	984,707	0.296532	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,925,061	12,634,983	18,560,044	0.108222	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,911,624	7,816,896	16,728,520	0.246568	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,475,304	9,508,501	20,983,805	0.398385	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,316,418	39,100,029	62,416,447	0.259717	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,341,117	26,540	1,367,657	0.325792	0.000000	74.00
76.00	03020	ONCOLOGY	35,103	2,029,175	2,064,278	0.713675	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,086,435	9,443,174	10,529,609	0.162916	0.000000	76.01
76.02	03550	OP PSYCH	9,813	2,658,197	2,668,010	0.313298	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	53,875	1,118,676	1,172,551	0.225620	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,051,227	30,809,177	38,860,404	0.160278	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	199,076	1,111,953	1,311,029	0.890774	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	26,646	13,158,592	13,185,238	0.295286	0.000000	95.00
200.00		Subtotal (see instructions)	166,019,178	252,091,655	418,110,833			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	166,019,178	252,091,655	418,110,833			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
44.00	04400	SKILLED NURSING FACILITY		44.00
46.00	04600	OTHER LONG TERM CARE		46.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.485958	50.00
51.00	05100	RECOVERY ROOM	0.276880	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	54.00
56.00	05600	RADIOISOTOPE	0.173474	56.00
57.00	05700	CT SCAN	0.025334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	59.00
60.00	06000	LABORATORY	0.100013	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	73.00
74.00	07400	RENAL DIALYSIS	0.325792	74.00
76.00	03020	ONCOLOGY	0.713675	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	76.01
76.02	03550	OP PSYCH	0.313298	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	76.98
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.160278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	92.00
		OTHER REIMBURSABLE COST CENTERS		
95.00	09500	AMBULANCE SERVICES	0.295286	95.00
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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | 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	20,225,421		20,225,421	0	20,225,421	30.00
31.00	03100	INTENSIVE CARE UNIT	3,998,685		3,998,685	0	3,998,685	31.00
40.00	04000	SUBPROVIDER - IPF	2,813,918		2,813,918	0	2,813,918	40.00
44.00	04400	SKILLED NURSING FACILITY	2,723,624		2,723,624	0	2,723,624	44.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,337,393		7,337,393	0	7,337,393	50.00
51.00	05100	RECOVERY ROOM	1,052,132		1,052,132	0	1,052,132	51.00
53.00	05300	ANESTHESIOLOGY	530,817		530,817	0	530,817	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,378,401		5,378,401	0	5,378,401	54.00
56.00	05600	RADIOISOTOPE	738,622		738,622	0	738,622	56.00
57.00	05700	CT SCAN	774,419		774,419	0	774,419	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,737		203,737	0	203,737	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,429,575		1,429,575	0	1,429,575	59.00
60.00	06000	LABORATORY	5,154,588		5,154,588	0	5,154,588	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,848,276		1,848,276	0	1,848,276	63.00
65.00	06500	RESPIRATORY THERAPY	1,541,801	0	1,541,801	0	1,541,801	65.00
66.00	06600	PHYSICAL THERAPY	2,167,654	0	2,167,654	0	2,167,654	66.00
67.00	06700	OCCUPATIONAL THERAPY	428,664	0	428,664	0	428,664	67.00
68.00	06800	SPEECH PATHOLOGY	291,997	0	291,997	0	291,997	68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,612		2,008,612	0	2,008,612	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,124,710		4,124,710	0	4,124,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,359,630		8,359,630	0	8,359,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,210,643		16,210,643	0	16,210,643	73.00
74.00	07400	RENAL DIALYSIS	445,572		445,572	0	445,572	74.00
76.00	03020	ONCOLOGY	1,473,224		1,473,224	0	1,473,224	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,715,438		1,715,438	0	1,715,438	76.01
76.02	03550	OP PSYCH	835,882		835,882	0	835,882	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	264,551		264,551	0	264,551	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,228,463		6,228,463	0	6,228,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,167,831		1,167,831		1,167,831	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,893,422		3,893,422	0	3,893,422	95.00
200.00		Subtotal (see instructions)	105,367,702	0	105,367,702	0	105,367,702	200.00
201.00		Less Observation Beds	1,167,831		1,167,831		1,167,831	201.00
202.00		Total (see instructions)	104,199,871	0	104,199,871	0	104,199,871	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,854,853		30,854,853			30.00
31.00	03100	INTENSIVE CARE UNIT	7,158,627		7,158,627			31.00
40.00	04000	SUBPROVIDER - IPF	3,252,960		3,252,960			40.00
44.00	04400	SKILLED NURSING FACILITY	2,797,924		2,797,924			44.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,168,739	10,930,076	15,098,815	0.485958	0.000000	50.00
51.00	05100	RECOVERY ROOM	759,293	3,040,659	3,799,952	0.276880	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	1,966,410	4,234,302	6,200,712	0.085606	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,815,660	31,219,082	37,034,742	0.145226	0.000000	54.00
56.00	05600	RADIOISOTOPE	795,083	3,462,731	4,257,814	0.173474	0.000000	56.00
57.00	05700	CT SCAN	7,101,267	23,467,386	30,568,653	0.025334	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,294,629	68,376	1,363,005	0.149476	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,929,719	4,923,081	7,852,800	0.182047	0.000000	59.00
60.00	06000	LABORATORY	21,515,354	30,023,777	51,539,131	0.100013	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,910,258	2,915,691	5,825,949	0.317249	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	7,182,553	812,711	7,995,264	0.192839	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,245,392	6,198,833	9,444,225	0.229522	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,584,598	648,510	2,233,108	0.191958	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	254,160	730,547	984,707	0.296532	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,925,061	12,634,983	18,560,044	0.108222	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,911,624	7,816,896	16,728,520	0.246568	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,475,304	9,508,501	20,983,805	0.398385	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,316,418	39,100,029	62,416,447	0.259717	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,341,117	26,540	1,367,657	0.325792	0.000000	74.00
76.00	03020	ONCOLOGY	35,103	2,029,175	2,064,278	0.713675	0.000000	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,086,435	9,443,174	10,529,609	0.162916	0.000000	76.01
76.02	03550	OP PSYCH	9,813	2,658,197	2,668,010	0.313298	0.000000	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	53,875	1,118,676	1,172,551	0.225620	0.000000	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,051,227	30,809,177	38,860,404	0.160278	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	199,076	1,111,953	1,311,029	0.890774	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	26,646	13,158,592	13,185,238	0.295286	0.000000	95.00
200.00		Subtotal (see instructions)	166,019,178	252,091,655	418,110,833			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	166,019,178	252,091,655	418,110,833			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
44.00	04400	SKILLED NURSING FACILITY			44.00
46.00	04600	OTHER LONG TERM CARE			46.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.485958		50.00
51.00	05100	RECOVERY ROOM	0.276880		51.00
53.00	05300	ANESTHESIOLOGY	0.085606		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226		54.00
56.00	05600	RADIOISOTOPE	0.173474		56.00
57.00	05700	CT SCAN	0.025334		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047		59.00
60.00	06000	LABORATORY	0.100013		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249		63.00
65.00	06500	RESPIRATORY THERAPY	0.192839		65.00
66.00	06600	PHYSICAL THERAPY	0.229522		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958		67.00
68.00	06800	SPEECH PATHOLOGY	0.296532		68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717		73.00
74.00	07400	RENAL DIALYSIS	0.325792		74.00
76.00	03020	ONCOLOGY	0.713675		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916		76.01
76.02	03550	OP PSYCH	0.313298		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620		76.98
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.160278		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.295286		95.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part II Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,337,393	976,323	6,361,070	0	0	50.00
51.00	05100	RECOVERY ROOM	1,052,132	119,756	932,376	0	0	51.00
53.00	05300	ANESTHESIOLOGY	530,817	104,362	426,455	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,378,401	840,654	4,537,747	0	0	54.00
56.00	05600	RADIOISOTOPE	738,622	100,866	637,756	0	0	56.00
57.00	05700	CT SCAN	774,419	60,258	714,161	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,737	9,128	194,609	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,429,575	197,316	1,232,259	0	0	59.00
60.00	06000	LABORATORY	5,154,588	695,880	4,458,708	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,848,276	94,977	1,753,299	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,541,801	143,117	1,398,684	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,167,654	223,026	1,944,628	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	428,664	51,529	377,135	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	291,997	23,896	268,101	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,612	280,411	1,728,201	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,124,710	223,023	3,901,687	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,359,630	446,798	7,912,832	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,210,643	933,832	15,276,811	0	0	73.00
74.00	07400	RENAL DIALYSIS	445,572	25,083	420,489	0	0	74.00
76.00	03020	ONCOLOGY	1,473,224	123,401	1,349,823	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,715,438	264,916	1,450,522	0	0	76.01
76.02	03550	OP PSYCH	835,882	135,196	700,686	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	264,551	11,834	252,717	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,228,463	716,799	5,511,664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,167,831	157,362	1,010,469	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,893,422	356,343	3,537,079	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	75,606,054	7,316,086	68,289,968	0	0	200.00
201.00		Less Observation Beds	1,167,831	157,362	1,010,469	0	0	201.00
202.00		Total (line 200 minus line 201)	74,438,223	7,158,724	67,279,499	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part II Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	7,337,393	15,098,815	0.485958		50.00
51.00	05100	RECOVERY ROOM	1,052,132	3,799,952	0.276880		51.00
53.00	05300	ANESTHESIOLOGY	530,817	6,200,712	0.085606		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,378,401	37,034,742	0.145226		54.00
56.00	05600	RADIOISOTOPE	738,622	4,257,814	0.173474		56.00
57.00	05700	CT SCAN	774,419	30,568,653	0.025334		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	203,737	1,363,005	0.149476		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,429,575	7,852,800	0.182047		59.00
60.00	06000	LABORATORY	5,154,588	51,539,131	0.100013		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,848,276	5,825,949	0.317249		63.00
65.00	06500	RESPIRATORY THERAPY	1,541,801	7,995,264	0.192839		65.00
66.00	06600	PHYSICAL THERAPY	2,167,654	9,444,225	0.229522		66.00
67.00	06700	OCCUPATIONAL THERAPY	428,664	2,233,108	0.191958		67.00
68.00	06800	SPEECH PATHOLOGY	291,997	984,707	0.296532		68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,612	18,560,044	0.108222		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,124,710	16,728,520	0.246568		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,359,630	20,983,805	0.398385		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,210,643	62,416,447	0.259717		73.00
74.00	07400	RENAL DIALYSIS	445,572	1,367,657	0.325792		74.00
76.00	03020	ONCOLOGY	1,473,224	2,064,278	0.713675		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	1,715,438	10,529,609	0.162916		76.01
76.02	03550	OP PSYCH	835,882	2,668,010	0.313298		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	264,551	1,172,551	0.225620		76.98
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	6,228,463	38,860,404	0.160278		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,167,831	1,311,029	0.890774		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	3,893,422	13,185,238	0.295286		95.00
200.00		Subtotal (sum of lines 50 thru 199)	75,606,054	374,046,469			200.00
201.00		Less Observation Beds	1,167,831	0			201.00
202.00		Total (line 200 minus line 201)	74,438,223	374,046,469			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,725,307	0	2,725,307	22,601	120.58	30.00
31.00	INTENSIVE CARE UNIT	390,301		390,301	2,636	148.07	31.00
40.00	SUBPROVIDER - IPF	305,350	0	305,350	3,012	101.38	40.00
44.00	SKILLED NURSING FACILITY	236,947		236,947	4,202	56.39	44.00
200.00	Total (lines 30-199)	3,657,905		3,657,905	32,451		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	10,323	1,244,747				30.00
31.00	INTENSIVE CARE UNIT	1,318	195,156				31.00
40.00	SUBPROVIDER - IPF	2,840	287,919				40.00
44.00	SKILLED NURSING FACILITY	2,882	162,516				44.00
200.00	Total (lines 30-199)	17,363	1,890,338				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	976,323	15,098,815	0.064662	2,497,133	161,470	50.00
51.00	05100	RECOVERY ROOM	119,756	3,799,952	0.031515	362,181	11,414	51.00
53.00	05300	ANESTHESIOLOGY	104,362	6,200,712	0.016831	846,082	14,240	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	840,654	37,034,742	0.022699	2,416,636	54,855	54.00
56.00	05600	RADIOISOTOPE	100,866	4,257,814	0.023690	344,386	8,159	56.00
57.00	05700	CT SCAN	60,258	30,568,653	0.001971	3,540,008	6,977	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,128	1,363,005	0.006697	640,664	4,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	197,316	7,852,800	0.025127	889,496	22,350	59.00
60.00	06000	LABORATORY	695,880	51,539,131	0.013502	11,006,823	148,614	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	94,977	5,825,949	0.016302	906,331	14,775	63.00
65.00	06500	RESPIRATORY THERAPY	143,117	7,995,264	0.017900	3,782,658	67,710	65.00
66.00	06600	PHYSICAL THERAPY	223,026	9,444,225	0.023615	1,031,596	24,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,529	2,233,108	0.023075	248,183	5,727	67.00
68.00	06800	SPEECH PATHOLOGY	23,896	984,707	0.024267	129,789	3,150	68.00
69.00	06900	ELECTROCARDIOLOGY	280,411	18,560,044	0.015108	4,026,873	60,838	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	223,023	16,728,520	0.013332	4,493,757	59,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	446,798	20,983,805	0.021293	6,108,962	130,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	933,832	62,416,447	0.014961	12,122,127	181,359	73.00
74.00	07400	RENAL DIALYSIS	25,083	1,367,657	0.018340	764,397	14,019	74.00
76.00	03020	ONCOLOGY	123,401	2,064,278	0.059779	4,954	296	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	264,916	10,529,609	0.025159	450,103	11,324	76.01
76.02	03550	OP PSYCH	135,196	2,668,010	0.050673	3,168	161	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,834	1,172,551	0.010093	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	716,799	38,860,404	0.018445	3,084,130	56,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	157,362	1,311,029	0.120029	90,442	10,856	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,959,743	360,861,231		59,790,879	1,073,822	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,601	0.00	10,323	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,636	0.00	1,318	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,012	0.00	2,840	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	4,202	0.00	2,882	0	0	44.00
200.00		Total (lines 30-199)	32,451		17,363	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:14 am

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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	15,098,815	0.000000	0.000000	2,497,133	50.00
51.00	05100	RECOVERY ROOM	0	3,799,952	0.000000	0.000000	362,181	51.00
53.00	05300	ANESTHESIOLOGY	0	6,200,712	0.000000	0.000000	846,082	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,034,742	0.000000	0.000000	2,416,636	54.00
56.00	05600	RADIOISOTOPE	0	4,257,814	0.000000	0.000000	344,386	56.00
57.00	05700	CT SCAN	0	30,568,653	0.000000	0.000000	3,540,008	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,363,005	0.000000	0.000000	640,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,852,800	0.000000	0.000000	889,496	59.00
60.00	06000	LABORATORY	0	51,539,131	0.000000	0.000000	11,006,823	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,825,949	0.000000	0.000000	906,331	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,995,264	0.000000	0.000000	3,782,658	65.00
66.00	06600	PHYSICAL THERAPY	0	9,444,225	0.000000	0.000000	1,031,596	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,233,108	0.000000	0.000000	248,183	67.00
68.00	06800	SPEECH PATHOLOGY	0	984,707	0.000000	0.000000	129,789	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,560,044	0.000000	0.000000	4,026,873	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,728,520	0.000000	0.000000	4,493,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,983,805	0.000000	0.000000	6,108,962	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,416,447	0.000000	0.000000	12,122,127	73.00
74.00	07400	RENAL DIALYSIS	0	1,367,657	0.000000	0.000000	764,397	74.00
76.00	03020	ONCOLOGY	0	2,064,278	0.000000	0.000000	4,954	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	10,529,609	0.000000	0.000000	450,103	76.01
76.02	03550	OP PSYCH	0	2,668,010	0.000000	0.000000	3,168	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,172,551	0.000000	0.000000	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,860,404	0.000000	0.000000	3,084,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,311,029	0.000000	0.000000	90,442	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	360,861,231			59,790,879	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,228,748	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	787,205	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	933,236	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,305,505	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	1,215,294	0	0	0	56.00
57.00	05700	CT SCAN	0	8,319,617	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	56,904	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,109,225	0	0	0	59.00
60.00	06000	LABORATORY	0	6,317,701	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	606,902	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	214,368	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,156,324	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,280,907	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,180,811	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,113,161	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	481,054	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	2,489,049	0	0	0	76.01
76.02	03550	OP PSYCH	0	2,269,321	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	791,316	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	5,456,327	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	382,277	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	77,695,252	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
			23.00	24.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	ONCOLOGY	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	76.01
76.02	03550	OP PSYCH	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.485958	4,228,748	0	0	2,054,994	50.00
51.00	05100	RECOVERY ROOM	0.276880	787,205	0	0	217,961	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	933,236	0	0	79,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	8,305,505	0	0	1,206,175	54.00
56.00	05600	RADIOISOTOPE	0.173474	1,215,294	0	0	210,822	56.00
57.00	05700	CT SCAN	0.025334	8,319,617	0	0	210,769	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	56,904	0	0	8,506	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	1,109,225	0	0	201,931	59.00
60.00	06000	LABORATORY	0.100013	6,317,701	0	0	631,852	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	606,902	0	0	192,539	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	214,368	0	0	41,339	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	5,156,324	0	0	558,028	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	2,280,907	0	0	562,399	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	5,180,811	0	0	2,063,957	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	21,113,161	0	9,234	5,483,447	73.00
74.00	07400	RENAL DIALYSIS	0.325792	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0.713675	481,054	0	0	343,316	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	2,489,049	0	0	405,506	76.01
76.02	03550	OP PSYCH	0.313298	2,269,321	0	0	710,974	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	791,316	0	0	178,537	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.160278	5,456,327	0	0	874,529	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	382,277	0	0	340,522	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.295286		0			95.00
200.00		Subtotal (see instructions)		77,695,252	0	9,234	16,577,994	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		77,695,252	0	9,234	16,577,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/23/2015 6:14 am

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: 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
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,398		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	2,398		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	2,398		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | 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	976,323	15,098,815	0.064662	771	50	50.00
51.00	05100	RECOVERY ROOM	119,756	3,799,952	0.031515	0	0	51.00
53.00	05300	ANESTHESIOLOGY	104,362	6,200,712	0.016831	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	840,654	37,034,742	0.022699	41,190	935	54.00
56.00	05600	RADIOISOTOPE	100,866	4,257,814	0.023690	1,034	24	56.00
57.00	05700	CT SCAN	60,258	30,568,653	0.001971	112,396	222	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,128	1,363,005	0.006697	2,588	17	58.00
59.00	05900	CARDIAC CATHETERIZATION	197,316	7,852,800	0.025127	0	0	59.00
60.00	06000	LABORATORY	695,880	51,539,131	0.013502	565,833	7,640	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	94,977	5,825,949	0.016302	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	143,117	7,995,264	0.017900	42,575	762	65.00
66.00	06600	PHYSICAL THERAPY	223,026	9,444,225	0.023615	28,686	677	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,529	2,233,108	0.023075	6,147	142	67.00
68.00	06800	SPEECH PATHOLOGY	23,896	984,707	0.024267	4,652	113	68.00
69.00	06900	ELECTROCARDIOLOGY	280,411	18,560,044	0.015108	52,043	786	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	223,023	16,728,520	0.013332	19,465	260	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	446,798	20,983,805	0.021293	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	933,832	62,416,447	0.014961	504,432	7,547	73.00
74.00	07400	RENAL DIALYSIS	25,083	1,367,657	0.018340	14,597	268	74.00
76.00	03020	ONCOLOGY	123,401	2,064,278	0.059779	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	264,916	10,529,609	0.025159	3,160	80	76.01
76.02	03550	OP PSYCH	135,196	2,668,010	0.050673	2,646	134	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,834	1,172,551	0.010093	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	716,799	38,860,404	0.018445	197,326	3,640	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,311,029	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,802,381	360,861,231		1,599,541	23,297	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	15,098,815	0.000000	0.000000	771	50.00
51.00	05100	RECOVERY ROOM	0	3,799,952	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,200,712	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,034,742	0.000000	0.000000	41,190	54.00
56.00	05600	RADIOISOTOPE	0	4,257,814	0.000000	0.000000	1,034	56.00
57.00	05700	CT SCAN	0	30,568,653	0.000000	0.000000	112,396	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,363,005	0.000000	0.000000	2,588	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,852,800	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	51,539,131	0.000000	0.000000	565,833	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,825,949	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,995,264	0.000000	0.000000	42,575	65.00
66.00	06600	PHYSICAL THERAPY	0	9,444,225	0.000000	0.000000	28,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,233,108	0.000000	0.000000	6,147	67.00
68.00	06800	SPEECH PATHOLOGY	0	984,707	0.000000	0.000000	4,652	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,560,044	0.000000	0.000000	52,043	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,728,520	0.000000	0.000000	19,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,983,805	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,416,447	0.000000	0.000000	504,432	73.00
74.00	07400	RENAL DIALYSIS	0	1,367,657	0.000000	0.000000	14,597	74.00
76.00	03020	ONCOLOGY	0	2,064,278	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	10,529,609	0.000000	0.000000	3,160	76.01
76.02	03550	OP PSYCH	0	2,668,010	0.000000	0.000000	2,646	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,172,551	0.000000	0.000000	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,860,404	0.000000	0.000000	197,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,311,029	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	360,861,231			1,599,541	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | 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	15,098,815	0.000000	0.000000	1,876	50.00
51.00	05100	RECOVERY ROOM	0	3,799,952	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	6,200,712	0.000000	0.000000	3,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,034,742	0.000000	0.000000	53,305	54.00
56.00	05600	RADIOISOTOPE	0	4,257,814	0.000000	0.000000	4,880	56.00
57.00	05700	CT SCAN	0	30,568,653	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,363,005	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,852,800	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	51,539,131	0.000000	0.000000	571,509	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,825,949	0.000000	0.000000	37,899	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,995,264	0.000000	0.000000	444,197	65.00
66.00	06600	PHYSICAL THERAPY	0	9,444,225	0.000000	0.000000	1,094,834	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,233,108	0.000000	0.000000	867,323	67.00
68.00	06800	SPEECH PATHOLOGY	0	984,707	0.000000	0.000000	39,994	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,560,044	0.000000	0.000000	72,822	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,728,520	0.000000	0.000000	206,752	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,983,805	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,416,447	0.000000	0.000000	1,148,814	73.00
74.00	07400	RENAL DIALYSIS	0	1,367,657	0.000000	0.000000	224,263	74.00
76.00	03020	ONCOLOGY	0	2,064,278	0.000000	0.000000	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	10,529,609	0.000000	0.000000	5,893	76.01
76.02	03550	OP PSYCH	0	2,668,010	0.000000	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,172,551	0.000000	0.000000	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,860,404	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,311,029	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	360,861,231			4,777,373	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,725,307	0	2,725,307	22,601	120.58	30.00
31.00	INTENSIVE CARE UNIT	390,301		390,301	2,636	148.07	31.00
40.00	SUBPROVIDER - IPF	305,350	0	305,350	3,012	101.38	40.00
44.00	SKILLED NURSING FACILITY	236,947		236,947	4,202	56.39	44.00
200.00	Total (lines 30-199)	3,657,905		3,657,905	32,451		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	3,223	388,629	30.00
31.00	INTENSIVE CARE UNIT	434	64,262	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
44.00	SKILLED NURSING FACILITY	182	10,263	44.00
200.00	Total (lines 30-199)	3,839	463,154	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	976,323	15,098,815	0.064662	699,967	45,261	50.00
51.00	05100	RECOVERY ROOM	119,756	3,799,952	0.031515	55,284	1,742	51.00
53.00	05300	ANESTHESIOLOGY	104,362	6,200,712	0.016831	182,666	3,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	840,654	37,034,742	0.022699	401,228	9,107	54.00
56.00	05600	RADIOISOTOPE	100,866	4,257,814	0.023690	68,925	1,633	56.00
57.00	05700	CT SCAN	60,258	30,568,653	0.001971	550,034	1,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,128	1,363,005	0.006697	117,611	788	58.00
59.00	05900	CARDIAC CATHETERIZATION	197,316	7,852,800	0.025127	254,009	6,382	59.00
60.00	06000	LABORATORY	695,880	51,539,131	0.013502	1,974,699	26,662	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	94,977	5,825,949	0.016302	317,451	5,175	63.00
65.00	06500	RESPIRATORY THERAPY	143,117	7,995,264	0.017900	447,697	8,014	65.00
66.00	06600	PHYSICAL THERAPY	223,026	9,444,225	0.023615	56,800	1,341	66.00
67.00	06700	OCCUPATIONAL THERAPY	51,529	2,233,108	0.023075	15,666	361	67.00
68.00	06800	SPEECH PATHOLOGY	23,896	984,707	0.024267	4,162	101	68.00
69.00	06900	ELECTROCARDIOLOGY	280,411	18,560,044	0.015108	379,830	5,738	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	223,023	16,728,520	0.013332	892,880	11,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	446,798	20,983,805	0.021293	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	933,832	62,416,447	0.014961	2,016,231	30,165	73.00
74.00	07400	RENAL DIALYSIS	25,083	1,367,657	0.018340	25,213	462	74.00
76.00	03020	ONCOLOGY	123,401	2,064,278	0.059779	490	29	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	264,916	10,529,609	0.025159	60,249	1,516	76.01
76.02	03550	OP PSYCH	135,196	2,668,010	0.050673	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	11,834	1,172,551	0.010093	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	716,799	38,860,404	0.018445	704,750	12,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	157,362	1,311,029	0.120029	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,959,743	360,861,231		9,225,842	173,538	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,601	0.00	3,223	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,636	0.00	434	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,012	0.00	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	4,202	0.00	182	0	0	44.00
200.00		Total (lines 30-199)	32,451		3,839	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
			12.00	13.00		
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
200.00		Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	15,098,815	0.000000	0.000000	699,967	50.00
51.00	05100	RECOVERY ROOM	0	3,799,952	0.000000	0.000000	55,284	51.00
53.00	05300	ANESTHESIOLOGY	0	6,200,712	0.000000	0.000000	182,666	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,034,742	0.000000	0.000000	401,228	54.00
56.00	05600	RADIOISOTOPE	0	4,257,814	0.000000	0.000000	68,925	56.00
57.00	05700	CT SCAN	0	30,568,653	0.000000	0.000000	550,034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,363,005	0.000000	0.000000	117,611	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,852,800	0.000000	0.000000	254,009	59.00
60.00	06000	LABORATORY	0	51,539,131	0.000000	0.000000	1,974,699	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	5,825,949	0.000000	0.000000	317,451	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,995,264	0.000000	0.000000	447,697	65.00
66.00	06600	PHYSICAL THERAPY	0	9,444,225	0.000000	0.000000	56,800	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,233,108	0.000000	0.000000	15,666	67.00
68.00	06800	SPEECH PATHOLOGY	0	984,707	0.000000	0.000000	4,162	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,560,044	0.000000	0.000000	379,830	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,728,520	0.000000	0.000000	892,880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,983,805	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,416,447	0.000000	0.000000	2,016,231	73.00
74.00	07400	RENAL DIALYSIS	0	1,367,657	0.000000	0.000000	25,213	74.00
76.00	03020	ONCOLOGY	0	2,064,278	0.000000	0.000000	490	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	10,529,609	0.000000	0.000000	60,249	76.01
76.02	03550	OP PSYCH	0	2,668,010	0.000000	0.000000	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,172,551	0.000000	0.000000	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,860,404	0.000000	0.000000	704,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,311,029	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	360,861,231			9,225,842	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0	0	0	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	76.01
76.02	03550	OP PSYCH	0	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			23.00	24.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY	0	0		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	0		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.485958	0	0	1,375,395	0	50.00
51.00	05100	RECOVERY ROOM	0.276880	0	0	439,555	0	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	0	0	630,282	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	0	0	4,620,222	0	54.00
56.00	05600	RADIOISOTOPE	0.173474	0	0	325,703	0	56.00
57.00	05700	CT SCAN	0.025334	0	0	2,954,624	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	0	0	236,612	0	59.00
60.00	06000	LABORATORY	0.100013	0	0	3,877,604	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	0	0	452,470	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	0	0	117,223	0	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	0	0	848,186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	0	0	196,995	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	0	0	128,304	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	0	0	1,383,516	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	0	0	1,202,078	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	0	0	3,169,827	0	73.00
74.00	07400	RENAL DIALYSIS	0.325792	0	0	0	0	74.00
76.00	03020	ONCOLOGY	0.713675	0	0	146,288	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	0	0	411,349	0	76.01
76.02	03550	OP PSYCH	0.313298	0	0	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	0	0	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.160278	0	0	8,169,698	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	0	0	385,384	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.295286	0	0			95.00
200.00		Subtotal (see instructions)		0	0	31,071,315	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	31,071,315	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	668,384		50.00
51.00	05100	RECOVERY ROOM	0	121,704		51.00
53.00	05300	ANESTHESIOLOGY	0	53,956		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	670,976		54.00
56.00	05600	RADIOISOTOPE	0	56,501		56.00
57.00	05700	CT SCAN	0	74,852		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	43,075		59.00
60.00	06000	LABORATORY	0	387,811		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	143,546		63.00
65.00	06500	RESPIRATORY THERAPY	0	22,605		65.00
66.00	06600	PHYSICAL THERAPY	0	194,677		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,815		67.00
68.00	06800	SPEECH PATHOLOGY	0	38,046		68.00
69.00	06900	ELECTROCARDIOLOGY	0	149,727		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	296,394		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	823,258		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ONCOLOGY	0	104,402		76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0	67,015		76.01
76.02	03550	OP PSYCH	0	0		76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	1,309,423		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	343,290		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	0	5,607,457		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	5,607,457		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,601	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,601	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)	21,296	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)	10,323	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)	20,225,421	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)	20,225,421	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)	20,225,421	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)	894.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	9,237,949	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)	9,237,949	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,998,685	2,636	1,516.95	1,318	1,999,340	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)	12,612,621	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	23,849,910	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)	1,439,903	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,073,822	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,513,725	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	21,336,185	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)	1,305	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	894.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,167,831	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

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	2,725,307	20,225,421	0.134747	1,167,831	157,362	90.00
91.00	Nursing School cost	0	20,225,421	0.000000	1,167,831	0	91.00
92.00	Allied health cost	0	20,225,421	0.000000	1,167,831	0	92.00
93.00	All other Medical Education	0	20,225,421	0.000000	1,167,831	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Subprovider - IPF	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)	3,012	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,012	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)	3,012	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,840	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)	2,813,918	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)	2,813,918	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)	2,813,918	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)	934.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,653,242	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,653,242	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						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)	262,882	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,916,124	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)	287,919	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	23,297	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	311,216	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,604,908	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: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	305,350	2,813,918	0.108514	0	0	90.00
91.00	Nursing School cost	0	2,813,918	0.000000	0	0	91.00
92.00	Allied health cost	0	2,813,918	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,813,918	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,202	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,202	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,882	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)	2,723,624	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,723,624	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,723,624	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	2,723,624	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	648.17	71.00
72.00	Program routine service cost (line 9 x line 71)	1,868,026	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,868,026	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,868,026	83.00
84.00	Program inpatient ancillary services (see instructions)	1,025,485	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	2,893,511	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: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	22,601	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	22,601	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)	21,296	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)	3,223	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)	20,225,421	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)	20,225,421	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)	20,225,421	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)	894.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,884,230	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,884,230	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,998,685	2,636	1,516.95	434	658,356	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)	1,837,147	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,379,733	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)	452,891	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	173,538	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	626,429	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,753,304	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)	1,305	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	894.89	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,167,831	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | 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	2,725,307	20,225,421	0.134747	1,167,831	157,362	90.00
91.00	Nursing School cost	0	20,225,421	0.000000	1,167,831	0	91.00
92.00	Allied health cost	0	20,225,421	0.000000	1,167,831	0	92.00
93.00	All other Medical Education	0	20,225,421	0.000000	1,167,831	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		1,448,548		30.00
31.00	03100	INTENSIVE CARE UNIT		3,650,064		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.485958	2,497,133	1,213,502	50.00
51.00	05100	RECOVERY ROOM	0.276880	362,181	100,281	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	846,082	72,430	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	2,416,636	350,958	54.00
56.00	05600	RADIOISOTOPE	0.173474	344,386	59,742	56.00
57.00	05700	CT SCAN	0.025334	3,540,008	89,683	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	640,664	95,764	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	889,496	161,930	59.00
60.00	06000	LABORATORY	0.100013	11,006,823	1,100,825	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	906,331	287,533	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	3,782,658	729,444	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	1,031,596	236,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	248,183	47,641	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	129,789	38,487	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	4,026,873	435,796	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	4,493,757	1,108,017	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	6,108,962	2,433,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	12,122,127	3,148,322	73.00
74.00	07400	RENAL DIALYSIS	0.325792	764,397	249,034	74.00
76.00	03020	ONCOLOGY	0.713675	4,954	3,536	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	450,103	73,329	76.01
76.02	03550	OP PSYCH	0.313298	3,168	993	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.160278	3,084,130	494,318	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	90,442	80,563	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		59,790,879	12,612,621	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)		59,790,879		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		3,069,792		40.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.485958	771	375	50.00
51.00	05100	RECOVERY ROOM	0.276880	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	41,190	5,982	54.00
56.00	05600	RADIOISOTOPE	0.173474	1,034	179	56.00
57.00	05700	CT SCAN	0.025334	112,396	2,847	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	2,588	387	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	0	0	59.00
60.00	06000	LABORATORY	0.100013	565,833	56,591	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	42,575	8,210	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	28,686	6,584	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	6,147	1,180	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	4,652	1,379	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	52,043	5,632	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	19,465	4,799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	504,432	131,010	73.00
74.00	07400	RENAL DIALYSIS	0.325792	14,597	4,756	74.00
76.00	03020	ONCOLOGY	0.713675	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	3,160	515	76.01
76.02	03550	OP PSYCH	0.313298	2,646	829	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.160278	197,326	31,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,599,541	262,882	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,599,541		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | 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
40.00	04000	SUBPROVIDER - IPF		0		40.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.485958	1,876	912	50.00
51.00	05100	RECOVERY ROOM	0.276880	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	3,012	258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	53,305	7,741	54.00
56.00	05600	RADIOISOTOPE	0.173474	4,880	847	56.00
57.00	05700	CT SCAN	0.025334	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	0	0	59.00
60.00	06000	LABORATORY	0.100013	571,509	57,158	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	37,899	12,023	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	444,197	85,659	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	1,094,834	251,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	867,323	166,490	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	39,994	11,860	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	72,822	7,881	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	206,752	50,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	1,148,814	298,367	73.00
74.00	07400	RENAL DIALYSIS	0.325792	224,263	73,063	74.00
76.00	03020	ONCOLOGY	0.713675	0	0	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	5,893	960	76.01
76.02	03550	OP PSYCH	0.313298	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.160278	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,777,373	1,025,485	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)		4,777,373		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/23/2015 6:14 am

Title XIX | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		4,278,849		30.00
31.00	03100	INTENSIVE CARE UNIT		726,138		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.485958	699,967	340,155	50.00
51.00	05100	RECOVERY ROOM	0.276880	55,284	15,307	51.00
53.00	05300	ANESTHESIOLOGY	0.085606	182,666	15,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145226	401,228	58,269	54.00
56.00	05600	RADIOISOTOPE	0.173474	68,925	11,957	56.00
57.00	05700	CT SCAN	0.025334	550,034	13,935	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.149476	117,611	17,580	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.182047	254,009	46,242	59.00
60.00	06000	LABORATORY	0.100013	1,974,699	197,496	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.317249	317,451	100,711	63.00
65.00	06500	RESPIRATORY THERAPY	0.192839	447,697	86,333	65.00
66.00	06600	PHYSICAL THERAPY	0.229522	56,800	13,037	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.191958	15,666	3,007	67.00
68.00	06800	SPEECH PATHOLOGY	0.296532	4,162	1,234	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108222	379,830	41,106	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.246568	892,880	220,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.398385	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259717	2,016,231	523,649	73.00
74.00	07400	RENAL DIALYSIS	0.325792	25,213	8,214	74.00
76.00	03020	ONCOLOGY	0.713675	490	350	76.00
76.01	03340	GASTRO INTESTINAL SERVICES	0.162916	60,249	9,816	76.01
76.02	03550	OP PSYCH	0.313298	0	0	76.02
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.225620	0	0	76.98
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.160278	704,750	112,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.890774	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		9,225,842	1,837,147	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)		9,225,842		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/23/2015 6:14 am

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)		14,634,411		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,191,775		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)		211,254		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		5,468,476		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.42		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)		0.00		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)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 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)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		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.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		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)		0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.31		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.21		31.00
32.00	Sum of lines 30 and 31		22.52		32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.79		33.00
34.00	Disproportionate share adjustment (see instructions)		386,115		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,117,706	954,158	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		835,983	240,500	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,076,483		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		21,500,038		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)		21,500,038		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,684,162		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).		0		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 intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,184,200		59.00
60.00	Primary payer payments		5,312		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,178,888		61.00
62.00	Deductibles billed to program beneficiaries		2,360,963		62.00
63.00	Coinsurance billed to program beneficiaries		13,680		63.00
64.00	Allowable bad debts (see instructions)		424,265		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		275,772		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		315,405		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,080,017		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)		85,310		70.93
70.94	HRR adjustment amount (see instructions)		-61,409		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		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)		21,103,918		71.00
71.01	Sequestration adjustment (see instructions)		422,078		71.01
72.00	Interim payments		20,830,004		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)		-148,164		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		185,570		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0	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

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet DSH | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	3.31	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	19.21	0.00			19.21	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	22.52	0.00			19.21	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	128.42	0.00			128.42	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	7.79	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	3.31	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,166	0			3,166	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	456	0			456	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	35	0			35	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	940	0			940	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,597	0			4,597	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	23,932	0			23,932	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	23,932	0			23,932	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	19.21	0.00			19.21	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet DSH | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	7.79		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		7.79		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		7.79		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet DSH | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Hospital | PPS

		Revised Percentage
		6.00
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.24
30.00	Line 28 or 29 as applicable	5.24
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	2,398	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	16,577,994	2.00
3.00	PPS payments	15,863,833	3.00
4.00	Outlier payment (see instructions)	13,673	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)	2,398	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	9,234	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)	9,234	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	9,234	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	6,836	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)	2,398	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)	15,877,506	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)	3,237,849	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)	12,642,055	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	12,642,055	30.00
31.00	Primary payer payments	9,937	31.00
32.00	Subtotal (line 30 minus line 31)	12,632,118	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)	692,135	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	449,888	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	569,668	36.00
37.00	Subtotal (see instructions)	13,082,006	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)	13,082,006	40.00
40.01	Sequestration adjustment (see instructions)	261,640	40.01
41.00	Interim payments	12,685,976	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	134,390	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00
		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2015 6:14 am

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		20,565,204		12,564,276	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	08/18/2014	264,800	08/18/2014	121,700	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)		264,800		121,700	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)		20,830,004		12,685,976	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		134,390	6.01
6.02	SETTLEMENT TO PROGRAM		148,164		0	6.02
7.00	Total Medicare program liability (see instructions)		20,681,840		12,820,366	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: 140002 | Component CCN: 14S002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,192,264		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)		2,192,264		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,192,264		0	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: 140002 | Component CCN: 145566 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/23/2015 6:14 am

Title XVIII | Skilled Nursing Facility | 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		924,875		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)		924,875		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		924,875		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: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/23/2015 6:14 am
	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	6,954	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	11,641	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,250	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	23,932	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	418,110,833	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	4,960,541	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,492,862	8.00
9.00	Sequestration adjustment amount (see instructions)	29,857	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,463,005	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,472,592	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)	-9,587	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002 Component CCN: 14S002	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	2,401,281	1.00
2.00	Net IPF PPS Outlier Payments	9,483	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instuctions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instuctions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	8.252055	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	2,410,764	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,410,764	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,410,764	18.00
19.00	Deductibles	144,576	19.00
20.00	Subtotal (line 18 minus line 19)	2,266,188	20.00
21.00	Coinsurance	29,184	21.00
22.00	Subtotal (line 20 minus line 21)	2,237,004	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,237,004	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,237,004	31.00
31.01	Sequestration adjustment (see instructions)	44,740	31.01
32.00	Interim payments	2,192,264	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	9,483	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140002 Component CCN: 145566	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	1,040,878	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,040,878	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	97,128	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)	943,750	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	14.50
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (see instructions	943,750	15.00
15.01	Sequestration adjustment (see instructions)	18,875	15.01
16.00	Interim payments	924,875	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2	0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G | Date/Time Prepared: 5/23/2015 6:14 am

		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	12,844	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,844,691	0	0	0	4.00
5.00	Other receivable	895,010	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-3,927,100	0	0	0	6.00
7.00	Inventory	1,756,824	0	0	0	7.00
8.00	Prepaid expenses	262,758	0	0	0	8.00
9.00	Other current assets	262,153	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)	18,107,180	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	177,168	0	0	0	12.00
13.00	Land improvements	5,959,132	0	0	0	13.00
14.00	Accumulated depreciation	-4,827,814	0	0	0	14.00
15.00	Buildings	88,685,498	0	0	0	15.00
16.00	Accumulated depreciation	-41,757,215	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	34,031,580	0	0	0	19.00
20.00	Accumulated depreciation	-28,151,429	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	57,959,746	0	0	0	23.00
24.00	Accumulated depreciation	-46,138,250	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	3,884,878	0	0	0	27.00
28.00	Accumulated depreciation	-1,207,552	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)	68,615,742	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	86,722,922	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,509,916	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,199,293	0	0	0	38.00
39.00	Payroll taxes payable	871,729	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,646,752	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,227,690	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	272,000	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	272,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	10,499,690	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	76,223,232				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)	76,223,232	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	86,722,922	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 5/23/2015 6:14 am

		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		89,896,060		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,829,905				2.00
3.00	Total (sum of line 1 and line 2)		87,066,155		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		87,066,155		0		11.00
12.00	TRANSFER TO BJC	10,508,456		0		0	12.00
13.00	CHANGE IN RESTRICTED ASSETS	334,467		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		10,842,923		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		76,223,232		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			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	TRANSFER TO BJC		0		12.00
13.00	CHANGE IN RESTRICTED ASSETS		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: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/23/2015 6:14 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	30,854,853		30,854,853	1.00
2.00	SUBPROVIDER - IPF	3,252,960		3,252,960	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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	2,797,924		2,797,924	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	36,905,737		36,905,737	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	7,158,627		7,158,627	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)	7,158,627		7,158,627	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,064,364		44,064,364	17.00
18.00	Ancillary services	121,442,598	242,141,614	363,584,212	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	26,646	13,158,592	13,185,238	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	165,533,608	255,300,206	420,833,814	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		125,125,248		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	NON OPERATING EXPENSES	1,322,321			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)		1,322,321		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		123,802,927		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140002 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-3 | Date/Time Prepared: 5/23/2015 6:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	420,833,814	1.00
2.00	Less contractual allowances and discounts on patients' accounts	301,582,703	2.00
3.00	Net patient revenues (line 1 minus line 2)	119,251,111	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	123,802,927	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,551,816	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	22,159	6.00
7.00	Income from investments	250,635	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	907,711	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	114,857	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	MEANINGFUL USE - MEDICAID	136,284	24.00
24.01	MEANINGFUL USE - MEDICARE	1,591,840	24.01
24.02	BJC OTHER OPERATING REVENUE	99,541	24.02
24.03	OTHER OPERATING REVENUE	4,115,806	24.03
25.00	Total other income (sum of lines 6-24)	7,238,833	25.00
26.00	Total (line 5 plus line 25)	2,687,017	26.00
27.00	PHYSICIAN PRACTICE OPERATIONS	7,486,156	27.00
27.01	PHYSICIAN OFFICE BUILDINGS	-82,132	27.01
27.02	EUNICE SMITH NET INCOME	-768,145	27.02
27.03	TWIN RIVERS NETINCOME	-1,118,957	27.03
28.00	Total other expenses (sum of line 27 and subscripts)	5,516,922	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,829,905	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140002	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/23/2015 6:14 am
	Title XVIII	Hospital	PPS

			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		1,574,666	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		35,959	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)		65.57	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.21	8.00
9.00	Sum of lines 7 and 8		22.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.67	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		73,537	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,684,162	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