

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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/28/2015 1:00 pm
--------------------------------------------------------------------------------------------	----------------------	---------------------------------------------	------------------------------------------------------------------------

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM (140182) 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,567,377	170,835	-58,011	0	1.00
2.00 Subprovider - IPF	0	90,135	0		0	2.00
3.00 Subprovider - IRF	0	-4,168	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,653,344	170,835	-58,011	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 836 WELLINGTON			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60640-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF		ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF		ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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 days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			13,619	3,978	0	6	465	543	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm		
	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		
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.	431	242	0	0	0	25.00	
				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)				Y	Y	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.				Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm	
	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		5.16	90.81	0.053767		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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm			
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
					1.00	2.00	3.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		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)	11.40	64.97	0.149273	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		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	3630	6.50	90.02	0.067344	67.00		
					1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS 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)					Y	N	0	71.00
					1.00	2.00	3.00		
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					Y		75.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm	
		1.00	2.00	3.00			
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)	Y	N	0	76.00		
		1.00					
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N		81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		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.	Y	Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00			
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.				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.	N		117.00			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	12,370,984	6,768,651	0
		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	
119.00	DO NOT USE THIS LINE			
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
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	
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	
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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.			
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	14H036
		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: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600		
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
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	
				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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
				Title XIX
				4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:00 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	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)						0.25	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2014	12/31/2014		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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 1:00 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/15/2015	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		Y		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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			Y	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.			Y	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.				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.			N	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.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	MARY		SEBO	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763		MARY.SEBO@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/15/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-2
Part V
Date/Time Prepared:
5/28/2015 1:00 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip	60515	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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2015 1:00 pm
		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.	Y	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.	Y	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.	Y	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.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") 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.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	150	54,750	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)		150	54,750	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	66	24,090	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	43	15,695	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		259	94,535	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		316				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)		10	3,650			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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,571	9,304	29,949			1.00
2.00 HMO and other (see instructions)	3,312	1,645				2.00
3.00 HMO IPF Subprovider	297	1,631				3.00
4.00 HMO IRF Subprovider	303	193				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)	5,571	9,304	29,949			7.00
8.00 INTENSIVE CARE UNIT	3,012	4,636	13,986			8.00
9.00 CORONARY CARE UNIT	3,463	686	8,247			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,715	4,387			13.00
14.00 Total (see instructions)	12,046	16,341	56,569	180.70	1,929.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,158	2,830	9,921	0.38	51.00	16.00
17.00 SUBPROVIDER - IRF	2,253	673	5,378	0.00	28.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	205			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				181.08	2,008.00	27.00
28.00 Observation Bed Days		0	7,095			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	625	1,416			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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,091	2,904	12,408	1.00
2.00 HMO and other (see instructions)			754	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	3,091	2,904	12,408	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	314	374	1,274	16.00
17.00 SUBPROVIDER - IRF	0.00	0	164	41	378	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 1:00 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	130,466,988	0	130,466,988	4,176,640.00	31.24	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		5,908,598	0	5,908,598	53,175.00	111.12	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	14,291,823	0	14,291,823	443,040.00	32.26	7.00
7.01	Contracted interns and residents (in an approved programs)		1,358,836	0	1,358,836	35,360.00	38.43	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,856,166	242,111	5,098,277	164,320.00	31.03	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,809,513	0	1,809,513	20,914.00	86.52	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		12,124,047	0	12,124,047	190,543.00	63.63	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)		25,481,674	0	25,481,674			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,539,980	0	1,539,980			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,873,725	0	1,873,725			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		4,532,200	0	4,532,200			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,834,565	0	2,834,565	16,640.00	170.35	26.00
27.00	Administrative & General	5.00	9,763,342	0	9,763,342	264,160.00	36.96	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	3,979,222	0	3,979,222	339,040.00	11.74	30.00
31.00	Laundry & Linen Service	8.00	225,816	0	225,816	14,560.00	15.51	31.00
32.00	Housekeeping	9.00	3,030,637	0	3,030,637	197,600.00	15.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,668,862	-412,849	2,256,013	68,640.00	32.87	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	412,849	412,849	83,200.00	4.96	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,737,880	0	2,737,880	54,080.00	50.63	38.00
39.00	Central Services and Supply	14.00	1,649,201	0	1,649,201	87,360.00	18.88	39.00
40.00	Pharmacy	15.00	3,948,928	-242,111	3,706,817	101,920.00	36.37	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,788,046	0	1,788,046	76,960.00	23.23	41.00
42.00	Social Service	17.00	2,030,014	0	2,030,014	54,080.00	37.54	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 1:00 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	108,907,731	0	108,907,731	3,645,065.00	29.88	1.00
2.00	Excluded area salaries (see instructions)	4,856,166	242,111	5,098,277	164,320.00	31.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	104,051,565	-242,111	103,809,454	3,480,745.00	29.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,933,560	0	13,933,560	211,457.00	65.89	4.00
5.00	Subtotal wage-related costs (see inst.)	25,481,674	0	25,481,674	0.00	24.55	5.00
6.00	Total (sum of lines 3 thru 5)	143,466,799	-242,111	143,224,688	3,692,202.00	38.79	6.00
7.00	Total overhead cost (see instructions)	34,656,513	-242,111	34,414,402	1,358,240.00	25.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 1:00 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,321,999	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,951,335	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,630,335	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)		11,027,142	8.00
9.00	Prescription Drug Plan		2,986,769	9.00
10.00	Dental, Hearing and Vision Plan		49,910	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,485,623	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,395,559	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		8,937,194	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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))		665,528	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		526,769	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		32,978,163	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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/28/2015 1:00 pm
				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		07/01/2012	63,550,000	11.01
11.02		07/01/2013	31,680,000	11.02
11.03		07/01/2014	30,960,000	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		126,190,000	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		3,505,278	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)		42,063,336	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		0	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		0	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		42,063,336	19.00
		Prepared By	Date	
		1.00	2.00	
Prepared By and Date Prepared				
100.00		DAVE STRIEPLING	04/16/2015	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,809,513	27,021,654 1.00
2.00	Hospital		1,809,513	25,481,674 2.00
3.00	Subprovider - IPF		0	769,990 3.00
4.00	Subprovider - IRF		0	769,990 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	7,745,943	7,745,943	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	8,859,594	8,859,594	2.00	
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,834,565	23,584,631	26,419,196	-5,367	26,413,829	4.00
5.01	00540	NONPATIENT TELEPHONES	348,987	750,270	1,099,257	-94,023	1,005,234	5.01
5.02	00550	DATA PROCESSING	69,613	4,975,010	5,044,623	-196,345	4,848,278	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	156,885	493,891	650,776	-4,206	646,570	5.03
5.04	00570	ADMINISTRATIVE	488,520	2,993,429	3,481,949	-129,475	3,352,474	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	62	6,029,884	6,029,946	-21,663	6,008,283	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,699,275	70,595,744	79,295,019	-6,924,662	72,370,357	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,979,222	7,454,204	11,433,426	-157,103	11,276,323	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	225,816	83,468	309,284	-10,771	298,513	8.00
9.00	00900	HOUSEKEEPING	3,030,637	1,356,233	4,386,870	-63,624	4,323,246	9.00
10.00	01000	DIETARY	2,668,862	1,811,090	4,479,952	-1,089,838	3,390,114	10.00
11.00	01100	CAFETERIA	0	0	0	1,001,188	1,001,188	11.00
13.00	01300	NURSING ADMINISTRATION	2,737,880	424,089	3,161,969	-13,278	3,148,691	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,649,201	2,851,498	4,500,699	-1,728,347	2,772,352	14.00
15.00	01500	PHARMACY	3,948,928	13,832,188	17,781,116	-14,001,272	3,779,844	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,788,046	583,958	2,372,004	-29,675	2,342,329	16.00
17.00	01700	SOCIAL SERVICE	2,030,014	530,389	2,560,403	-1,960	2,558,443	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	14,291,823	0	14,291,823	0	14,291,823	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,664,927	3,664,927	-61,659	3,603,268	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMEDICAL PHARMACY	0	0	0	248,253	248,253	23.03
INPATIENT SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,559,293	6,342,727	28,902,020	-4,057,433	24,844,587	30.00
31.00	03100	INTENSIVE CARE UNIT	12,300,994	4,402,394	16,703,388	-1,906,109	14,797,279	31.00
32.00	03200	CORONARY CARE UNIT	4,432,065	1,073,282	5,505,347	-459,065	5,046,282	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	3,224,843	406,803	3,631,646	-30,170	3,601,476	40.00
41.00	04100	SUBPROVIDER - I/RF	1,631,323	1,350,181	2,981,504	-127,407	2,854,097	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,997,810	1,997,810	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,374,524	22,455,451	33,829,975	-17,632,502	16,197,473	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	53,213	1,448,140	1,501,353	-1,064,297	437,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,307,163	5,924,613	11,231,776	-2,970,579	8,261,197	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	472,220	846,939	1,319,159	-175,389	1,143,770	56.00
56.01	05601	ULTRA SOUND	761,693	503,810	1,265,503	-358,753	906,750	56.01
57.00	05700	CT SCAN	704,827	2,117,026	2,821,853	-1,539,150	1,282,703	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,931,692	6,225,288	8,156,980	-5,425,166	2,731,814	59.00
60.00	06000	LABORATORY	-10,000	9,397,169	9,387,169	-976,277	8,410,892	60.00
60.01	06001	BLOOD LABORATORY	0	959,470	959,470	-96,341	863,129	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,963,195	815,528	3,778,723	-481,079	3,297,644	65.00
66.00	06600	PHYSICAL THERAPY	2,607,953	538,583	3,146,536	-113,903	3,032,633	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
68.01	06801	CARDIOLOGY	289,352	92,106	381,458	-18,536	362,922	68.01
69.00	06900	ELECTROCARDIOLOGY	1,081,990	572,335	1,654,325	-307,867	1,346,458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107,775	105,766	213,541	-60,580	152,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	19,716,394	19,716,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,921,434	10,921,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,608,660	13,608,660	73.00
74.00	07400	RENAL DIALYSIS	463,542	153,908	617,450	-107,002	510,448	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	300,084	413,043	713,127	-303,324	409,803	90.00
90.01	09001 A. R. C. CLINIC	1,041,420	455,303	1,496,723	-214,781	1,281,942	90.01
90.02	09002 CANCER CTR CLINIC	1,199,790	720,494	1,920,284	-95,512	1,824,772	90.02
90.03	09003 UROLOGY CLINIC	167,550	53,562	221,112	-44,829	176,283	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	122,660	282,246	404,906	-103,598	301,308	90.05
90.06	09006 WOUND CARE CLINIC	18,325	24,032	42,357	-20,977	21,380	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	96,251	7,609	103,860	0	103,860	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	6,314,915	4,335,885	10,650,800	-875,382	9,775,418	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	130,466,988	214,038,596	344,505,584	0	344,505,584	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	809	809	0	809	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	130,466,988	214,039,405	344,506,393	0	344,506,393	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	520,551	8,266,494	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,100,270	10,959,864	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,771,080	31,184,909	4.00
5.01	00540	NONPATIENT TELEPHONES	-175	1,005,059	5.01
5.02	00550	DATA PROCESSING	4,002,976	8,851,254	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	646,570	5.03
5.04	00570	ADMINITTING	0	3,352,474	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,008,283	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-38,146,597	34,223,760	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,492,581	9,783,742	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	298,513	8.00
9.00	00900	HOUSEKEEPING	-22	4,323,224	9.00
10.00	01000	DIETARY	-1,442,015	1,948,099	10.00
11.00	01100	CAFETERIA	0	1,001,188	11.00
13.00	01300	NURSING ADMINISTRATION	-1,150	3,147,541	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-20	2,772,332	14.00
15.00	01500	PHARMACY	-5,014	3,774,830	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-24,028	2,318,301	16.00
17.00	01700	SOCIAL SERVICE	0	2,558,443	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	14,291,823	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-179,732	3,423,536	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	248,253	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,591,574	22,253,013	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,000	14,796,279	31.00
32.00	03200	CORONARY CARE UNIT	0	5,046,282	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-20,746	3,580,730	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,854,097	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,997,810	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,722,380	14,475,093	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	437,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-97,487	8,163,710	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,143,770	56.00
56.01	05601	ULTRA SOUND	0	906,750	56.01
57.00	05700	CT SCAN	0	1,282,703	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-120,900	2,610,914	59.00
60.00	06000	LABORATORY	-548,520	7,862,372	60.00
60.01	06001	BLOOD LABORATORY	0	863,129	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,963	3,295,681	65.00
66.00	06600	PHYSICAL THERAPY	-3,879	3,028,754	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	-17,640	345,282	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,346,458	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	152,961	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	19,716,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,921,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,608,660	73.00
74.00	07400	RENAL DIALYSIS	0	510,448	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-41,906	367,897	90.00
90.01	09001	A. R. C. CLINIC	0	1,281,942	90.01
90.02	09002	CANCER CTR CLINIC	0	1,824,772	90.02
90.03	09003	UROLOGY CLINIC	-9,350	166,933	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005	EYE CENTER	-173,528	127,780	90.05
90.06	09006	WOUND CARE CLINIC	0	21,380	90.06
90.07	09007	EENT CLINIC	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	103,860	90.08
90.09	09010	O/P DENTISTRY	0	0	90.09
91.00	09100	EMERGENCY	-788,725	8,986,693	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,036,055	308,469,529	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	809	190.00
190.01	19001	SUBCORPS	0	0	190.01
190.02	19002	GRANTS	0	0	190.02
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	HOSPICE	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-36,036,055	308,470,338	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 NONPATIENT TELEPHONES	00540	NONPATIENT TELEPHONES	5.01
5.02 DATA PROCESSING	00550	DATA PROCESSING	5.02
5.03 PURCHASING RECEIVING AND STORES	00560	PURCHASING RECEIVING AND STORES	5.03
5.04 ADMINISTRATION	00570	ADMINISTRATION	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00590		5.06
6.00 MAINTENANCE & REPAIRS	00600		6.00
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
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
23.01 PARAMED ED ANESTH SCHOOL	02301		23.01
23.02 PARAMED ED RADIOLOGY SCHOOL	02302		23.02
23.03 PARAMED ED PHARMACY	02303		23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.01 ULTRA SOUND	05601		56.01
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
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
68.01 RADIOLOGY	06801		68.01
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
76.00	OTHER ANCILLARY SERVICE COST CENTER	03950		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	A. R. C. CLINIC	09001		90.01
90.02	CANCER CTR CLINIC	09002		90.02
90.03	UROLOGY CLINIC	09003		90.03
90.04	ORTHOPEDIC CLINIC	09004		90.04
90.05	EYE CENTER	09005		90.05
90.06	WOUND CARE CLINIC	09006		90.06
90.07	EENT CLINIC	09007		90.07
90.08	O/P PHARMACY CLINIC	09008		90.08
90.09	O/P DENTISTRY	09010		90.09
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
93.00	FAMILY HEALTH CENTER	04040	FAMILY PRACTICE	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	11500		115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	SUBCORPS	19001		190.01
190.02	GRANTS	19002		190.02
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	HOSPICE	19201		192.01
192.02	OUTPATIENT PHARMACY	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:00 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	412,849	588,339	1.00
	TOTALS		412,849	588,339	
B - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,608,660	1.00
	TOTALS		0	13,608,660	
C - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,747,907	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,249,263	2.00
	TOTALS		0	13,997,170	
D - EQUIPMENT DEPRECIATION					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,144,151	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
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
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	TOTALS		0	7,144,151	
E - NURSERY					
1.00	NURSERY	43.00	1,453,597	544,213	1.00
	TOTALS		1,453,597	544,213	
F - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,637,828	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

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/28/2015 1:00 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	30,637,828		
G - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	998,036		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,610,331		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
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
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	2,608,367		
H - IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,921,434		1.00
	TOTALS		0	10,921,434		

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:00 pm

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
	I - PHARMACY RESIDENT'S COST					
1.00	PARAMED ED PHARMACY		23.03	242,111	6,142	1.00
	TOTALS			242,111	6,142	
500.00	Grand Total: Increases			2,108,557	80,056,304	500.00

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:00 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA COSTS						
1.00	DIETARY	10.00	412,849	588,339	0	1.00
	TOTALS		412,849	588,339		
B - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	13,608,660	0	1.00
	TOTALS		0	13,608,660		
C - DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,747,907	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,249,263	9	2.00
	TOTALS		0	13,997,170		
D - EQUIPMENT DEPRECIATION						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,041	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	10,386	0	2.00
3.00	DATA PROCESSING	5.02	0	196,345	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,195	0	4.00
5.00	ADMINISTRATIVE	5.04	0	16,831	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	18,985	0	6.00
7.00	OPERATION OF PLANT	7.00	0	58,347	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10,308	0	8.00
9.00	HOUSEKEEPING	9.00	0	28,409	0	9.00
10.00	DIETARY	10.00	0	69,363	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	9,913	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	155,535	0	12.00
13.00	PHARMACY	15.00	0	110,554	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,186	0	14.00
15.00	SOCIAL SERVICE	17.00	0	1,181	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40,152	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	367,501	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	419,386	0	18.00
19.00	CORONARY CARE UNIT	32.00	0	127,569	0	19.00
20.00	SUBPROVIDER - IPF	40.00	0	2,079	0	20.00
21.00	SUBPROVIDER - IRF	41.00	0	11,627	0	21.00
22.00	OPERATING ROOM	50.00	0	1,797,121	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	244,449	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,349,831	0	24.00
25.00	RADIOISOTOPE	56.00	0	145,554	0	25.00
26.00	ULTRA SOUND	56.01	0	54,911	0	26.00
27.00	CT SCAN	57.00	0	409,620	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	571,083	0	28.00
29.00	LABORATORY	60.00	0	2,513	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	122,354	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	21,108	0	31.00
32.00	CARDIOLOGY	68.01	0	13,668	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	219,847	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,596	0	34.00
35.00	RENAL DIALYSIS	74.00	0	11,362	0	35.00
36.00	CLINIC	90.00	0	9,105	0	36.00
37.00	A. R. C. CLINIC	90.01	0	147,358	0	37.00
38.00	CANCER CTR CLINIC	90.02	0	35,708	0	38.00
39.00	UROLOGY CLINIC	90.03	0	27,059	0	39.00
40.00	EYE CENTER	90.05	0	72,982	0	40.00
41.00	EMERGENCY	91.00	0	184,029	0	41.00
	TOTALS		0	7,144,151		
E - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,453,597	544,213	0	1.00
	TOTALS		1,453,597	544,213		
F - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21	0	1.00
2.00	ADMINISTRATIVE	5.04	0	1,731	0	2.00
3.00	OPERATION OF PLANT	7.00	0	89,617	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	446	0	4.00
5.00	HOUSEKEEPING	9.00	0	30,182	0	5.00
6.00	DIETARY	10.00	0	538	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	512	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,572,078	0	8.00
9.00	PHARMACY	15.00	0	29,356	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	604	0	10.00
11.00	SOCIAL SERVICE	17.00	0	43	0	11.00

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,902	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,564,816	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,397,893	0	14.00	
15.00	CORONARY CARE UNIT	32.00	0	317,282	0	15.00	
16.00	SUBPROVIDER - IPF	40.00	0	26,433	0	16.00	
17.00	SUBPROVIDER - IRF	41.00	0	86,968	0	17.00	
18.00	OPERATING ROOM	50.00	0	15,782,494	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	819,566	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,132,826	0	20.00	
21.00	RADIOISOTOPE	56.00	0	6,468	0	21.00	
22.00	ULTRASOUND	56.01	0	132,332	0	22.00	
23.00	CT SCAN	57.00	0	372,954	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	0	4,706,243	0	24.00	
25.00	LABORATORY	60.00	0	941,691	0	25.00	
26.00	BLOOD LABORATORY	60.01	0	96,341	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	318,022	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	90,466	0	28.00	
29.00	CARDIOLOGY	68.01	0	4,628	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	31,865	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,179	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	95,639	0	32.00	
33.00	CLINIC	90.00	0	153,922	0	33.00	
34.00	A. R. C. CLINIC	90.01	0	20,207	0	34.00	
35.00	CANCER CTR CLINIC	90.02	0	52,891	0	35.00	
36.00	UROLOGY CLINIC	90.03	0	17,552	0	36.00	
37.00	EMERGENCY	91.00	0	680,584	0	37.00	
38.00	WOUND CARE CLINIC	90.06	0	20,977	0	38.00	
39.00	EYE CENTER	90.05	0	30,559	0	39.00	
TOTALS			0	30,637,828			
G - RENT							
1.00		0.00	0	0	10	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	305	10	2.00	
3.00	NONPATIENT TELEPHONES	5.01	0	83,637	10	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	71,643	0	4.00	
5.00	PURCHASING RECEIVING AND STORES	5.03	0	1,011	10	5.00	
6.00	ADMINISTRATIVE	5.04	0	110,913	10	6.00	
7.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,678	10	7.00	
8.00	OPERATION OF PLANT	7.00	0	9,139	10	8.00	
9.00	LAUNDRY & LINEN SERVICE	8.00	0	17	10	9.00	
10.00	HOUSEKEEPING	9.00	0	5,033	10	10.00	
11.00	DIETARY	10.00	0	18,749	10	11.00	
12.00	NURSING ADMINISTRATION	13.00	0	2,853	10	12.00	
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	734	10	13.00	
14.00	PHARMACY	15.00	0	4,449	10	14.00	
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	9,885	10	15.00	
16.00	SOCIAL SERVICE	17.00	0	736	10	16.00	
17.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	18,605	10	17.00	
18.00	ADULTS & PEDIATRICS	30.00	0	127,306	10	18.00	
19.00	INTENSIVE CARE UNIT	31.00	0	88,830	10	19.00	
20.00	CORONARY CARE UNIT	32.00	0	14,214	10	20.00	
21.00	SUBPROVIDER - IPF	40.00	0	1,658	10	21.00	
22.00	SUBPROVIDER - IRF	41.00	0	28,812	10	22.00	
23.00	OPERATING ROOM	50.00	0	52,887	10	23.00	
24.00	ANESTHESIOLOGY	53.00	0	282	10	24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	487,922	10	25.00	
26.00	RADIOISOTOPE	56.00	0	23,367	10	26.00	
27.00	ULTRASOUND	56.01	0	171,510	10	27.00	
28.00	CT SCAN	57.00	0	756,576	10	28.00	
29.00	CARDIAC CATHETERIZATION	59.00	0	147,840	10	29.00	
30.00	LABORATORY	60.00	0	32,073	10	30.00	
31.00	RESPIRATORY THERAPY	65.00	0	40,703	10	31.00	
32.00	PHYSICAL THERAPY	66.00	0	2,329	10	32.00	
33.00	ELECTROCARDIOLOGY	69.00	0	56,155	10	33.00	
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,805	10	34.00	
35.00	CLINIC	90.00	0	140,297	10	35.00	
36.00	A. R. C. CLINIC	90.01	0	47,216	10	36.00	
37.00	CANCER CTR CLINIC	90.02	0	6,913	10	37.00	
38.00	UROLOGY CLINIC	90.03	0	218	10	38.00	
39.00	CARDIOLOGY	68.01	0	240	0	39.00	

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6

Date/Time Prepared:
5/28/2015 1:00 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
40.00	EYE CENTER	90.05	0	57	0		40.00
41.00	EMERGENCY	91.00	0	10,769	10		41.00
42.00	RENAL DIALYSIS	74.00	0	1	10		42.00
	TOTALS		0	2,608,367			
H - IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	10,921,434	0		1.00
	TOTALS		0	10,921,434			
I - PHARMACY RESIDENT'S COST							
1.00	PHARMACY	15.00	242,111	6,142	0		1.00
	TOTALS		242,111	6,142			
500.00	Grand Total: Decreases		2,108,557	80,056,304			500.00

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 1:00 pm

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 - CAFETERIA COSTS								
1.00	CAFETERIA	11.00	412,849	588,339	DIETARY	10.00	412,849	588,339
	TOTALS		412,849	588,339	TOTALS		412,849	588,339
B - CHARGEABLE DRUGS								
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,608,660	PHARMACY	15.00	0	13,608,660
	TOTALS		0	13,608,660	TOTALS		0	13,608,660
C - DEPRECIATION								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,747,907	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,747,907
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,249,263	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,249,263
	TOTALS		0	13,997,170	TOTALS		0	13,997,170
D - EQUIPMENT DEPRECIATION								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,144,151	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,041
2.00		0.00	0		NONPATIENT TELEPHONES	5.01	0	10,386
3.00		0.00	0		DATA PROCESSING	5.02	0	196,345
4.00		0.00	0		PURCHASING RECEIVING AND STORES	5.03	0	3,195
5.00		0.00	0		ADMINITTING	5.04	0	16,831
6.00		0.00	0		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	18,985
7.00		0.00	0		OPERATION OF PLANT	7.00	0	58,347
8.00		0.00	0		LAUNDRY & LINEN SERVICE	8.00	0	10,308
9.00		0.00	0		HOUSEKEEPING	9.00	0	28,409
10.00		0.00	0		DIETARY	10.00	0	69,363
11.00		0.00	0		NURSING ADMINISTRATION	13.00	0	9,913
12.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	155,535
13.00		0.00	0		PHARMACY	15.00	0	110,554
14.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	19,186
15.00		0.00	0		SOCIAL SERVICE	17.00	0	1,181
16.00		0.00	0		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40,152
17.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	367,501
18.00		0.00	0		INTENSIVE CARE UNIT	31.00	0	419,386
19.00		0.00	0		CORONARY CARE UNIT	32.00	0	127,569
20.00		0.00	0		SUBPROVIDER - IPF	40.00	0	2,079
21.00		0.00	0		SUBPROVIDER - IRF	41.00	0	11,627
22.00		0.00	0		OPERATING ROOM	50.00	0	1,797,121
23.00		0.00	0		ANESTHESIOLOGY	53.00	0	244,449
24.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	1,349,831
25.00		0.00	0		RADIOISOTOPE	56.00	0	145,554
26.00		0.00	0		ULTRA SOUND	56.01	0	54,911
27.00		0.00	0		CT SCAN	57.00	0	409,620
28.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	571,083
29.00		0.00	0		LABORATORY	60.00	0	2,513
30.00		0.00	0		RESPIRATORY THERAPY	65.00	0	122,354
31.00		0.00	0		PHYSICAL THERAPY	66.00	0	21,108
32.00		0.00	0		CARDIOLOGY	68.01	0	13,668
33.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	219,847
34.00		0.00	0		ELECTROENCEPHALOGRAPHY	70.00	0	22,596
35.00		0.00	0		RENAL DIALYSIS	74.00	0	11,362
36.00		0.00	0		CLINIC	90.00	0	9,105
37.00		0.00	0		A. R. C. CLINIC	90.01	0	147,358
38.00		0.00	0		CANCER CTR CLINIC	90.02	0	35,708
39.00		0.00	0		UROLOGY CLINIC	90.03	0	27,059
40.00		0.00	0		EYE CENTER	90.05	0	72,982
41.00		0.00	0		EMERGENCY	91.00	0	184,029
	TOTALS		0	7,144,151	TOTALS		0	7,144,151
E - NURSERY								
1.00	NURSERY	43.00	1,453,597	544,213	ADULTS & PEDIATRICS	30.00	1,453,597	544,213
	TOTALS		1,453,597	544,213	TOTALS		1,453,597	544,213
F - SUPPLIES								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,637,828	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	21
2.00		0.00	0		ADMINITTING	5.04	0	1,731
3.00		0.00	0		OPERATION OF PLANT	7.00	0	89,617

RECLASSIFICATIONS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 1:00 pm

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		
4.00	0.00	0			0 LAUNDRY & LINEN SERVICE	8.00	0	446	4.00	
5.00	0.00	0			0 HOUSEKEEPING	9.00	0	30,182	5.00	
6.00	0.00	0			0 DIETARY	10.00	0	538	6.00	
7.00	0.00	0			0 NURSING ADMINISTRATION	13.00	0	512	7.00	
8.00	0.00	0			0 CENTRAL SERVICES & SUPPLY	14.00	0	1,572,078	8.00	
9.00	0.00	0			0 PHARMACY	15.00	0	29,356	9.00	
10.00	0.00	0			0 MEDICAL RECORDS & LIBRARY	16.00	0	604	10.00	
11.00	0.00	0			0 SOCIAL SERVICE	17.00	0	43	11.00	
12.00	0.00	0			0 I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	2,902	12.00	
13.00	0.00	0			0 ADULTS & PEDIATRICS	30.00	0	1,564,816	13.00	
14.00	0.00	0			0 INTENSIVE CARE UNIT	31.00	0	1,397,893	14.00	
15.00	0.00	0			0 CORONARY CARE UNIT	32.00	0	317,282	15.00	
16.00	0.00	0			0 SUBPROVIDER - I PF	40.00	0	26,433	16.00	
17.00	0.00	0			0 SUBPROVIDER - I RF	41.00	0	86,968	17.00	
18.00	0.00	0			0 OPERATING ROOM	50.00	0	15,782,494	18.00	
19.00	0.00	0			0 ANESTHESIOLOGY	53.00	0	819,566	19.00	
20.00	0.00	0			0 RADIOLOGY-DIAGNOSTIC	54.00	0	1,132,826	20.00	
21.00	0.00	0			0 RADIOISOTOPE	56.00	0	6,468	21.00	
22.00	0.00	0			0 ULTRASOUND	56.01	0	132,332	22.00	
23.00	0.00	0			0 CT SCAN	57.00	0	372,954	23.00	
24.00	0.00	0			0 CARDIAC CATHETERIZATION	59.00	0	4,706,243	24.00	
25.00	0.00	0			0 LABORATORY	60.00	0	941,691	25.00	
26.00	0.00	0			0 BLOOD LABORATORY	60.01	0	96,341	26.00	
27.00	0.00	0			0 RESPIRATORY THERAPY	65.00	0	318,022	27.00	
28.00	0.00	0			0 PHYSICAL THERAPY	66.00	0	90,466	28.00	
29.00	0.00	0			0 RADIOLOGY	68.01	0	4,628	29.00	
30.00	0.00	0			0 ELECTROCARDIOLOGY	69.00	0	31,865	30.00	
31.00	0.00	0			0 ELECTROENCEPHALOGRAPHY	70.00	0	8,179	31.00	
32.00	0.00	0			0 RENAL DIALYSIS	74.00	0	95,639	32.00	
33.00	0.00	0			0 CLINIC	90.00	0	153,922	33.00	
34.00	0.00	0			0 A.R.C. CLINIC	90.01	0	20,207	34.00	
35.00	0.00	0			0 CANCER CENTER CLINIC	90.02	0	52,891	35.00	
36.00	0.00	0			0 UROLOGY CLINIC	90.03	0	17,552	36.00	
37.00	0.00	0			0 EMERGENCY	91.00	0	680,584	37.00	
38.00	0.00	0			0 WOUND CARE CLINIC	90.06	0	20,977	38.00	
39.00	0.00	0			0 EYE CENTER	90.05	0	30,559	39.00	
TOTALS				30,637,828	TOTALS				30,637,828	
G - RENT										
1.00	1.00	0	998,036		0.00	0	0	0	1.00	
2.00	2.00	0	1,610,331		4.00	0	305	0	2.00	
3.00	0.00	0			5.01	0	83,637	0	3.00	
4.00	0.00	0			5.06	0	71,643	0	4.00	
5.00	0.00	0			5.03	0	1,011	0	5.00	
6.00	0.00	0			5.04	0	110,913	0	6.00	
7.00	0.00	0			5.05	0	2,678	0	7.00	
8.00	0.00	0			7.00	0	9,139	0	8.00	
9.00	0.00	0			8.00	0	17	0	9.00	
10.00	0.00	0			9.00	0	5,033	0	10.00	
11.00	0.00	0			10.00	0	18,749	0	11.00	
12.00	0.00	0			13.00	0	2,853	0	12.00	
13.00	0.00	0			14.00	0	734	0	13.00	
14.00	0.00	0			15.00	0	4,449	0	14.00	
15.00	0.00	0			16.00	0	9,885	0	15.00	
16.00	0.00	0			17.00	0	736	0	16.00	
17.00	0.00	0			22.00	0	18,605	0	17.00	
18.00	0.00	0			30.00	0	127,306	0	18.00	
19.00	0.00	0			31.00	0	88,830	0	19.00	
20.00	0.00	0			32.00	0	14,214	0	20.00	

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2015 1:00 pm

	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			
21.00		0.00		0	0 SUBPROVIDER - I PF	40.00		0	1,658	21.00	
22.00		0.00		0	0 SUBPROVIDER - I RF	41.00		0	28,812	22.00	
23.00		0.00		0	0 OPERATING ROOM	50.00		0	52,887	23.00	
24.00		0.00		0	0 ANESTHESIOLOGY	53.00		0	282	24.00	
25.00		0.00		0	0 RADIOLOGY-DIAGNOSTIC	54.00		0	487,922	25.00	
26.00		0.00		0	0 RADIOISOTOPE	56.00		0	23,367	26.00	
27.00		0.00		0	0 ULTRASOUND	56.01		0	171,510	27.00	
28.00		0.00		0	0 CT SCAN	57.00		0	756,576	28.00	
29.00		0.00		0	0 CARDIAC CATHETERIZATION	59.00		0	147,840	29.00	
30.00		0.00		0	0 LABORATORY	60.00		0	32,073	30.00	
31.00		0.00		0	0 RESPIRATORY THERAPY	65.00		0	40,703	31.00	
32.00		0.00		0	0 PHYSICAL THERAPY	66.00		0	2,329	32.00	
33.00		0.00		0	0 ELECTROCARDIOLOGY	69.00		0	56,155	33.00	
34.00		0.00		0	0 ELECTROENCEPHALOGRAPHY	70.00		0	29,805	34.00	
35.00		0.00		0	0 CLINIC	90.00		0	140,297	35.00	
36.00		0.00		0	0 A. R. C. CLINIC	90.01		0	47,216	36.00	
37.00		0.00		0	0 CANCER CTR CLINIC	90.02		0	6,913	37.00	
38.00		0.00		0	0 UROLOGY CLINIC	90.03		0	218	38.00	
39.00		0.00		0	0 RADIOLOGY	68.01		0	240	39.00	
40.00		0.00		0	0 EYE CENTER	90.05		0	57	40.00	
41.00		0.00		0	0 EMERGENCY	91.00		0	10,769	41.00	
42.00		0.00		0	0 RENAL DIALYSIS	74.00		0	1	42.00	
	TOTALS			0	2,608,367	TOTALS		0	2,608,367		
H - IMPLANT COSTS											
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0	10,921,434	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		0	10,921,434	1.00
	TOTALS			0	10,921,434	TOTALS		0		10,921,434	
I - PHARMACY RESIDENT'S COST											
1.00	PARAMED PHARMACY	23.03		242,111	6,142	PHARMACY	15.00		242,111	6,142	1.00
	TOTALS			242,111	6,142	TOTALS			242,111	6,142	
500.00	Grand Total: Increases			2,108,557	80,056,304	Grand Total: Decreases			2,108,557	80,056,304	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0	0	0	1.00
2.00	Land Improvements	2,269,643	0	0	0	2.00
3.00	Buildings and Fixtures	169,413,357	57,111,941	0	57,111,941	3,243,370
4.00	Building Improvements	1,382,439	175,828	0	175,828	0
5.00	Fixed Equipment	59,693,163	16,982,354	0	16,982,354	4,174,120
6.00	Movable Equipment	395,219	19,308	0	19,308	0
7.00	HIT designated Assets	1,230,748	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	271,278,112	74,289,431	0	74,289,431	7,417,490
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	271,278,112	74,289,431	0	74,289,431	7,417,490
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	36,893,543	0			1.00
2.00	Land Improvements	2,269,643	521,962			2.00
3.00	Buildings and Fixtures	223,281,928	17,540,593			3.00
4.00	Building Improvements	1,558,267	1,252,504			4.00
5.00	Fixed Equipment	72,501,397	16,430,619			5.00
6.00	Movable Equipment	414,527	331,867			6.00
7.00	HIT designated Assets	1,230,748	0			7.00
8.00	Subtotal (sum of lines 1-7)	338,150,053	36,077,545			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	338,150,053	36,077,545			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,747,907	998,036	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,249,263	1,610,331	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,997,170	2,608,367	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	520,551	8,266,494	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,100,270	10,959,864	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,620,821	19,226,358	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00		0	7.00
8.00 Television and radio service (chapter 21)			0		0.00		0	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-5,022,919					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,333,268					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests			0		0.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	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	UTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	-30,677		CAP REL COSTS-BLDG & FIXT	1.00		14	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-32,997		CAP REL COSTS-MVBLE EQUIP	2.00		14	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)			-102,500	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00		0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 REVENUE OFFSET	B	-440,213	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	33.01
33.02 REVENUE OFFSET	B	-1,492,581	OPERATION OF PLANT	7.00	0	33.02
33.03 REVENUE OFFSET	B	-175	NONPATIENT TELEPHONES	5.01	0	33.03
34.00 REVENUE OFFSET	B	-22	HOUSEKEEPING	9.00	0	34.00
35.00 REVENUE OFFSET	B	-1,442,015	DIETARY	10.00	0	35.00
36.00 REVENUE OFFSET	B	-1,150	NURSING ADMINISTRATION	13.00	0	36.00
37.00 REVENUE OFFSET	B	-20	CENTRAL SERVICES & SUPPLY	14.00	0	37.00
38.00 REVENUE OFFSET	B	-5,014	PHARMACY	15.00	0	38.00
39.00 REVENUE OFFSET	B	-24,028	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00 REVENUE OFFSET	B	-179,732	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.00
41.00 REVENUE OFFSET	B	-175,243	ADULTS & PEDIATRICS	30.00	0	41.00
42.00 REVENUE OFFSET	B	-1,000	INTENSIVE CARE UNIT	31.00	0	42.00
43.00 REVENUE OFFSET	B	-54,474	OPERATING ROOM	50.00	0	43.00
44.00 REVENUE OFFSET	B	-2,141	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00 REVENUE OFFSET	B	-1,125	CARDIAC CATHETERIZATION	59.00	0	45.00
45.01 REVENUE OFFSET	B	-548,520	LABORATORY	60.00	0	45.01
45.02 REVENUE OFFSET	B	-1,963	RESPIRATORY THERAPY	65.00	0	45.02
45.03 REVENUE OFFSET	B	-3,879	PHYSICAL THERAPY	66.00	0	45.03
45.05 REVENUE OFFSET	B	-17,640	CARDIOLOGY	68.01	0	45.05
45.08 REVENUE OFFSET	B	-26,906	CLINIC	90.00	0	45.08
45.09 REVENUE OFFSET	B	-173,528	EYE CENTER	90.05	0	45.09
45.10 REVENUE OFFSET	B	-7,760	EMERGENCY	91.00	0	45.10
45.25 NONALLOWABLE EXPENSES	A	-4,256,719	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.25
45.50 INTEREST	A	-3,369,122	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.50
45.51 PUBLIC AID ASSESSMENT	A	-17,288,724	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	45.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,036,055				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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:00 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COST	4,771,080	0 1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	4,002,976	0 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	8,990,998	21,782,817 3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	551,228	0 4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2,133,267	0 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			20,449,549	21,782,817 5.00

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

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

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

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

6.00	B		0.00	ADVOCATEHEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:00 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4,771,080	0		1.00
2.00	4,002,976	0		2.00
3.00	-12,791,819	0		3.00
4.00	551,228	14		4.00
4.01	2,133,267	14		4.01
5.00	-1,333,268			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	HEALTHCARE		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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 1:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	20,746	20,746	0	0	0	1.00
2.00	30.00	DR. B	2,313,831	2,313,831	0	0	0	2.00
3.00	50.00	DR. C	1,667,906	1,667,906	0	0	0	3.00
4.00	59.00	DR. D	119,775	119,775	0	0	0	4.00
5.00	90.00	DR. E	15,000	15,000	0	0	0	5.00
6.00	90.03	DR. F	9,350	9,350	0	0	0	6.00
7.00	54.00	DR. G	95,346	95,346	0	0	0	7.00
8.00	91.00	DR. H	780,965	780,965	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,022,919	5,022,919	0	0	0	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	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	0	0	0	0	0	3.00
4.00	59.00	DR. D	0	0	0	0	0	4.00
5.00	90.00	DR. E	0	0	0	0	0	5.00
6.00	90.03	DR. F	0	0	0	0	0	6.00
7.00	54.00	DR. G	0	0	0	0	0	7.00
8.00	91.00	DR. H	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	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	40.00	DR. A	0	0	0	20,746		1.00
2.00	30.00	DR. B	0	0	0	2,313,831		2.00
3.00	50.00	DR. C	0	0	0	1,667,906		3.00
4.00	59.00	DR. D	0	0	0	119,775		4.00
5.00	90.00	DR. E	0	0	0	15,000		5.00
6.00	90.03	DR. F	0	0	0	9,350		6.00
7.00	54.00	DR. G	0	0	0	95,346		7.00
8.00	91.00	DR. H	0	0	0	780,965		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	5,022,919		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,266,494	8,266,494			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,959,864		10,959,864		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	31,184,909	50,866	67,439	31,303,214	4.00
5.01 00540	NONPATIENT TELEPHONES	1,005,059	48,397	64,165	90,733	1,208,354 5.01
5.02 00550	DATA PROCESSING	8,851,254	15,085	19,999	18,099	0 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	646,570	59,643	79,075	40,789	3,807 5.03
5.04 00570	ADMINISTRATIVE	3,352,474	44,962	59,612	127,011	0 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,008,283	136,727	181,275	16	17,893 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	34,223,760	264,610	350,824	2,261,733	118,018 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	9,783,742	79,845	105,860	1,034,562	74,618 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	298,513	33,402	44,285	58,710	761 8.00
9.00 00900	HOUSEKEEPING	4,323,224	140,363	186,096	787,938	22,462 9.00
10.00 01000	DIETARY	1,948,099	221,039	293,058	586,543	23,223 10.00
11.00 01100	CAFETERIA	1,001,188	237,314	314,635	107,337	0 11.00
13.00 01300	NURSING ADMINISTRATION	3,147,541	161,958	214,727	711,824	12,563 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,772,332	162,923	216,006	428,777	17,893 14.00
15.00 01500	PHARMACY	3,774,830	92,057	122,050	963,739	26,649 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,318,301	115,537	153,181	464,876	38,832 16.00
17.00 01700	SOCIAL SERVICE	2,558,443	45,725	60,623	527,785	10,279 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	14,291,823	0	0	3,486,618	44,162 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,423,536	24,221	32,112	0	0 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0 23.01
23.02 02302	PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0 23.02
23.03 02303	PARAMEDICAL PHARMACY	248,253	1,796	2,381	62,947	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	22,253,013	1,677,086	2,223,515	4,822,515	193,776 30.00
31.00 03100	INTENSIVE CARE UNIT	14,796,279	752,414	997,563	3,192,925	58,248 31.00
32.00 03200	CORONARY CARE UNIT	5,046,282	354,915	470,553	1,137,203	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	3,580,730	449,037	595,342	830,774	17,893 40.00
41.00 04100	SUBPROVIDER - I RF	2,854,097	29,653	39,314	424,129	9,518 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,997,810	149,724	198,507	377,922	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,475,093	614,430	814,622	2,360,234	97,079 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	437,056	105,548	139,937	13,835	17,512 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,163,710	293,589	389,246	1,339,572	84,516 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	1,143,770	52,527	69,641	122,773	4,949 56.00
56.01 05601	ULTRA SOUND	906,750	5,836	7,738	198,033	1,523 56.01
57.00 05700	CT SCAN	1,282,703	26,825	35,565	183,249	1,904 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	2,610,914	212,622	281,897	469,028	25,507 59.00
60.00 06000	LABORATORY	7,862,372	0	0	0	37,690 60.00
60.01 06001	BLOOD LABORATORY	863,129	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	3,295,681	99,038	131,306	770,404	22,462 65.00
66.00 06600	PHYSICAL THERAPY	3,028,754	455,951	604,508	652,823	30,076 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
68.01 06801	CARDIOLOGY	345,282	0	0	75,229	1,904 68.01
69.00 06900	ELECTROCARDIOLOGY	1,346,458	100,115	132,735	281,308	11,802 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	152,961	0	0	28,021	9,518 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19,716,394	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,921,434	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	13,608,660	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	510,448	12,975	17,202	120,517	1,904 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	367,897	82,517	109,402	72,645	9,137	90.00
90.01 09001 A. R. C. CLINIC	1,281,942	120,946	160,353	270,760	13,705	90.01
90.02 09002 CANCER CTR CLINIC	1,824,772	286,877	380,347	289,553	54,441	90.02
90.03 09003 UROLOGY CLINIC	166,933	0	0	41,131	9,518	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	127,780	0	0	31,890	0	90.05
90.06 09006 WOUND CARE CLINIC	21,380	0	0	4,764	2,665	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	103,860	4,579	6,071	25,024	3,426	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	8,986,693	410,720	544,539	1,406,916	75,760	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	308,469,529	8,234,394	10,917,306	31,303,214	1,207,593	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	809	32,100	42,558	0	761	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	308,470,338	8,266,494	10,959,864	31,303,214	1,208,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	8,904,437					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	829,884				5.03
5.04	00570	ADMINITTING	0	479	3,584,538			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	6,344,194		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	9,815	0	0	37,228,760	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	28,971	0	0	11,107,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	79	0	0	435,750	8.00
9.00	00900	HOUSEKEEPING	0	10,388	0	0	5,470,471	9.00
10.00	01000	DIETARY	0	45,411	0	0	3,117,373	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,660,474	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,195	0	0	4,249,808	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	47,881	0	0	3,645,812	14.00
15.00	01500	PHARMACY	0	3,316	0	0	4,982,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	520	0	0	3,091,247	16.00
17.00	01700	SOCIAL SERVICE	0	155	0	0	3,203,010	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	17,822,603	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,601	0	0	3,483,470	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	315,377	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	759,845	38,545	543,342	541,366	33,053,003	30.00
31.00	03100	INTENSIVE CARE UNIT	647,667	35,311	463,431	461,443	21,405,281	31.00
32.00	03200	CORONARY CARE UNIT	262,458	7,831	187,799	186,993	7,654,034	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	110,905	1,003	79,357	79,016	5,744,057	40.00
41.00	04100	SUBPROVIDER - I/RF	84,421	2,307	60,406	60,147	3,563,992	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54,633	2,884	39,092	38,924	2,859,496	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,416,293	359,549	367,926	1,009,125	21,514,351	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	243,699	18,693	73,550	173,628	1,223,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	585,956	27,070	103,951	417,475	11,405,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	80,044	200	10,569	57,029	1,541,502	56.00
56.01	05601	ULTRA SOUND	94,101	3,126	9,650	67,044	1,293,801	56.01
57.00	05700	CT SCAN	317,897	8,243	80,985	226,492	2,163,863	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	265,014	106,546	86,538	188,814	4,246,880	59.00
60.00	06000	LABORATORY	626,205	20,809	285,929	446,152	9,279,157	60.00
60.01	06001	BLOOD LABORATORY	64,305	2,129	39,346	45,816	1,014,725	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	232,852	7,639	145,201	165,900	4,870,483	65.00
66.00	06600	PHYSICAL THERAPY	145,673	2,474	55,595	103,787	5,079,641	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
68.01	06801	CARDIOLOGY	7,140	831	439	5,087	435,912	68.01
69.00	06900	ELECTROCARDIOLOGY	155,406	925	48,658	110,722	2,188,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,243	224	1,509	10,148	216,624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	298,632	0	105,742	212,766	20,333,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	337,810	0	135,979	240,679	11,635,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,148,758	0	480,336	818,454	16,056,208	73.00
74.00	07400	RENAL DIALYSIS	32,334	2,160	19,188	23,037	739,765	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	46,417	3,819	5	33,071	724,910	90.00
90.01	09001	A. R. C. CLINIC	103,645	1,539	2,979	73,844	2,029,713	90.01
90.02	09002	CANCER CTR CLINIC	39,089	2,502	104	27,849	2,905,534	90.02
90.03	09003	UROLOGY CLINIC	4,342	440	31	3,094	225,489	90.03
90.04	09004	ORTHOPEdic CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	819	848	0	583	161,920	90.05
90.06	09006	WOUND CARE CLINIC	4,059	472	5	2,892	36,237	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	4,931	13	8	3,513	151,425	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	714,844	19,941	156,888	509,304	12,825,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,904,437	829,884	3,584,538	6,344,194	308,394,110	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	76,228	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,904,437	829,884	3,584,538	6,344,194	308,470,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	37,228,760				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,524,551	0	12,632,149		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,808	0	55,765	551,323	8.00
9.00	00900	HOUSEKEEPING	750,839	0	234,339	0	6,455,649
10.00	01000	DIETARY	427,869	0	369,028	0	193,025
11.00	01100	CAFETERIA	227,905	0	396,199	0	207,236
13.00	01300	NURSING ADMINISTRATION	583,299	0	270,391	0	141,431
14.00	01400	CENTRAL SERVICES & SUPPLY	500,399	0	272,002	0	142,274
15.00	01500	PHARMACY	683,882	0	153,690	0	80,389
16.00	01600	MEDICAL RECORDS & LIBRARY	424,283	0	192,890	0	100,893
17.00	01700	SOCIAL SERVICE	439,623	0	76,339	0	39,930
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,446,206	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	478,117	0	40,437	0	21,151
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	43,286	0	2,998	0	1,568
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,536,663	0	2,799,924	146,233	1,464,532
31.00	03100	INTENSIVE CARE UNIT	2,937,939	0	1,256,166	71,925	657,052
32.00	03200	CORONARY CARE UNIT	1,050,539	0	592,537	42,608	309,933
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	788,389	0	749,674	38,960	392,126
41.00	04100	SUBPROVIDER - I/RF	489,169	0	49,506	19,794	25,895
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	392,474	0	249,966	16,919	130,748
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,952,909	0	1,025,799	96,987	536,556
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	167,923	0	176,213	0	92,170
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,565,382	0	490,152	42,892	256,379
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	211,576	0	87,694	1,265	45,870
56.01	05601	ULTRA SOUND	177,578	0	9,744	8,813	5,097
57.00	05700	CT SCAN	296,997	0	44,784	10,482	23,425
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	582,897	0	354,975	0	185,674
60.00	06000	LABORATORY	1,273,592	0	0	0	0
60.01	06001	BLOOD LABORATORY	139,274	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	668,488	0	165,345	0	86,486
66.00	06600	PHYSICAL THERAPY	697,196	0	761,217	15,679	398,163
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	59,830	0	0	1,529	0
69.00	06900	ELECTROCARDIOLOGY	300,327	0	167,144	11,267	87,427
70.00	07000	ELECTROENCEPHALOGRAPHY	29,732	0	0	1,122	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,790,839	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,597,062	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,203,763	0	0	0	0
74.00	07400	RENAL DIALYSIS	101,535	0	21,661	0	11,330
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	99,496	0	137,763	2,477	90.00
90.01	09001	A. R. C. CLINIC	278,584	0	201,922	0	90.01
90.02	09002	CANCER CTR CLINIC	398,793	0	478,946	0	90.02
90.03	09003	UROLOGY CLINIC	30,949	0	0	0	90.03
90.04	09004	ORTHOPEdic CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	22,224	0	0	110	90.05
90.06	09006	WOUND CARE CLINIC	4,974	0	0	682	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	20,784	0	7,645	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	1,760,353	0	685,703	21,579	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,218,297	0	12,578,558	551,323	6,427,618
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,463	0	53,591	0	28,031
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	37,228,760	0	12,632,149	551,323	6,455,649

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	4,107,295					10.00
11.00	01100	0	2,491,814				11.00
13.00	01300	0	32,801	5,277,730			13.00
14.00	01400	0	68,776	160,224	4,789,487		14.00
15.00	01500	0	75,125	1,930	4,858	5,982,515	15.00
16.00	01600	0	48,672	1,930	100	0	16.00
17.00	01700	0	28,569	38,608	7	223,174	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	1,930	0	0	21.00
22.00	02200	0	228,549	0	480	2,292	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	2,116	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,822,875	553,382	1,880,991	241,625	645,658	30.00
31.00	03100	851,271	328,009	1,208,434	231,326	671,030	31.00
32.00	03200	501,961	142,843	571,400	52,504	237,406	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	603,851	98,403	270,257	4,374	92	40.00
41.00	04100	327,337	53,963	347,473	14,392	10,165	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	44,440	107,331	17,324	17,359	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	231,723	245,162	2,611,710	364,965	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	2,116	0	135,623	678,689	53.00
54.00	05400	0	119,565	25,095	187,462	66,065	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	9,523	0	1,070	1,751,558	56.00
56.01	05601	0	16,930	1,930	21,899	768	56.01
57.00	05700	0	16,930	1,930	61,717	89,929	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	30,685	9,652	778,799	102,351	59.00
60.00	06000	0	0	0	155,833	0	60.00
60.01	06001	0	0	0	15,943	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	76,183	13,513	52,627	251	65.00
66.00	06600	0	41,266	0	14,970	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	3,174	5,791	766	16	68.01
69.00	06900	0	24,336	5,791	5,273	12,441	69.00
70.00	07000	0	2,116	11,582	1,353	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	9,523	25,095	15,827	9,569	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	6,349	1,930	25,471	4,380	90.00
90.01	09001	A. R. C. CLINIC	0	15,871	44,399	3,344	0	90.01
90.02	09002	CANCER CTR CLINIC	0	25,394	38,608	8,753	94,254	90.02
90.03	09003	UROLOGY CLINIC	0	2,116	5,791	2,905	6,242	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	1,058	0	5,057	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	3,471	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	1,058	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	150,250	250,953	112,624	993,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,107,295	2,491,814	5,277,730	4,789,487	5,982,515	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,107,295	2,491,814	5,277,730	4,789,487	5,982,515	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	3,860,015				16.00
17.00 01700	SOCIAL SERVICE	0	4,049,260			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	20,270,739	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,254,496
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0
23.03 02303	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	329,329	1,797,117	0	20,137,638	4,226,560
31.00 03100	INTENSIVE CARE UNIT	280,709	839,243	0	0	0
32.00 03200	CORONARY CARE UNIT	113,754	494,869	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	48,068	595,319	0	32,407	6,802
41.00 04100	SUBPROVIDER - I/RF	36,589	322,712	0	100,694	21,134
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	23,679	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	614,534	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	105,623	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	253,963	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	34,692	0	0	0	0
56.01 05601	ULTRA SOUND	40,785	0	0	0	0
57.00 05700	CT SCAN	137,782	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	114,861	0	0	0	0
60.00 06000	LABORATORY	271,407	0	0	0	0
60.01 06001	BLOOD LABORATORY	27,871	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	100,922	0	0	0	0
66.00 06600	PHYSICAL THERAPY	63,137	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01 06801	CARDIOLOGY	3,095	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	67,355	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	6,173	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	129,432	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	146,412	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	497,890	0	0	0	0
74.00 07400	RENAL DIALYSIS	14,014	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	20,118	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	44,921	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	16,942	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	1,882	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	355	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	1,759	0	0	0	0	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	2,137	0	0	0	0	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	309,825	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,860,015	4,049,260	0	20,270,739	4,254,496	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,860,015	4,049,260	0	20,270,739	4,254,496	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0		23.02
23.03	02303	PARAMED ED PHARMACY	365,345	0	0	365,345	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,635,530	0	0	81,915	30.00
31.00	03100	INTENSIVE CARE UNIT	30,738,385	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	11,764,388	0	0	50,457	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,372,779	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	5,382,815	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,859,736	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,194,696	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,581,815	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,412,040	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,684,750	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,577,345	0	0	0	56.01
57.00	05700	CT SCAN	2,847,839	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,406,774	0	0	31,458	59.00
60.00	06000	LABORATORY	10,979,989	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,197,813	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,034,298	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,071,269	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	510,113	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,869,490	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,702	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,253,805	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,379,376	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,757,861	0	0	138,600	73.00
74.00	07400	RENAL DIALYSIS	948,319	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
			22A	23.00	23.01	23.02	23.03	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,094,952	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	2,724,372	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	4,217,742	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	275,374	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	190,724	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	47,123	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	187,048	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	17,469,418	0	0	0	62,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	308,302,025	0	0	0	365,345	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	168,313	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	308,470,338	0	0	0	365,345	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	73,717,445	-24,364,198	49,353,247	30.00
31.00	03100	INTENSIVE CARE UNIT	30,738,385	0	30,738,385	31.00
32.00	03200	CORONARY CARE UNIT	11,814,845	0	11,814,845	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,372,779	-39,209	9,333,570	40.00
41.00	04100	SUBPROVIDER - I/RF	5,382,815	-121,828	5,260,987	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,859,736	0	3,859,736	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,194,696	0	30,194,696	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,581,815	0	2,581,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,412,040	0	14,412,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,684,750	0	3,684,750	56.00
56.01	05601	ULTRA SOUND	1,577,345	0	1,577,345	56.01
57.00	05700	CT SCAN	2,847,839	0	2,847,839	57.00
58.00	05800	MRI	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,438,232	0	6,438,232	59.00
60.00	06000	LABORATORY	10,979,989	0	10,979,989	60.00
60.01	06001	BLOOD LABORATORY	1,197,813	0	1,197,813	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,034,298	0	6,034,298	65.00
66.00	06600	PHYSICAL THERAPY	7,071,269	0	7,071,269	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	510,113	0	510,113	68.01
69.00	06900	ELECTROCARDIOLOGY	2,869,490	0	2,869,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,702	0	268,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,253,805	0	23,253,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,379,376	0	13,379,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,896,461	0	18,896,461	73.00
74.00	07400	RENAL DIALYSIS	948,319	0	948,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	1,094,952	0	1,094,952	90.00
90.01	09001 A. R. C. CLINIC	2,724,372	0	2,724,372	90.01
90.02	09002 CANCER CTR CLINIC	4,217,742	0	4,217,742	90.02
90.03	09003 UROLOGY CLINIC	275,374	0	275,374	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	190,724	0	190,724	90.05
90.06	09006 WOUND CARE CLINIC	47,123	0	47,123	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	187,048	0	187,048	90.08
90.09	09010 O/P DENTISTRY	0	0	0	90.09
91.00	09100 EMERGENCY	17,532,333	0	17,532,333	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	308,302,025	-24,525,235	283,776,790	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	168,313	0	168,313	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	308,470,338	-24,525,235	283,945,103	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	3	GROSS SALARIE	4.00
5.01	NONPATIENT TELEPHONES	5	NONPATIENT PHONES	5.01
5.02	DATA PROCESSING	6	PATIENT REVENUE	5.02
5.03	PURCHASING RECEIVING AND STORES	7	PURCHASE REQUI SI	5.03
5.04	ADMINI TTING	8	INPATIENT REVENUE	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6	PATIENT REVENUE	5.05
5.06	OTHER ADMINI STRATIVE AND GENERAL	-9	ACCUM. COST	5.06
6.00	MAINTENANCE & REPAIRS	2	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	2	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	2	SQUARE FEET	9.00
10.00	DIETARY	13	PATIENT DAYS	10.00
11.00	CAFETERIA	14	TOTAL FTES	11.00
13.00	NURSING ADMINI STRATION	16	DI RECT NRS ING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	17	COSTED REQUI SI	14.00
15.00	PHARMACY	18	COSTED REQUI SI	15.00
16.00	MEDICAL RECORDS & LIBRARY	6	PATIENT REVENUE	16.00
17.00	SOCIAL SERVICE	13	PATIENT DAYS	17.00
20.00	NURSING SCHOOL	22	ASSI GNE D TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	23	ASSI GNE D TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	23	ASSI GNE D TIME	22.00
23.00	PARAMED ED PRGM-(SPECI FY)	-24	ACCUM. COST	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	50,866	67,439	118,305	118,305 4.00
5.01 00540	NONPATIENT TELEPHONES	0	48,397	64,165	112,562	343 5.01
5.02 00550	DATA PROCESSING	0	15,085	19,999	35,084	68 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	59,643	79,075	138,718	154 5.03
5.04 00570	ADMITTING	0	44,962	59,612	104,574	480 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	136,727	181,275	318,002	0 5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	264,610	350,824	615,434	8,551 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	79,845	105,860	185,705	3,912 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	33,402	44,285	77,687	222 8.00
9.00 00900	HOUSEKEEPING	0	140,363	186,096	326,459	2,979 9.00
10.00 01000	DIETARY	0	221,039	293,058	514,097	2,218 10.00
11.00 01100	CAFETERIA	0	237,314	314,635	551,949	406 11.00
13.00 01300	NURSING ADMINISTRATION	0	161,958	214,727	376,685	2,691 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	162,923	216,006	378,929	1,621 14.00
15.00 01500	PHARMACY	0	92,057	122,050	214,107	3,644 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	115,537	153,181	268,718	1,758 16.00
17.00 01700	SOCIAL SERVICE	0	45,725	60,623	106,348	1,996 17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	13,183 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	24,221	32,112	56,333	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0 23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0 23.02
23.03 02303	PARAMED ED PHARMACY	0	1,796	2,381	4,177	238 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,677,086	2,223,515	3,900,601	18,181 30.00
31.00 03100	INTENSIVE CARE UNIT	0	752,414	997,563	1,749,977	12,072 31.00
32.00 03200	CORONARY CARE UNIT	0	354,915	470,553	825,468	4,300 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	449,037	595,342	1,044,379	3,141 40.00
41.00 04100	SUBPROVIDER - IRF	0	29,653	39,314	68,967	1,604 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	149,724	198,507	348,231	1,429 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	614,430	814,622	1,429,052	8,924 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	105,548	139,937	245,485	52 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	293,589	389,246	682,835	5,065 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	52,527	69,641	122,168	464 56.00
56.01 05601	ULTRA SOUND	0	5,836	7,738	13,574	749 56.01
57.00 05700	CT SCAN	0	26,825	35,565	62,390	693 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	212,622	281,897	494,519	1,773 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	99,038	131,306	230,344	2,913 65.00
66.00 06600	PHYSICAL THERAPY	0	455,951	604,508	1,060,459	2,468 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
68.01 06801	CARDIOLOGY	0	0	0	0	284 68.01
69.00 06900	ELECTROCARDIOLOGY	0	100,115	132,735	232,850	1,064 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	106 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	12,975	17,202	30,177	456 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0 76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	82,517	109,402	191,919	275	90.00
90.01 09001 A. R. C. CLINIC	0	120,946	160,353	281,299	1,024	90.01
90.02 09002 CANCER CTR CLINIC	0	286,877	380,347	667,224	1,095	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	156	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	121	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	18	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	4,579	6,071	10,650	95	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	410,720	544,539	955,259	5,319	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	8,234,394	10,917,306	19,151,700	118,305	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	32,100	42,558	74,658	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	8,266,494	10,959,864	19,226,358	118,305	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	112,905					5.01
5.02	00550	DATA PROCESSING	0	35,152				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	356	0	139,228			5.03
5.04	00570	ADMINISTRATIVE	0	0	80	105,134		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,672	0	0	0	319,674	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	11,027	0	1,647	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	6,972	0	4,860	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	71	0	13	0	0	8.00
9.00	00900	HOUSEKEEPING	2,099	0	1,743	0	0	9.00
10.00	01000	DIETARY	2,170	0	7,618	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,174	0	201	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,672	0	8,032	0	0	14.00
15.00	01500	PHARMACY	2,490	0	556	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,628	0	87	0	0	16.00
17.00	01700	SOCIAL SERVICE	960	0	26	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,126	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	604	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,107	2,999	6,466	15,671	27,324	30.00
31.00	03100	INTENSIVE CARE UNIT	5,442	2,556	5,924	13,633	23,290	31.00
32.00	03200	CORONARY CARE UNIT	0	1,036	1,314	5,525	9,438	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,672	438	168	2,335	3,988	40.00
41.00	04100	SUBPROVIDER - I/RF	889	333	387	1,777	3,036	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	216	484	1,150	1,965	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,071	5,598	60,328	10,824	50,403	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,636	962	3,136	2,164	8,763	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,897	2,313	4,541	3,058	21,071	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	462	316	34	311	2,878	56.00
56.01	05601	ULTRA SOUND	142	371	524	284	3,384	56.01
57.00	05700	CT SCAN	178	1,255	1,383	2,382	11,431	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,383	1,046	17,873	2,546	9,530	59.00
60.00	06000	LABORATORY	3,522	2,472	3,491	8,411	22,518	60.00
60.01	06001	BLOOD LABORATORY	0	254	357	1,157	2,312	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,099	919	1,281	4,271	8,373	65.00
66.00	06600	PHYSICAL THERAPY	2,810	575	415	1,635	5,238	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
68.01	06801	CARDIOLOGY	178	28	139	13	257	68.01
69.00	06900	ELECTROCARDIOLOGY	1,103	613	155	1,431	5,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	889	56	38	44	512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,179	0	3,111	10,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,333	0	4,000	12,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,534	0	14,130	41,309	73.00
74.00	07400	RENAL DIALYSIS	178	128	362	564	1,163	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	854	183	641	0	1,669	90.00
90.01	09001	A. R. C. CLINIC	1,281	409	258	88	3,727	90.01
90.02	09002	CANCER CTR CLINIC	5,087	154	420	3	1,406	90.02
90.03	09003	UROLOGY CLINIC	889	17	74	1	156	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	3	142	0	29	90.05
90.06	09006	WOUND CARE CLINIC	249	16	79	0	146	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	320	19	2	0	177	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	7,079	2,821	3,345	4,615	25,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,834	35,152	139,228	105,134	319,674	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,905	35,152	139,228	105,134	319,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	636,659					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	26,070	0	227,519			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,023	0	1,004	80,020		8.00
9.00	00900	HOUSEKEEPING	12,839	0	4,221	0	350,340	9.00
10.00	01000	DIETARY	7,316	0	6,647	0	10,475	10.00
11.00	01100	CAFETERIA	3,897	0	7,136	0	11,246	11.00
13.00	01300	NURSING ADMINISTRATION	9,974	0	4,870	0	7,675	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,557	0	4,899	0	7,721	14.00
15.00	01500	PHARMACY	11,694	0	2,768	0	4,363	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,255	0	3,474	0	5,475	16.00
17.00	01700	SOCIAL SERVICE	7,517	0	1,375	0	2,167	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	41,830	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,176	0	728	0	1,148	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	740	0	54	0	85	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,632	0	50,433	21,224	79,480	30.00
31.00	03100	INTENSIVE CARE UNIT	50,238	0	22,625	10,439	35,657	31.00
32.00	03200	CORONARY CARE UNIT	17,964	0	10,672	6,184	16,820	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	13,481	0	13,502	5,655	21,280	40.00
41.00	04100	SUBPROVIDER - I/RF	8,365	0	892	2,873	1,405	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,711	0	4,502	2,456	7,096	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	50,494	0	18,476	14,077	29,118	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,871	0	3,174	0	5,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,768	0	8,828	6,225	13,913	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,618	0	1,579	184	2,489	56.00
56.01	05601	ULTRA SOUND	3,037	0	175	1,279	277	56.01
57.00	05700	CT SCAN	5,079	0	807	1,521	1,271	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,967	0	6,393	0	10,076	59.00
60.00	06000	LABORATORY	21,778	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	2,382	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,431	0	2,978	0	4,693	65.00
66.00	06600	PHYSICAL THERAPY	11,922	0	13,710	2,276	21,608	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
68.01	06801	CARDIOLOGY	1,023	0	0	222	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,136	0	3,010	1,635	4,745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	508	0	0	163	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	47,723	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,309	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,684	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,736	0	390	0	615	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,701	0	2,481	360	3,911	90.00
90.01	09001	A. R. C. CLINIC	4,764	0	3,637	0	5,732	90.01
90.02	09002	CANCER CTR CLINIC	6,819	0	8,626	0	13,595	90.02
90.03	09003	UROLOGY CLINIC	529	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	380	0	0	16	0	90.05
90.06	09006	WOUND CARE CLINIC	85	0	0	99	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	355	0	138	0	217	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	30,102	0	12,350	3,132	19,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	636,480	0	226,554	80,020	348,819	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	179	0	965	0	1,521	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	636,659	0	227,519	80,020	350,340	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	550,541					10.00
11.00	01100	CAFETERIA	0	574,634				11.00
13.00	01300	NURSING ADMINISTRATION	0	7,564	410,834			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,860	12,472	439,763		14.00
15.00	01500	PHARMACY	0	17,324	150	446	257,542	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,224	150	9	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,588	3,005	1	9,607	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	150	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	52,705	0	44	99	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	488	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	244,338	127,618	146,427	22,185	27,795	30.00
31.00	03100	INTENSIVE CARE UNIT	114,104	75,642	94,067	21,240	28,887	31.00
32.00	03200	CORONARY CARE UNIT	67,283	32,941	44,479	4,821	10,220	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	80,940	22,693	21,037	402	4	40.00
41.00	04100	SUBPROVIDER - I/RF	43,876	12,444	27,048	1,321	438	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,248	8,355	1,591	747	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	53,437	19,084	239,805	15,711	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	488	0	12,452	29,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,573	1,953	17,212	2,844	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,196	0	98	75,402	56.00
56.01	05601	ULTRA SOUND	0	3,904	150	2,011	33	56.01
57.00	05700	CT SCAN	0	3,904	150	5,667	3,871	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,076	751	71,507	4,406	59.00
60.00	06000	LABORATORY	0	0	0	14,308	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	1,464	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,568	1,052	4,832	11	65.00
66.00	06600	PHYSICAL THERAPY	0	9,516	0	1,375	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
68.01	06801	CARDIOLOGY	0	732	451	70	1	68.01
69.00	06900	ELECTROCARDIOLOGY	0	5,612	451	484	536	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	488	902	124	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,196	1,953	1,453	412	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,464	150	2,339	90.00
90.01	09001	A. R. C. CLINIC	0	3,660	3,456	307	90.01
90.02	09002	CANCER CTR CLINIC	0	5,856	3,005	804	90.02
90.03	09003	UROLOGY CLINIC	0	488	451	267	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	244	0	464	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	319	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	244	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	34,649	19,535	10,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	550,541	574,634	410,834	439,763	257,542
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	550,541	574,634	410,834	439,763	257,542

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm
-------------------------------------	--	----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	NONPATIENT TELEPHONES					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	PURCHASING RECEIVING AND STORES					5.03
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	301,778				16.00
17.00 01700	SOCIAL SERVICE	0	139,590			17.00
20.00 02000	NURSING SCHOOL	0	0	0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		59,289	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0			23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0			23.02
23.03 02303	PARAMED ED PHARMACY	0	0			23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,769	61,952			30.00
31.00 03100	INTENSIVE CARE UNIT	21,964	28,931			31.00
32.00 03200	CORONARY CARE UNIT	8,901	17,060			32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00 04000	SUBPROVIDER - I PF	3,761	20,522			40.00
41.00 04100	SUBPROVIDER - I RF	2,863	11,125			41.00
42.00 04200	SUBPROVIDER	0	0			42.00
43.00 04300	NURSERY	1,853	0			43.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	47,829	0			50.00
51.00 05100	RECOVERY ROOM	0	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00 05300	ANESTHESIOLOGY	8,265	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,872	0			54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 05600	RADIOISOTOPE	2,715	0			56.00
56.01 05601	ULTRA SOUND	3,191	0			56.01
57.00 05700	CT SCAN	10,781	0			57.00
58.00 05800	MRI	0	0			58.00
59.00 05900	CARDIAC CATHETERIZATION	8,987	0			59.00
60.00 06000	LABORATORY	21,237	0			60.00
60.01 06001	BLOOD LABORATORY	2,181	0			60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 06400	INTRAVENOUS THERAPY	0	0			64.00
65.00 06500	RESPIRATORY THERAPY	7,897	0			65.00
66.00 06600	PHYSICAL THERAPY	4,940	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00 06800	SPEECH PATHOLOGY	0	0			68.00
68.01 06801	CARDIOLOGY	242	0			68.01
69.00 06900	ELECTROCARDIOLOGY	5,270	0			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	483	0			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,128	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,456	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	38,958	0			73.00
74.00 07400	RENAL DIALYSIS	1,097	0			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00 03950	OTHER ANCILLARY SERVICE COST CENTER	0	0			76.00
76.97 07697	CARDIAC REHABILITATION	0	0			76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				16.00	17.00	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	1,574	0				90.00
90.01 09001 A. R. C. CLINIC	3,515	0				90.01
90.02 09002 CANCER CTR CLINIC	1,326	0				90.02
90.03 09003 UROLOGY CLINIC	147	0				90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0				90.04
90.05 09005 EYE CENTER	28	0				90.05
90.06 09006 WOUND CARE CLINIC	138	0				90.06
90.07 09007 EENT CLINIC	0	0				90.07
90.08 09008 O/P PHARMACY CLINIC	167	0				90.08
90.09 09010 O/P DENTISTRY	0	0				90.09
91.00 09100 EMERGENCY	24,243	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0				93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.10 09910 CORF	0	0				99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0				109.00
110.00 11000 INTESTINAL ACQUISITION	0	0				110.00
111.00 11100 ISLET ACQUISITION	0	0				111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	301,778	139,590	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 19001 SUBCORPS	0	0				190.01
190.02 19002 GRANTS	0	0				190.02
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01 19201 HOSPICE	0	0				192.01
192.02 19202 OUTPATIENT PHARMACY	0	0				192.02
193.00 19300 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	59,289	119,837	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	301,778	139,590	0	59,289	119,837	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm		
Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal
		23.00	23.01	23.02	23.03	24.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMINITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0	23.02
23.03	02303	PARAMED ED PHARMACY			5,782	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				4,874,202
31.00	03100	INTENSIVE CARE UNIT				2,316,688
32.00	03200	CORONARY CARE UNIT				1,084,426
33.00	03300	BURN INTENSIVE CARE UNIT				0
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0
40.00	04000	SUBPROVIDER - I PF				1,259,398
41.00	04100	SUBPROVIDER - I RF				189,643
42.00	04200	SUBPROVIDER				0
43.00	04300	NURSERY				397,034
44.00	04400	SKILLED NURSING FACILITY				0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM				2,062,231
51.00	05100	RECOVERY ROOM				0
52.00	05200	DELIVERY ROOM & LABOR ROOM				0
53.00	05300	ANESTHESIOLOGY				323,667
54.00	05400	RADIOLOGY-DIAGNOSTIC				851,968
55.00	05500	RADIOLOGY-THERAPEUTIC				0
56.00	05600	RADIOISOTOPE				214,914
56.01	05601	ULTRA SOUND				33,085
57.00	05700	CT SCAN				112,763
58.00	05800	MRI				0
59.00	05900	CARDIAC CATHETERIZATION				648,833
60.00	06000	LABORATORY				97,737
60.01	06001	BLOOD LABORATORY				10,107
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0
64.00	06400	INTRAVENOUS THERAPY				0
65.00	06500	RESPIRATORY THERAPY				300,662
66.00	06600	PHYSICAL THERAPY				1,138,947
67.00	06700	OCCUPATIONAL THERAPY				0
68.00	06800	SPEECH PATHOLOGY				0
68.01	06801	CARDIOLOGY				3,640
69.00	06900	ELECTROCARDIOLOGY				269,683
70.00	07000	ELECTROENCEPHALOGRAPHY				4,313
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				72,880
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				56,246
73.00	07300	DRUGS CHARGED TO PATIENTS				136,615
74.00	07400	RENAL DIALYSIS				42,880
75.00	07500	ASC (NON-DISTINCT PART)				0
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER				0
76.97	07697	CARDIAC REHABILITATION				0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
			23.00	23.01	23.02	23.03	24.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					209,710	90.00
90.01	09001	A. R. C. CLINIC					313,157	90.01
90.02	09002	CANCER CTR CLINIC					719,478	90.02
90.03	09003	UROLOGY CLINIC					3,444	90.03
90.04	09004	ORTHOPEdic CLINIC					0	90.04
90.05	09005	EYE CENTER					1,427	90.05
90.06	09006	WOUND CARE CLINIC					1,149	90.06
90.07	09007	EENT CLINIC					0	90.07
90.08	09008	O/P PHARMACY CLINIC					12,384	90.08
90.09	09010	O/P DENTISTRY					0	90.09
91.00	09100	EMERGENCY					1,200,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES					0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910	CORF					0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)					0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	18,964,056	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					77,394	190.00
190.01	19001	SUBCORPS					0	190.01
190.02	19002	GRANTS					0	190.02
191.00	19100	RESEARCH					0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201	HOSPICE					0	192.01
192.02	19202	OUTPATIENT PHARMACY					0	192.02
193.00	19300	NONPAID WORKERS					0	193.00
200.00		Cross Foot Adjustments	0	0	0	5,782	184,908	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	5,782	19,226,358	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:00 pm
-------------------------------------	--	----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL		23.02
23.03	02303	PARAMED ED PHARMACY		23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ULTRA SOUND	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
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
68.01	06801	CARDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	209,710	90.00
90.01	09001 A. R. C. CLINIC	0	313,157	90.01
90.02	09002 CANCER CTR CLINIC	0	719,478	90.02
90.03	09003 UROLOGY CLINIC	0	3,444	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	1,427	90.05
90.06	09006 WOUND CARE CLINIC	0	1,149	90.06
90.07	09007 EENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	12,384	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	1,200,745	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,964,056	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,394	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	184,908	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	19,226,358	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	368,261					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		368,261				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	120,401,297			4.00
5.01 00540 NONPATIENT TELEPHONES	2,156	2,156	348,987	3,174		5.01
5.02 00550 DATA PROCESSING	672	672	69,613	0	1,301,708,428	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	2,657	2,657	156,885	10	0	5.03
5.04 00570 ADMINISTRATION	2,003	2,003	488,520	0	0	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	6,091	6,091	62	47	0	5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	11,788	11,788	8,699,275	310	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	3,557	3,557	3,979,222	196	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,488	1,488	225,816	2	0	8.00
9.00 00900 HOUSEKEEPING	6,253	6,253	3,030,637	59	0	9.00
10.00 01000 DIETARY	9,847	9,847	2,256,013	61	0	10.00
11.00 01100 CAFETERIA	10,572	10,572	412,849	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	7,215	7,215	2,737,880	33	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,258	7,258	1,649,201	47	0	14.00
15.00 01500 PHARMACY	4,101	4,101	3,706,817	70	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,147	5,147	1,788,046	12	0	16.00
17.00 01700 SOCIAL SERVICE	2,037	2,037	2,030,014	27	0	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	13,410,534	116	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	1,079	1,079	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMEDICAL PHARMACY	80	80	242,111	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	74,712	74,712	18,548,926	509	111,072,225	30.00
31.00 03100 INTENSIVE CARE UNIT	33,519	33,519	12,280,904	153	94,674,323	31.00
32.00 03200 CORONARY CARE UNIT	15,811	15,811	4,374,011	0	38,365,439	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	20,004	20,004	3,195,396	47	16,211,819	40.00
41.00 04100 SUBPROVIDER - I RF	1,321	1,321	1,631,323	25	12,340,417	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,670	6,670	1,453,597	0	7,986,132	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	27,372	27,372	9,078,138	255	207,110,559	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	4,702	4,702	53,213	46	35,623,231	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,079	13,079	5,152,377	222	85,653,543	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,340	2,340	472,220	13	11,700,661	56.00
56.01 05601 ULTRA SOUND	260	260	761,693	4	13,755,511	56.01
57.00 05700 CT SCAN	1,195	1,195	704,827	5	46,469,352	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	9,472	9,472	1,804,015	67	38,739,041	59.00
60.00 06000 LABORATORY	0	0	0	99	91,537,082	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	9,400,004	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,412	4,412	2,963,195	59	34,037,683	65.00
66.00 06600 PHYSICAL THERAPY	20,312	20,312	2,510,946	79	21,294,079	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
68.01 06801 CARDIOLOGY	0	0	289,352	5	1,043,706	68.01
69.00 06900 ELECTROCARDIOLOGY	4,460	4,460	1,081,990	31	22,716,790	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	107,775	25	2,082,032	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	43,653,332	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	49,380,254	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	167,922,532	73.00
74.00 07400 RENAL DIALYSIS	578	578	463,542	5	4,726,434	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIE)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5.01	5.02	
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,676	3,676	279,414	24	6,785,189	90.00
90.01	09001	A. R. C. CLINIC	5,388	5,388	1,041,420	36	15,150,578	90.01
90.02	09002	CANCER CTR CLINIC	12,780	12,780	1,113,704	143	5,713,868	90.02
90.03	09003	UROLOGY CLINIC	0	0	158,200	25	634,697	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	122,660	0	119,681	90.05
90.06	09006	WOUND CARE CLINIC	0	0	18,325	7	593,289	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	204	204	96,251	9	720,850	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	18,297	18,297	5,411,401	199	104,494,095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	366,831	366,831	120,401,297	3,172	1,301,708,428	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,430	1,430	0	2	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,266,494	10,959,864	31,303,214	1,208,354	8,904,437	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.447378	29.761131	0.259991	380.703844	0.006841	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			118,305	112,905	35,152	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000983	35.571834	0.000027	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE REQUISIT)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	37,554,945					5.03
5.04	00570	ADMITTING	21,672	732,358,905				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	1,301,708,428			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	444,170	0	0	-37,228,760	271,241,578	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,311,010	0	0	0	11,107,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,583	0	0	0	435,750	8.00
9.00	00900	HOUSEKEEPING	470,091	0	0	0	5,470,471	9.00
10.00	01000	DIETARY	2,054,974	0	0	0	3,117,373	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,660,474	11.00
13.00	01300	NURSING ADMINISTRATION	54,097	0	0	0	4,249,808	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,166,769	0	0	0	3,645,812	14.00
15.00	01500	PHARMACY	150,039	0	0	0	4,982,641	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,543	0	0	0	3,091,247	16.00
17.00	01700	SOCIAL SERVICE	7,006	0	0	0	3,203,010	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	17,822,603	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	162,944	0	0	0	3,483,470	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	315,377	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,744,282	111,072,225	111,072,225	0	33,053,003	30.00
31.00	03100	INTENSIVE CARE UNIT	1,597,936	94,674,323	94,674,323	0	21,405,281	31.00
32.00	03200	CORONARY CARE UNIT	354,391	38,365,439	38,365,439	0	7,654,034	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	45,383	16,211,819	16,211,819	0	5,744,057	40.00
41.00	04100	SUBPROVIDER - IRF	104,389	12,340,417	12,340,417	0	3,563,992	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	130,502	7,986,132	7,986,132	0	2,859,496	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,270,969	75,163,691	207,110,559	0	21,514,351	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	845,899	15,025,545	35,623,231	0	1,223,458	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,224,988	21,236,146	85,653,543	0	11,405,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9,046	2,159,168	11,700,661	0	1,541,502	56.00
56.01	05601	ULTRA SOUND	141,481	1,971,473	13,755,511	0	1,293,801	56.01
57.00	05700	CT SCAN	373,008	16,544,529	46,469,352	0	2,163,863	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,821,503	17,678,956	38,739,041	0	4,246,880	59.00
60.00	06000	LABORATORY	941,691	58,412,454	91,537,082	0	9,279,157	60.00
60.01	06001	BLOOD LABORATORY	96,341	8,038,028	9,400,004	0	1,014,725	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	345,668	29,663,099	34,037,683	0	4,870,483	65.00
66.00	06600	PHYSICAL THERAPY	111,959	11,357,425	21,294,079	0	5,079,641	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
68.01	06801	CARDIOLOGY	37,589	89,742	1,043,706	0	435,912	68.01
69.00	06900	ELECTROCARDIOLOGY	41,842	9,940,354	22,716,790	0	2,188,129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,131	308,304	2,082,032	0	216,624	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,602,002	43,653,332	0	20,333,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,779,241	49,380,254	0	11,635,902	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,127,836	167,922,532	0	16,056,208	73.00
74.00	07400	RENAL DIALYSIS	97,742	3,920,011	4,726,434	0	739,765	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (PURCHASE REQUIS)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 09000 CLINIC	172,825	994	6,785,189	0	724,910	90.00
90.01 09001 A. R. C. CLINIC	69,647	608,491	15,150,578	0	2,029,713	90.01
90.02 09002 CANCER CTR CLINIC	113,238	21,334	5,713,868	0	2,905,534	90.02
90.03 09003 UROLOGY CLINIC	19,909	6,349	634,697	0	225,489	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	38,365	0	119,681	0	161,920	90.05
90.06 09006 WOUND CARE CLINIC	21,345	1,118	593,289	0	36,237	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	579	1,667	720,850	0	151,425	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	902,399	32,050,593	104,494,095	0	12,825,605	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	37,554,945	732,358,905	1,301,708,428	-37,228,760	271,165,350	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	76,228	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	829,884	3,584,538	6,344,194		37,228,760	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.022098	0.004895	0.004874		0.137253	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	139,228	105,134	319,674		636,659	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.003707	0.000144	0.000246		0.002347	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600	340,628					6.00
7.00	00700	3,557	337,071				7.00
8.00	00800	1,488	1,488	1,876,136			8.00
9.00	00900	6,253	6,253	0	329,330		9.00
10.00	01000	9,847	9,847	0	9,847	67,481	10.00
11.00	01100	10,572	10,572	0	10,572	0	11.00
13.00	01300	7,215	7,215	0	7,215	0	13.00
14.00	01400	7,258	7,258	0	7,258	0	14.00
15.00	01500	4,101	4,101	0	4,101	0	15.00
16.00	01600	5,147	5,147	0	5,147	0	16.00
17.00	01700	2,037	2,037	0	2,037	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,079	1,079	0	1,079	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	80	80	0	80	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	74,712	74,712	497,623	74,712	29,949	30.00
31.00	03100	33,519	33,519	244,760	33,519	13,986	31.00
32.00	03200	15,811	15,811	144,993	15,811	8,247	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	20,004	20,004	132,579	20,004	9,921	40.00
41.00	04100	1,321	1,321	67,358	1,321	5,378	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,670	6,670	57,575	6,670	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	27,372	27,372	330,044	27,372	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	4,702	4,702	0	4,702	0	53.00
54.00	05400	13,079	13,079	145,961	13,079	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,340	2,340	4,304	2,340	0	56.00
56.01	05601	260	260	29,992	260	0	56.01
57.00	05700	1,195	1,195	35,671	1,195	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	9,472	9,472	0	9,472	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	4,412	4,412	0	4,412	0	65.00
66.00	06600	20,312	20,312	53,354	20,312	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	5,204	0	0	68.01
69.00	06900	4,460	4,460	38,341	4,460	0	69.00
70.00	07000	0	0	3,819	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	578	578	0	578	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	8,429	3,676	0	90.00
90.01	09001 A. R. C. CLINIC	5,388	5,388	0	5,388	0	90.01
90.02	09002 CANCER CTR CLINIC	12,780	12,780	0	12,780	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	374	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	2,322	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	204	204	0	204	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	18,297	18,297	73,433	18,297	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	339,198	335,641	1,876,136	327,900	67,481	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,430	1,430	0	1,430	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	12,632,149	551,323	6,455,649	4,107,295	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	37.476226	0.293861	19.602371	60.865947	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	227,519	80,020	350,340	550,541	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.674988	0.042651	1.063796	8.158459	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI SI)	PHARMACY (COSTED REQUI SI)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,355					11.00
13.00	01300	NURSING ADMINISTRATION	31	5,686,720				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	65	172,640	28,942,703			14.00
15.00	01500	PHARMACY	71	2,080	29,356	1,503,657		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46	2,080	604	0	1,301,708,428	16.00
17.00	01700	SOCIAL SERVICE	27	41,600	43	56,093	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,080	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	216	0	2,902	576	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	523	2,026,752	1,460,130	162,281	111,072,225	30.00
31.00	03100	INTENSIVE CARE UNIT	310	1,302,080	1,397,893	168,658	94,674,323	31.00
32.00	03200	CORONARY CARE UNIT	135	615,680	317,282	59,670	38,365,439	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	93	291,200	26,433	23	16,211,819	40.00
41.00	04100	SUBPROVIDER - I/RF	51	374,400	86,968	2,555	12,340,417	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	42	115,648	104,686	4,363	7,986,132	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	219	264,160	15,782,494	91,731	207,110,559	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2	0	819,566	170,583	35,623,231	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113	27,040	1,132,826	16,605	85,653,543	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	6,468	440,240	11,700,661	56.00
56.01	05601	ULTRA SOUND	16	2,080	132,332	193	13,755,511	56.01
57.00	05700	CT SCAN	16	2,080	372,954	22,603	46,469,352	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29	10,400	4,706,243	25,725	38,739,041	59.00
60.00	06000	LABORATORY	0	0	941,691	0	91,537,082	60.00
60.01	06001	BLOOD LABORATORY	0	0	96,341	0	9,400,004	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72	14,560	318,022	63	34,037,683	65.00
66.00	06600	PHYSICAL THERAPY	39	0	90,466	0	21,294,079	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
68.01	06801	CARDIOLOGY	3	6,240	4,628	4	1,043,706	68.01
69.00	06900	ELECTROCARDIOLOGY	23	6,240	31,865	3,127	22,716,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	12,480	8,179	0	2,082,032	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	43,653,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	49,380,254	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	167,922,532	73.00
74.00	07400	RENAL DIALYSIS	9	27,040	95,639	2,405	4,726,434	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI SI)	PHARMACY (COSTED REQUI SI)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	6	2,080	153,922	1,101	6,785,189	90.00
90.01	09001 A. R. C. CLINIC	15	47,840	20,207	0	15,150,578	90.01
90.02	09002 CANCER CTR CLINIC	24	41,600	52,891	23,690	5,713,868	90.02
90.03	09003 UROLOGY CLINIC	2	6,240	17,552	1,569	634,697	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	1	0	30,559	0	119,681	90.05
90.06	09006 WOUND CARE CLINIC	0	0	20,977	0	593,289	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1	0	0	0	720,850	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	142	270,400	680,584	249,799	104,494,095	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,355	5,686,720	28,942,703	1,503,657	1,301,708,428	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,491,814	5,277,730	4,789,487	5,982,515	3,860,015	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,058.095117	0.928080	0.165482	3.978643	0.002965	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	574,634	410,834	439,763	257,542	301,778	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	244.005945	0.072244	0.015194	0.171277	0.000232	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMINITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						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	67,481					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		17,514			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0			17,514		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 02303 PARAMED ED PHARMACY	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,949	0	17,399	17,399	0	30.00
31.00 03100 INTENSIVE CARE UNIT	13,986	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	8,247	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	9,921	0	28	28	0	40.00
41.00 04100 SUBPROVIDER - I RF	5,378	0	87	87	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
68.01 06801 RADIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation 23A	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			17.00	20.00		
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	67,481	0	17,514	17,514	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,049,260	0	20,270,739	4,254,496		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	60.005928	0.000000	1,157.402021	242.919721		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	139,590	0	59,289	119,837		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.068582	0.000000	3.385235	6.842355		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
			23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	308,470,338				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0		23.02
23.03	02303	PARAMED ED PHARMACY	365,345	0	0	2,346	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,635,530	0	0	526	30.00
31.00	03100	INTENSIVE CARE UNIT	30,738,385	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	11,764,388	0	0	324	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,372,779	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,382,815	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,859,736	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	30,194,696	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,581,815	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,412,040	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,684,750	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,577,345	0	0	0	56.01
57.00	05700	CT SCAN	2,847,839	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,406,774	0	0	202	59.00
60.00	06000	LABORATORY	10,979,989	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,197,813	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,034,298	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,071,269	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	510,113	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,869,490	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,702	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,253,805	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,379,376	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,757,861	0	0	890	73.00
74.00	07400	RENAL DIALYSIS	948,319	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		PARAMED ED PRGM (ACCUM. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	1,094,952	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	2,724,372	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	4,217,742	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	275,374	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005 EYE CENTER	190,724	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	47,123	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	187,048	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	90.09
91.00	09100 EMERGENCY	17,469,418	0	0	404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	308,302,025	0	0	2,346	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	168,313	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	365,345	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	155.731032	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	5,782	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.464621	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,353,247		49,353,247	0	49,353,247	30.00
31.00	03100	INTENSIVE CARE UNIT	30,738,385		30,738,385	0	30,738,385	31.00
32.00	03200	CORONARY CARE UNIT	11,814,845		11,814,845	0	11,814,845	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,333,570		9,333,570	0	9,333,570	40.00
41.00	04100	SUBPROVIDER - I/RF	5,260,987		5,260,987	0	5,260,987	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,859,736		3,859,736	0	3,859,736	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,194,696		30,194,696	0	30,194,696	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,581,815		2,581,815	0	2,581,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,412,040		14,412,040	0	14,412,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,684,750		3,684,750	0	3,684,750	56.00
56.01	05601	ULTRA SOUND	1,577,345		1,577,345	0	1,577,345	56.01
57.00	05700	CT SCAN	2,847,839		2,847,839	0	2,847,839	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,438,232		6,438,232	0	6,438,232	59.00
60.00	06000	LABORATORY	10,979,989		10,979,989	0	10,979,989	60.00
60.01	06001	BLOOD LABORATORY	1,197,813		1,197,813	0	1,197,813	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,034,298	0	6,034,298	0	6,034,298	65.00
66.00	06600	PHYSICAL THERAPY	7,071,269	0	7,071,269	0	7,071,269	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
68.01	06801	CARDIOLOGY	510,113	0	510,113	0	510,113	68.01
69.00	06900	ELECTROCARDIOLOGY	2,869,490		2,869,490	0	2,869,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,702		268,702	0	268,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,253,805		23,253,805	0	23,253,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,379,376		13,379,376	0	13,379,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,896,461		18,896,461	0	18,896,461	73.00
74.00	07400	RENAL DIALYSIS	948,319		948,319	0	948,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,094,952		1,094,952	0	1,094,952	90.00
90.01	09001	A. R. C. CLINIC	2,724,372		2,724,372	0	2,724,372	90.01
90.02	09002	CANCER CTR CLINIC	4,217,742		4,217,742	0	4,217,742	90.02
90.03	09003	UROLOGY CLINIC	275,374		275,374	0	275,374	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	90.04
90.05	09005	EYE CENTER	190,724		190,724	0	190,724	90.05
90.06	09006	WOUND CARE CLINIC	47,123		47,123	0	47,123	90.06
90.07	09007	EENT CLINIC	0		0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	187,048		187,048	0	187,048	90.08
90.09	09010	O/P DENTISTRY	0		0	0	0	90.09
91.00	09100	EMERGENCY	17,532,333		17,532,333	0	17,532,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,452,598		9,452,598	0	9,452,598	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Therapy Limit Adj.	Costs			
				Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	
			1.00	2.00	3.00	4.00	5.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		115.00
200.00		Subtotal (see instructions)	293,229,388	0	293,229,388	0	200.00
201.00		Less Observation Beds	9,452,598		9,452,598		201.00
202.00		Total (see instructions)	283,776,790	0	283,776,790	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,072,225		111,072,225			30.00
31.00	03100	INTENSIVE CARE UNIT	94,674,323		94,674,323			31.00
32.00	03200	CORONARY CARE UNIT	38,365,439		38,365,439			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	16,211,819		16,211,819			40.00
41.00	04100	SUBPROVIDER - I/RF	12,340,417		12,340,417			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,986,132		7,986,132			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,163,691	131,946,868	207,110,559	0.145790	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,025,545	20,597,686	35,623,231	0.072476	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,236,146	64,417,397	85,653,543	0.168260	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,159,168	9,541,493	11,700,661	0.314918	0.000000	56.00
56.01	05601	ULTRA SOUND	1,971,473	11,784,038	13,755,511	0.114670	0.000000	56.01
57.00	05700	CT SCAN	16,544,529	29,924,823	46,469,352	0.061284	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,678,956	21,060,085	38,739,041	0.166195	0.000000	59.00
60.00	06000	LABORATORY	58,412,454	33,124,628	91,537,082	0.119951	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,038,028	1,361,976	9,400,004	0.127427	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,663,099	4,374,584	34,037,683	0.177283	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,357,425	9,936,654	21,294,079	0.332077	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	89,742	953,964	1,043,706	0.488752	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	9,940,354	12,776,436	22,716,790	0.126316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	308,304	1,773,728	2,082,032	0.129058	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,602,002	22,051,330	43,653,332	0.532693	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,779,241	21,601,013	49,380,254	0.270946	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,127,836	69,794,696	167,922,532	0.112531	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,920,011	806,423	4,726,434	0.200642	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	994	6,784,195	6,785,189	0.161374	0.000000	90.00
90.01	09001	A. R. C. CLINIC	608,491	14,542,087	15,150,578	0.179820	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	21,334	5,692,534	5,713,868	0.738159	0.000000	90.02
90.03	09003	UROLOGY CLINIC	6,349	628,348	634,697	0.433867	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	119,681	119,681	1.593603	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	1,118	592,171	593,289	0.079427	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	1,667	719,183	720,850	0.259483	0.000000	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	32,050,593	72,443,502	104,494,095	0.167783	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,219,000	18,371,203	22,590,203	0.418438	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	736,577,905	587,720,726	1,324,298,631		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	736,577,905	587,720,726	1,324,298,631		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.145790		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.072476		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168260		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.314918		56.00
56.01	05601 ULTRA SOUND	0.114670		56.01
57.00	05700 CT SCAN	0.061284		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166195		59.00
60.00	06000 LABORATORY	0.119951		60.00
60.01	06001 BLOOD LABORATORY	0.127427		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.177283		65.00
66.00	06600 PHYSICAL THERAPY	0.332077		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.488752		68.01
69.00	06900 ELECTROCARDIOLOGY	0.126316		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129058		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270946		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.112531		73.00
74.00	07400 RENAL DIALYSIS	0.200642		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.161374		90.00
90.01	09001 A. R. C. CLINIC	0.179820		90.01
90.02	09002 CANCER CTR CLINIC	0.738159		90.02
90.03	09003 UROLOGY CLINIC	0.433867		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	1.593603		90.05
90.06	09006 WOUND CARE CLINIC	0.079427		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.259483		90.08
90.09	09010 O/P DENTISTRY	0.000000		90.09
91.00	09100 EMERGENCY	0.167783		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.418438		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
200.00	Subtotal (see instructions)	11.00		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: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm		
		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,353,247		49,353,247	0	49,353,247	30.00
31.00	03100	INTENSIVE CARE UNIT	30,738,385		30,738,385	0	30,738,385	31.00
32.00	03200	CORONARY CARE UNIT	11,814,845		11,814,845	0	11,814,845	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,333,570		9,333,570	0	9,333,570	40.00
41.00	04100	SUBPROVIDER - I/RF	5,260,987		5,260,987	0	5,260,987	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,859,736		3,859,736	0	3,859,736	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,194,696		30,194,696	0	30,194,696	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,581,815		2,581,815	0	2,581,815	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,412,040		14,412,040	0	14,412,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	3,684,750		3,684,750	0	3,684,750	56.00
56.01	05601	ULTRA SOUND	1,577,345		1,577,345	0	1,577,345	56.01
57.00	05700	CT SCAN	2,847,839		2,847,839	0	2,847,839	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,438,232		6,438,232	0	6,438,232	59.00
60.00	06000	LABORATORY	10,979,989		10,979,989	0	10,979,989	60.00
60.01	06001	BLOOD LABORATORY	1,197,813		1,197,813	0	1,197,813	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,034,298	0	6,034,298	0	6,034,298	65.00
66.00	06600	PHYSICAL THERAPY	7,071,269	0	7,071,269	0	7,071,269	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
68.01	06801	CARDIOLOGY	510,113	0	510,113	0	510,113	68.01
69.00	06900	ELECTROCARDIOLOGY	2,869,490		2,869,490	0	2,869,490	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	268,702		268,702	0	268,702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,253,805		23,253,805	0	23,253,805	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,379,376		13,379,376	0	13,379,376	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,896,461		18,896,461	0	18,896,461	73.00
74.00	07400	RENAL DIALYSIS	948,319		948,319	0	948,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	1,094,952		1,094,952	0	1,094,952	90.00
90.01	09001	A. R. C. CLINIC	2,724,372		2,724,372	0	2,724,372	90.01
90.02	09002	CANCER CTR CLINIC	4,217,742		4,217,742	0	4,217,742	90.02
90.03	09003	UROLOGY CLINIC	275,374		275,374	0	275,374	90.03
90.04	09004	ORTHOPEDIC CLINIC	0		0	0	0	90.04
90.05	09005	EYE CENTER	190,724		190,724	0	190,724	90.05
90.06	09006	WOUND CARE CLINIC	47,123		47,123	0	47,123	90.06
90.07	09007	EENT CLINIC	0		0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	187,048		187,048	0	187,048	90.08
90.09	09010	O/P DENTISTRY	0		0	0	0	90.09
91.00	09100	EMERGENCY	17,532,333		17,532,333	0	17,532,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,452,598		9,452,598	0	9,452,598	92.00
93.00	04040	FAMILY HEALTH CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0			115.00
200.00		Subtotal (see instructions)	293,229,388	0	293,229,388	0	293,229,388
201.00		Less Observation Beds	9,452,598		9,452,598		9,452,598
202.00		Total (see instructions)	283,776,790	0	283,776,790	0	283,776,790

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,072,225		111,072,225			30.00
31.00	03100	INTENSIVE CARE UNIT	94,674,323		94,674,323			31.00
32.00	03200	CORONARY CARE UNIT	38,365,439		38,365,439			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	16,211,819		16,211,819			40.00
41.00	04100	SUBPROVIDER - I/RF	12,340,417		12,340,417			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	7,986,132		7,986,132			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,163,691	131,946,868	207,110,559	0.145790	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,025,545	20,597,686	35,623,231	0.072476	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,236,146	64,417,397	85,653,543	0.168260	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,159,168	9,541,493	11,700,661	0.314918	0.000000	56.00
56.01	05601	ULTRA SOUND	1,971,473	11,784,038	13,755,511	0.114670	0.000000	56.01
57.00	05700	CT SCAN	16,544,529	29,924,823	46,469,352	0.061284	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,678,956	21,060,085	38,739,041	0.166195	0.000000	59.00
60.00	06000	LABORATORY	58,412,454	33,124,628	91,537,082	0.119951	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,038,028	1,361,976	9,400,004	0.127427	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	29,663,099	4,374,584	34,037,683	0.177283	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	11,357,425	9,936,654	21,294,079	0.332077	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
68.01	06801	CARDIOLOGY	89,742	953,964	1,043,706	0.488752	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	9,940,354	12,776,436	22,716,790	0.126316	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	308,304	1,773,728	2,082,032	0.129058	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,602,002	22,051,330	43,653,332	0.532693	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,779,241	21,601,013	49,380,254	0.270946	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	98,127,836	69,794,696	167,922,532	0.112531	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,920,011	806,423	4,726,434	0.200642	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	994	6,784,195	6,785,189	0.161374	0.000000	90.00
90.01	09001	A. R. C. CLINIC	608,491	14,542,087	15,150,578	0.179820	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	21,334	5,692,534	5,713,868	0.738159	0.000000	90.02
90.03	09003	UROLOGY CLINIC	6,349	628,348	634,697	0.433867	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	119,681	119,681	1.593603	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	1,118	592,171	593,289	0.079427	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	1,667	719,183	720,850	0.259483	0.000000	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	32,050,593	72,443,502	104,494,095	0.167783	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,219,000	18,371,203	22,590,203	0.418438	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0.000000	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0.000000	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0.000000	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0.000000	0.000000	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	736,577,905	587,720,726	1,324,298,631			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	736,577,905	587,720,726	1,324,298,631			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 A. R. C. CLINIC	0.000000		90.01
90.02	09002 CANCER CTR CLINIC	0.000000		90.02
90.03	09003 UROLOGY CLINIC	0.000000		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.000000		90.05
90.06	09006 WOUND CARE CLINIC	0.000000		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010 O/P DENTISTRY	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D. P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 1:00 pm
----------------------------------------------------------	----------------------	---------------------------------------------	-------------------------------------------------------------------

Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,874,202	0	4,874,202	37,044	131.58	30.00
31.00	INTENSIVE CARE UNIT	2,316,688		2,316,688	13,986	165.64	31.00
32.00	CORONARY CARE UNIT	1,084,426		1,084,426	8,247	131.49	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,259,398	0	1,259,398	9,921	126.94	40.00
41.00	SUBPROVIDER - IRF	189,643	0	189,643	5,378	35.26	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	397,034		397,034	4,387	90.50	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	10,121,391		10,121,391	78,963		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,571	733,032				30.00
31.00	INTENSIVE CARE UNIT	3,012	498,908				31.00
32.00	CORONARY CARE UNIT	3,463	455,350				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	3,158	400,877				40.00
41.00	SUBPROVIDER - IRF	2,253	79,441				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	17,457	2,167,608				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,062,231	207,110,559	0.009957	17,098,784	170,253	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	323,667	35,623,231	0.009086	2,854,955	25,940	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	851,968	85,653,543	0.009947	6,443,203	64,091	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	214,914	11,700,661	0.018368	821,185	15,084	56.00
56.01	05601 ULTRA SOUND	33,085	13,755,511	0.002405	339,691	817	56.01
57.00	05700 CT SCAN	112,763	46,469,352	0.002427	4,728,672	11,476	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	648,833	38,739,041	0.016749	5,837,505	97,772	59.00
60.00	06000 LABORATORY	97,737	91,537,082	0.001068	13,163,010	14,058	60.00
60.01	06001 BLOOD LABORATORY	10,107	9,400,004	0.001075	1,630,291	1,753	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	300,662	34,037,683	0.008833	6,027,941	53,245	65.00
66.00	06600 PHYSICAL THERAPY	1,138,947	21,294,079	0.053487	1,953,396	104,481	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	3,640	1,043,706	0.003488	25,267	88	68.01
69.00	06900 ELECTROCARDIOLOGY	269,683	22,716,790	0.011872	3,353,530	39,813	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,313	2,082,032	0.002072	96,007	199	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	72,880	43,653,332	0.001670	5,046,208	8,427	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	56,246	49,380,254	0.001139	7,432,744	8,466	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	136,615	167,922,532	0.000814	22,614,170	18,408	73.00
74.00	07400 RENAL DIALYSIS	42,880	4,726,434	0.009072	1,902,698	17,261	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	209,710	6,785,189	0.030907	961	30	90.00
90.01	09001 A. R. C. CLINIC	313,157	15,150,578	0.020670	5,464	113	90.01
90.02	09002 CANCER CTR CLINIC	719,478	5,713,868	0.125918	18,487	2,328	90.02
90.03	09003 UROLOGY CLINIC	3,444	634,697	0.005426	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 EYE CENTER	1,427	119,681	0.011923	0	0	90.05
90.06	09006 WOUND CARE CLINIC	1,149	593,289	0.001937	1,081	2	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	12,384	720,850	0.017180	1,132	19	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0	0	90.09
91.00	09100 EMERGENCY	1,200,745	104,494,095	0.011491	7,984,428	91,749	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	933,557	22,590,203	0.041326	2,660,692	109,956	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (Lines 50-199)	9,776,222	1,043,648,276		112,041,502	855,829	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/28/2015 1:00 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	81,915	0	0	81,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	50,457	0	0	50,457	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	132,372	0	0	132,372	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	37,044	2.21	5,571	12,312	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,986	0.00	3,012	0	0	31.00
32.00	03200	CORONARY CARE UNIT	8,247	6.12	3,463	21,194	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	9,921	0.00	3,158	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,378	0.00	2,253	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	4,387	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	78,963		17,457	33,506	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
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm
----------------------------------------------------------------------------------	----------------------	---------------------------------------	-----------------------------------------------------------

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	31,458	0	0	31,458	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	138,600	0	0	138,600	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	62,915	0	0	62,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	15,691	0	0	15,691	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	248,664	0	0	248,664	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm
----------------------------------------------------------------------------------	----------------------	---------------------------------------	-----------------------------------------------------------

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	207,110,559	0.000000	0.000000	17,098,784	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	35,623,231	0.000000	0.000000	2,854,955	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	85,653,543	0.000000	0.000000	6,443,203	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	11,700,661	0.000000	0.000000	821,185	56.00
56.01	05601 ULTRA SOUND	0	13,755,511	0.000000	0.000000	339,691	56.01
57.00	05700 CT SCAN	0	46,469,352	0.000000	0.000000	4,728,672	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	31,458	38,739,041	0.000812	0.000812	5,837,505	59.00
60.00	06000 LABORATORY	0	91,537,082	0.000000	0.000000	13,163,010	60.00
60.01	06001 BLOOD LABORATORY	0	9,400,004	0.000000	0.000000	1,630,291	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	34,037,683	0.000000	0.000000	6,027,941	65.00
66.00	06600 PHYSICAL THERAPY	0	21,294,079	0.000000	0.000000	1,953,396	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 CARDIOLOGY	0	1,043,706	0.000000	0.000000	25,267	68.01
69.00	06900 ELECTROCARDIOLOGY	0	22,716,790	0.000000	0.000000	3,353,530	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,082,032	0.000000	0.000000	96,007	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,653,332	0.000000	0.000000	5,046,208	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,380,254	0.000000	0.000000	7,432,744	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	138,600	167,922,532	0.000825	0.000825	22,614,170	73.00
74.00	07400 RENAL DIALYSIS	0	4,726,434	0.000000	0.000000	1,902,698	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,785,189	0.000000	0.000000	961	90.00
90.01	09001 A. R. C. CLINIC	0	15,150,578	0.000000	0.000000	5,464	90.01
90.02	09002 CANCER CTR CLINIC	0	5,713,868	0.000000	0.000000	18,487	90.02
90.03	09003 UROLOGY CLINIC	0	634,697	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,681	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	593,289	0.000000	0.000000	1,081	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	720,850	0.000000	0.000000	1,132	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	62,915	104,494,095	0.000602	0.000602	7,984,428	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	15,691	22,590,203	0.000695	0.000695	2,660,692	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	248,664	1,043,648,276			112,041,502	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	18,595,822	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,394,307	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,017,899	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	2,430,004	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	1,097,651	0	0	0	56.01
57.00	05700 CT SCAN	0	5,478,905	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,740	6,586,670	5,348	0	0	59.00
60.00	06000 LABORATORY	0	5,492,255	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	150,666	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	968,001	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,327,318	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
68.01	06801 CARDIOLOGY	0	279,312	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,358,071	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	235,278	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,087,547	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,407,421	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,657	15,154,496	12,502	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	423,730	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	1,645,992	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	52,695	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	1,253,278	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	214,589	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	4,685	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	234,741	0	0	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	319,277	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	4,807	7,919,788	4,768	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,849	3,909,420	2,717	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (Lines 50-199)	30,053	102,039,818	25,335	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm
----------------------------------------------------------------------------------	----------------------	---------------------------------------------	--------------------------------------------------------------------

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
56.01	05601 ULTRA SOUND	0	0			56.01
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
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
68.01	06801 CARDIOLOGY	0	0			68.01
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 A. R. C. CLINIC	0	0			90.01
90.02	09002 CANCER CTR CLINIC	0	0			90.02
90.03	09003 UROLOGY CLINIC	0	0			90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0			90.04
90.05	09005 EYE CENTER	0	0			90.05
90.06	09006 WOUND CARE CLINIC	0	0			90.06
90.07	09007 EENT CLINIC	0	0			90.07
90.08	09008 O/P PHARMACY CLINIC	0	0			90.08
90.09	09010 O/P DENTISTRY	0	0			90.09
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	04040 FAMILY HEALTH CENTER	0	0			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:00 pm
------------------------------------------------------------------	--	----------------------	---------------------------------------------	-------------------------------------------------------------------

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.145790	18,595,822	0	0	2,711,085	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072476	3,394,307	0	0	246,006	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168260	13,017,899	0	0	2,190,392	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.314918	2,430,004	0	0	765,252	56.00
56.01	05601 ULTRA SOUND	0.114670	1,097,651	0	0	125,868	56.01
57.00	05700 CT SCAN	0.061284	5,478,905	0	0	335,769	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166195	6,586,670	0	0	1,094,672	59.00
60.00	06000 LABORATORY	0.119951	5,492,255	1,009	0	658,801	60.00
60.01	06001 BLOOD LABORATORY	0.127427	150,666	0	0	19,199	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.177283	968,001	0	0	171,610	65.00
66.00	06600 PHYSICAL THERAPY	0.332077	1,327,318	0	0	440,772	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
68.01	06801 RADIOLOGY	0.488752	279,312	0	0	136,514	68.01
69.00	06900 ELECTROCARDIOLOGY	0.126316	2,358,071	0	0	297,862	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129058	235,278	0	0	30,365	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	4,087,547	0	0	2,177,408	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270946	5,407,421	146,102	0	1,465,119	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.112531	15,154,496	1,338	155,353	1,705,351	73.00
74.00	07400 RENAL DIALYSIS	0.200642	423,730	0	0	85,018	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.161374	1,645,992	0	0	265,620	90.00
90.01	09001 A. R. C. CLINIC	0.179820	52,695	0	0	9,476	90.01
90.02	09002 CANCER CTR CLINIC	0.738159	1,253,278	0	0	925,118	90.02
90.03	09003 UROLOGY CLINIC	0.433867	214,589	0	0	93,103	90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 EYE CENTER	1.593603	4,685	0	0	7,466	90.05
90.06	09006 WOUND CARE CLINIC	0.079427	234,741	0	0	18,645	90.06
90.07	09007 DENT CLINIC	0.000000	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.259483	319,277	0	0	82,847	90.08
90.09	09010 O/P DENTISTRY	0.000000	0	0	0	0	90.09
91.00	09100 EMERGENCY	0.167783	7,919,788	0	0	1,328,806	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	3,909,420	0	0	1,635,850	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		102,039,818	148,449	155,353	19,023,994	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		102,039,818	148,449	155,353	19,023,994	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:00 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	121	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
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
68.01 06801 CARDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	39,586	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	151	17,482		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 A. R. C. CLINIC	0	0		90.01
90.02 09002 CANCER CTR CLINIC	0	0		90.02
90.03 09003 UROLOGY CLINIC	0	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	0	0		90.06
90.07 09007 EENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	0	0		90.08
90.09 09010 O/P DENTISTRY	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	39,858	17,482	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	39,858	17,482	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 1:00 pm	
		Component CCN: 14S182		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	2,062,231	207,110,559	0.009957	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	323,667	35,623,231	0.009086	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	851,968	85,653,543	0.009947	41,313	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	214,914	11,700,661	0.018368	5,090	56.00
56.01	05601	ULTRA SOUND	33,085	13,755,511	0.002405	8,730	56.01
57.00	05700	CT SCAN	112,763	46,469,352	0.002427	36,617	57.00
58.00	05800	MRI	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	648,833	38,739,041	0.016749	0	59.00
60.00	06000	LABORATORY	97,737	91,537,082	0.001068	881,689	60.00
60.01	06001	BLOOD LABORATORY	10,107	9,400,004	0.001075	398	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	300,662	34,037,683	0.008833	88,971	65.00
66.00	06600	PHYSICAL THERAPY	1,138,947	21,294,079	0.053487	4,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	68.00
68.01	06801	CARDIOLOGY	3,640	1,043,706	0.003488	0	68.01
69.00	06900	ELECTROCARDIOLOGY	269,683	22,716,790	0.011872	47,464	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,313	2,082,032	0.002072	7,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,880	43,653,332	0.001670	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,246	49,380,254	0.001139	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,615	167,922,532	0.000814	1,174,698	73.00
74.00	07400	RENAL DIALYSIS	42,880	4,726,434	0.009072	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	209,710	6,785,189	0.030907	0	90.00
90.01	09001	A. R. C. CLINIC	313,157	15,150,578	0.020670	0	90.01
90.02	09002	CANCER CTR CLINIC	719,478	5,713,868	0.125918	0	90.02
90.03	09003	UROLOGY CLINIC	3,444	634,697	0.005426	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	90.04
90.05	09005	EYE CENTER	1,427	119,681	0.011923	0	90.05
90.06	09006	WOUND CARE CLINIC	1,149	593,289	0.001937	0	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	12,384	720,850	0.017180	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0.000000	0	90.09
91.00	09100	EMERGENCY	1,200,745	104,494,095	0.011491	665,558	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,590,203	0.000000	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
200.00		Total (lines 50-199)	8,842,665	1,043,648,276		2,962,557	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm			
		Component CCN: 14S182	Title XVIII	Subprovider - IPF			
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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	31,458	0	31,458 59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	138,600	0	138,600 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	DENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	62,915	0	62,915 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	232,973	0	232,973 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm	
		Component CCN: 14S182		Title XVIII		Subprovider - IPF	
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	207,110,559	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	35,623,231	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	85,653,543	0.000000	0.000000	41,313	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	11,700,661	0.000000	0.000000	5,090	56.00
56.01	05601 ULTRA SOUND	0	13,755,511	0.000000	0.000000	8,730	56.01
57.00	05700 CT SCAN	0	46,469,352	0.000000	0.000000	36,617	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	31,458	38,739,041	0.000812	0.000812	0	59.00
60.00	06000 LABORATORY	0	91,537,082	0.000000	0.000000	881,689	60.00
60.01	06001 BLOOD LABORATORY	0	9,400,004	0.000000	0.000000	398	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	34,037,683	0.000000	0.000000	88,971	65.00
66.00	06600 PHYSICAL THERAPY	0	21,294,079	0.000000	0.000000	4,690	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 RADIOLOGY	0	1,043,706	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	22,716,790	0.000000	0.000000	47,464	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,082,032	0.000000	0.000000	7,339	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,653,332	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,380,254	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	138,600	167,922,532	0.000825	0.000825	1,174,698	73.00
74.00	07400 RENAL DIALYSIS	0	4,726,434	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,785,189	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	15,150,578	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	5,713,868	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	634,697	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,681	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	593,289	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	720,850	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	62,915	104,494,095	0.000602	0.000602	665,558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22,590,203	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	232,973	1,043,648,276			2,962,557	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm	
				Title XVIII		Subprovider - IPF	
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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	969	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	401	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	1,370	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm
Title XVII		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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
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
68.01	06801 CARDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 1:00 pm		
		Component CCN: 14T182		Title XVIII		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,062,231	207,110,559	0.009957	9,863	98	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	323,667	35,623,231	0.009086	2,712	25	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	851,968	85,653,543	0.009947	92,846	924	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	214,914	11,700,661	0.018368	0	0	56.00
56.01	05601	ULTRA SOUND	33,085	13,755,511	0.002405	2,477	6	56.01
57.00	05700	CT SCAN	112,763	46,469,352	0.002427	42,974	104	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	648,833	38,739,041	0.016749	12,404	208	59.00
60.00	06000	LABORATORY	97,737	91,537,082	0.001068	254,734	272	60.00
60.01	06001	BLOOD LABORATORY	10,107	9,400,004	0.001075	11,580	12	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	300,662	34,037,683	0.008833	149,242	1,318	65.00
66.00	06600	PHYSICAL THERAPY	1,138,947	21,294,079	0.053487	2,670,726	142,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
68.01	06801	CARDIOLOGY	3,640	1,043,706	0.003488	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	269,683	22,716,790	0.011872	21,733	258	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,313	2,082,032	0.002072	3,503	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	72,880	43,653,332	0.001670	162,596	272	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,246	49,380,254	0.001139	338	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	136,615	167,922,532	0.000814	1,406,176	1,145	73.00
74.00	07400	RENAL DIALYSIS	42,880	4,726,434	0.009072	230,604	2,092	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	209,710	6,785,189	0.030907	0	0	90.00
90.01	09001	A. R. C. CLINIC	313,157	15,150,578	0.020670	0	0	90.01
90.02	09002	CANCER CTR CLINIC	719,478	5,713,868	0.125918	0	0	90.02
90.03	09003	UROLOGY CLINIC	3,444	634,697	0.005426	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	EYE CENTER	1,427	119,681	0.011923	0	0	90.05
90.06	09006	WOUND CARE CLINIC	1,149	593,289	0.001937	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	12,384	720,850	0.017180	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0.000000	0	0	90.09
91.00	09100	EMERGENCY	1,200,745	104,494,095	0.011491	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	22,590,203	0.000000	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	8,842,665	1,043,648,276		5,074,508	149,590	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14T182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	31,458	0	31,458	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	138,600	0	138,600	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	DENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	62,915	0	62,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	232,973	0	232,973	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm	
		Component CCN: 14T182		Title XVIII		Subprovider - IRF	
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	207,110,559	0.000000	0.000000	9,863	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	35,623,231	0.000000	0.000000	2,712	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	85,653,543	0.000000	0.000000	92,846	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	11,700,661	0.000000	0.000000	0	56.00
56.01	05601 ULTRA SOUND	0	13,755,511	0.000000	0.000000	2,477	56.01
57.00	05700 CT SCAN	0	46,469,352	0.000000	0.000000	42,974	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	31,458	38,739,041	0.000812	0.000812	12,404	59.00
60.00	06000 LABORATORY	0	91,537,082	0.000000	0.000000	254,734	60.00
60.01	06001 BLOOD LABORATORY	0	9,400,004	0.000000	0.000000	11,580	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	34,037,683	0.000000	0.000000	149,242	65.00
66.00	06600 PHYSICAL THERAPY	0	21,294,079	0.000000	0.000000	2,670,726	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
68.01	06801 RADIOLOGY	0	1,043,706	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	22,716,790	0.000000	0.000000	21,733	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,082,032	0.000000	0.000000	3,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	43,653,332	0.000000	0.000000	162,596	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	49,380,254	0.000000	0.000000	338	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	138,600	167,922,532	0.000825	0.000825	1,406,176	73.00
74.00	07400 RENAL DIALYSIS	0	4,726,434	0.000000	0.000000	230,604	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,785,189	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	15,150,578	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	5,713,868	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	634,697	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,681	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	593,289	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	720,850	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	62,915	104,494,095	0.000602	0.000602	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	22,590,203	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	232,973	1,043,648,276			5,074,508	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14T182		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	10	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
68.01	06801 RADIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,160	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
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
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	1,170	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:00 pm
Title XVII I		Subprovider - IRF	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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
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
68.01	06801 CARDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:00 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.145790	0	14,198,866	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.072476	0	2,373,043	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.168260	0	5,829,707	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.314918	0	572,342	0	0
56.01 05601 ULTRA SOUND	0.114670	0	1,835,672	0	0
57.00 05700 CT SCAN	0.061284	0	3,357,780	0	0
58.00 05800 MRI	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.166195	0	756,455	0	0
60.00 06000 LABORATORY	0.119951	0	5,336,627	0	0
60.01 06001 BLOOD LABORATORY	0.127427	0	246,782	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.177283	0	618,080	0	0
66.00 06600 PHYSICAL THERAPY	0.332077	0	2,482,947	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01 06801 RADIOLOGY	0.488752	0	6,831	0	0
69.00 06900 ELECTROCARDIOLOGY	0.126316	0	1,704,636	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.129058	0	182,363	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	0	1,612,453	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.270946	0	936,301	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.112531	0	6,715,533	0	0
74.00 07400 RENAL DIALYSIS	0.200642	0	62,090	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.161374	0	13,315	0	0
90.01 09001 A. R. C. CLINIC	0.179820	0	6,739,849	0	0
90.02 09002 CANCER CTR CLINIC	0.738159	0	420,361	0	0
90.03 09003 UROLOGY CLINIC	0.433867	0	19,176	0	0
90.04 09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0
90.05 09005 EYE CENTER	1.593603	0	0	0	0
90.06 09006 WOUND CARE CLINIC	0.079427	0	59,612	0	0
90.07 09007 DENT CLINIC	0.000000	0	0	0	0
90.08 09008 O/P PHARMACY CLINIC	0.259483	0	61,523	0	0
90.09 09010 O/P DENTISTRY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.167783	0	15,113,696	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	0	3,077,155	0	0
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	74,333,195	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	74,333,195	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:00 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,070,053	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	171,989	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	980,906	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	180,241	0		56.00
56.01 05601 ULTRA SOUND	210,497	0		56.01
57.00 05700 CT SCAN	205,778	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	125,719	0		59.00
60.00 06000 LABORATORY	640,134	0		60.00
60.01 06001 BLOOD LABORATORY	31,447	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	109,575	0		65.00
66.00 06600 PHYSICAL THERAPY	824,530	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 RADIOLOGY	3,339	0		68.01
69.00 06900 ELECTROCARDIOLOGY	215,323	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	23,535	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	858,942	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	253,687	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	755,706	0		73.00
74.00 07400 RENAL DIALYSIS	12,458	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	2,149	0		90.00
90.01 09001 A. R. C. CLINIC	1,211,960	0		90.01
90.02 09002 CANCER CTR CLINIC	310,293	0		90.02
90.03 09003 UROLOGY CLINIC	8,320	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	4,735	0		90.06
90.07 09007 ENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	15,964	0		90.08
90.09 09010 O/P DENTISTRY	0	0		90.09
91.00 09100 EMERGENCY	2,535,821	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,287,599	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	13,050,700	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)	13,050,700	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 1:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,044	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,044	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)		29,949	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)		5,571	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)		49,353,247	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)		49,353,247	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)		49,353,247	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,332.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,422,188	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)		7,422,188	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 1:00 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	30,738,385	13,986	2,197.80	3,012	6,619,774	43.00
44.00	CORONARY CARE UNIT	11,814,845	8,247	1,432.62	3,463	4,961,163	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,390,384	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,393,509	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)					1,720,796	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					885,882	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,606,678	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					35,786,831	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)					7,095	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,332.29	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,452,598	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:00 pm	
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	4,874,202	49,353,247	0.098762	9,452,598	933,557	90.00
91.00	Nursing School cost	0	49,353,247	0.000000	9,452,598	0	91.00
92.00	Allied health cost	81,915	49,353,247	0.001660	9,452,598	15,691	92.00
93.00	All other Medical Education	0	49,353,247	0.000000	9,452,598	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14S182		Date/Time Prepared: 5/28/2015 1:00 pm
		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)		9,921	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,921	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)		9,921	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)		3,158	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)		9,333,570	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)		9,333,570	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)		9,333,570	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)		940.79	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,971,015	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)		2,971,015	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14S182				Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					385,740		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,356,755		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)					400,877		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,145		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					414,022		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,942,733		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: 140182 Component CCN: 14S182		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,259,398	9,333,570	0.134932	0	0	90.00
91.00	Nursing School cost	0	9,333,570	0.000000	0	0	91.00
92.00	Allied health cost	0	9,333,570	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,333,570	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 14T182		Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,378	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)		5,378	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)		2,253	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,260,987	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,260,987	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,260,987	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)		978.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,203,975	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)		2,203,975	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,262,023		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,465,998		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)					79,441		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					150,760		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					230,201		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,235,797		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: 140182 Component CCN: 14T182		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	189,643	5,260,987	0.036047	0	0	90.00
91.00	Nursing School cost	0	5,260,987	0.000000	0	0	91.00
92.00	Allied health cost	0	5,260,987	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,260,987	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		16,277,719	30.00
31.00	03100	INTENSIVE CARE UNIT		16,530,225	31.00
32.00	03200	CORONARY CARE UNIT		14,648,568	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145790	17,098,784	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072476	2,854,955	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168260	6,443,203	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.314918	821,185	56.00
56.01	05601	ULTRA SOUND	0.114670	339,691	56.01
57.00	05700	CT SCAN	0.061284	4,728,672	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166195	5,837,505	59.00
60.00	06000	LABORATORY	0.119951	13,163,010	60.00
60.01	06001	BLOOD LABORATORY	0.127427	1,630,291	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177283	6,027,941	65.00
66.00	06600	PHYSICAL THERAPY	0.332077	1,953,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.488752	25,267	68.01
69.00	06900	ELECTROCARDIOLOGY	0.126316	3,353,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129058	96,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	5,046,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270946	7,432,744	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112531	22,614,170	73.00
74.00	07400	RENAL DIALYSIS	0.200642	1,902,698	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.161374	961	90.00
90.01	09001	A. R. C. CLINIC	0.179820	5,464	90.01
90.02	09002	CANCER CTR CLINIC	0.738159	18,487	90.02
90.03	09003	UROLOGY CLINIC	0.433867	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.593603	0	90.05
90.06	09006	WOUND CARE CLINIC	0.079427	1,081	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.259483	1,132	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.167783	7,984,428	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	2,660,692	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		112,041,502	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)		112,041,502	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/28/2015 1:00 pm	
		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
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		5,204,815		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.145790	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.072476	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168260	41,313	6,951	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.314918	5,090	1,603	56.00
56.01	05601 ULTRA SOUND	0.114670	8,730	1,001	56.01
57.00	05700 CT SCAN	0.061284	36,617	2,244	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.166195	0	0	59.00
60.00	06000 LABORATORY	0.119951	881,689	105,759	60.00
60.01	06001 BLOOD LABORATORY	0.127427	398	51	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.177283	88,971	15,773	65.00
66.00	06600 PHYSICAL THERAPY	0.332077	4,690	1,557	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
68.01	06801 CARDIOLOGY	0.488752	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.126316	47,464	5,995	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.129058	7,339	947	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270946	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.112531	1,174,698	132,190	73.00
74.00	07400 RENAL DIALYSIS	0.200642	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03950 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.161374	0	0	90.00
90.01	09001 A.R.C. CLINIC	0.179820	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0.738159	0	0	90.02
90.03	09003 UROLOGY CLINIC	0.433867	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000	0	0	90.04
90.05	09005 EYE CENTER	1.593603	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0.079427	0	0	90.06
90.07	09007 DENT CLINIC	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0.259483	0	0	90.08
90.09	09010 O/P DENTISTRY	0.000000	0	0	90.09
91.00	09100 EMERGENCY	0.167783	665,558	111,669	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		2,962,557	385,740	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		2,962,557		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,938,207	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145790	9,863	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072476	2,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168260	92,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.314918	0	56.00
56.01	05601	ULTRA SOUND	0.114670	2,477	56.01
57.00	05700	CT SCAN	0.061284	42,974	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166195	12,404	59.00
60.00	06000	LABORATORY	0.119951	254,734	60.00
60.01	06001	BLOOD LABORATORY	0.127427	11,580	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177283	149,242	65.00
66.00	06600	PHYSICAL THERAPY	0.332077	2,670,726	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.488752	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.126316	21,733	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129058	3,503	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	162,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270946	338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112531	1,406,176	73.00
74.00	07400	RENAL DIALYSIS	0.200642	230,604	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.161374	0	90.00
90.01	09001	A.R.C. CLINIC	0.179820	0	90.01
90.02	09002	CANCER CTR CLINIC	0.738159	0	90.02
90.03	09003	UROLOGY CLINIC	0.433867	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.593603	0	90.05
90.06	09006	WOUND CARE CLINIC	0.079427	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.259483	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.167783	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		5,074,508	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,074,508	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:00 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		35,587,279	30.00
31.00	03100	INTENSIVE CARE UNIT		43,338,170	31.00
32.00	03200	CORONARY CARE UNIT		3,647,567	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		4,086,308	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145790	8,776,001	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072476	2,700,780	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168260	3,821,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.314918	237,992	56.00
56.01	05601	ULTRA SOUND	0.114670	784,452	56.01
57.00	05700	CT SCAN	0.061284	2,553,499	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166195	1,240,112	59.00
60.00	06000	LABORATORY	0.119951	13,596,818	60.00
60.01	06001	BLOOD LABORATORY	0.127427	2,523,386	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177283	15,026,359	65.00
66.00	06600	PHYSICAL THERAPY	0.332077	625,036	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.488752	7,425	68.01
69.00	06900	ELECTROCARDIOLOGY	0.126316	1,439,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129058	56,340	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	4,591,734	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270946	2,783,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112531	23,110,211	73.00
74.00	07400	RENAL DIALYSIS	0.200642	360,735	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.161374	0	90.00
90.01	09001	A. R. C. CLINIC	0.179820	340,351	90.01
90.02	09002	CANCER CTR CLINIC	0.738159	0	90.02
90.03	09003	UROLOGY CLINIC	0.433867	1,616	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.593603	0	90.05
90.06	09006	WOUND CARE CLINIC	0.079427	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.259483	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.167783	4,872,628	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	832,589	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		90,282,535	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)		90,282,535	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XIX	Subprovider - IPF	Cost	
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
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		7,921,948	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145790	2,172	317 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.072476	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168260	56,226	9,461 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.314918	9,718	3,060 56.00
56.01	05601	ULTRA SOUND	0.114670	10,113	1,160 56.01
57.00	05700	CT SCAN	0.061284	19,862	1,217 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166195	0	0 59.00
60.00	06000	LABORATORY	0.119951	1,032,196	123,813 60.00
60.01	06001	BLOOD LABORATORY	0.127427	1,351	172 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.177283	47,531	8,426 65.00
66.00	06600	PHYSICAL THERAPY	0.332077	448	149 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.488752	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.126316	52,425	6,622 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129058	1,999	258 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	195	104 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270946	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112531	902,438	101,552 73.00
74.00	07400	RENAL DIALYSIS	0.200642	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.161374	0	0 90.00
90.01	09001	A.R.C. CLINIC	0.179820	2,170	390 90.01
90.02	09002	CANCER CTR CLINIC	0.738159	0	0 90.02
90.03	09003	UROLOGY CLINIC	0.433867	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	1.593603	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.079427	0	0 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.259483	0	0 90.08
90.09	09010	O/P DENTISTRY	0.000000	0	0 90.09
91.00	09100	EMERGENCY	0.167783	847,701	142,230 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	0	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		2,986,545	398,931 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		2,986,545	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XIX	Subprovider - IRF	Cost	
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
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		701,872	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145790	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.072476	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168260	35,680	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.314918	0	56.00
56.01	05601	ULTRA SOUND	0.114670	0	56.01
57.00	05700	CT SCAN	0.061284	9,428	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.166195	0	59.00
60.00	06000	LABORATORY	0.119951	35,527	60.00
60.01	06001	BLOOD LABORATORY	0.127427	4,618	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.177283	3,467	65.00
66.00	06600	PHYSICAL THERAPY	0.332077	353,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.488752	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.126316	404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.129058	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.532693	4,615	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270946	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.112531	218,172	73.00
74.00	07400	RENAL DIALYSIS	0.200642	31,546	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.161374	0	90.00
90.01	09001	A.R.C. CLINIC	0.179820	0	90.01
90.02	09002	CANCER CTR CLINIC	0.738159	0	90.02
90.03	09003	UROLOGY CLINIC	0.433867	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.593603	0	90.05
90.06	09006	WOUND CARE CLINIC	0.079427	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.259483	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.167783	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.418438	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		697,146	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)		697,146	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,900,565	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)		1,381,908	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		6,194,633	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		249.00	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)		222.34	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)		14.84	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).		-53.73	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)		153.77	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		167.22	10.00
11.00	FTE count for residents in dental and podiatric programs.		13.05	11.00
12.00	Current year allowable FTE (see instructions)		166.82	12.00
13.00	Total allowable FTE count for the prior year.		167.34	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.		182.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		172.11	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		172.11	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.691205	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.659728	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.659728	21.00
22.00	IME payment adjustment (see instructions)		8,946,221	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)		13.45	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)		8,946,221	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)		9.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)		32.10	31.00
32.00	Sum of lines 30 and 31		41.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.32	33.00
34.00	Disproportionate share adjustment (see instructions)		1,335,103	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,652,557,371	35.00
35.01	Factor 3 (see instructions)		0.000672500	0.000642353	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		6,083,689	4,912,486	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		4,550,265	1,238,217	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		5,788,482		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		40,352,279		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)		40,352,279		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,360,555		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).		4,313,650		52.00
53.00	Nursing and Allied Health Managed Care payment		6,928		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		33,506		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		30,053		58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,096,971		59.00
60.00	Primary payer payments		7,568		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,089,403		61.00
62.00	Deductibles billed to program beneficiaries		2,301,152		62.00
63.00	Coinurance billed to program beneficiaries		74,440		63.00
64.00	Allowable bad debts (see instructions)		1,181,708		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		768,110		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		971,057		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,481,921		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)		-10,063		70.93
70.94	HRR adjustment amount (see instructions)		-189,576		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		91,642		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		46,190,640		71.00
71.01	Sequestration adjustment (see instructions)		923,813		71.01
72.00	Interim payments		43,699,450		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)		1,567,377		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		550,729		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/28/2015 1:00 pm	
		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)	9.25	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	32.10	0.00			32.10	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	41.35	0.00			32.10	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)	249.00	0.00			249.00	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	23.32	0.00			15.70	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 greater 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)	9.25	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")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	6.54	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)	13,619	0			13,619	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	3,978	0			3,978	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	6	0			6	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	465	0			465	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	543	0			543	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	18,611	0			18,611	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	56,569	0			56,569	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,416	0			1,416	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)	57,985	0			57,985	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	32.10	0.00			32.10	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140182		Period: From 01/01/2014 To 12/31/2014		Worksheet DSH Date/Time Prepared: 5/28/2015 1:00 pm	
		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	23.33		0.00	True	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	False	29.00
30.00	Line 28 or 29 as applicable		23.33		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.		23.33		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 amendment? (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 Community 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: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet DSH Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	15.70	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	15.70	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.	15.70	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		57,340	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,998,659	2.00
3.00	PPS payments		17,331,738	3.00
4.00	Outlier payment (see instructions)		97,150	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		16,319,848	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		25,335	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		57,340	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		303,802	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)		303,802	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		303,802	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		246,462	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)		57,340	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)		17,454,223	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)		3,610,907	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)		13,900,656	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,820,673	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)		15,721,329	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		15,721,329	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)		1,401,124	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		910,731	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,243,363	36.00
37.00	Subtotal (see instructions)		16,632,060	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)		16,632,060	40.00
40.01	Sequestration adjustment (see instructions)		332,641	40.01
41.00	Interim payments		16,128,584	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		170,835	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: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:00 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		43,842,682		15,969,183	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	09/01/2014	124,917	09/01/2014	211,660	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	12/10/2014	268,149	12/10/2014	52,259	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)		-143,232		159,401	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)		43,699,450		16,128,584	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,567,377		170,835	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		45,266,827		16,299,419	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: 140182
Component CCN: 14S182

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:00 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,307,050		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)		2,307,050		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		90,135		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,397,185		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: 140182
Component CCN: 14T182

Period:
From 01/01/2014
To 12/31/2014

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:00 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,081,206		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,081,206		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		4,168		0	6.02
7.00	Total Medicare program liability (see instructions)		3,077,038		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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			12,408 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			12,046 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,312 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			52,182 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,324,298,631 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			26,334,398 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)			319,204 8.00
9.00	Sequestration adjustment amount (see instructions)			6,384 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			312,820 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			370,831 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)			-58,011 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/28/2015 1:00 pm
		Component CCN: 14S182	Title XVII I	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)		2,585,552	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		1.00	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 instructions)		0.38	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 instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.38	8.00
9.00	Average Daily Census (see instructions)		27.180822	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.007175	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		18,551	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,604,103	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)		2,604,103	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,604,103	18.00
19.00	Deductibles		218,656	19.00
20.00	Subtotal (line 18 minus line 19)		2,385,447	20.00
21.00	Coinsurance		81,744	21.00
22.00	Subtotal (line 20 minus line 21)		2,303,703	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		216,976	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		141,034	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		196,075	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,444,737	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)		1,370	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)		2,446,107	31.00
31.01	Sequestration adjustment (see instructions)		48,922	31.01
32.00	Interim payments		2,307,050	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)		90,135	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		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 1:00 pm
		Component CCN: 14T182	Title VIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		2,894,125	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0654	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		164,965	3.00
4.00	Outlier Payments		117,543	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.93	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		14.734247	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,176,633	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,176,633	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,176,633	19.00
20.00	Deductibles		13,344	20.00
21.00	Subtotal (line 19 minus line 20)		3,163,289	21.00
22.00	Coinsurance		24,624	22.00
23.00	Subtotal (line 21 minus line 22)		3,138,665	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,138,665	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		1,170	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,139,835	32.00
32.01	Sequestration adjustment (see instructions)		62,797	32.01
33.00	Interim payments		3,081,206	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-4,168	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		392,173	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		117,543	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/28/2015 1:00 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			217.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.62	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-63.37	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			142.61	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			168.04	6.00
7.00	Enter the lesser of line 5 or line 6			142.61	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	88.30	70.70	159.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	74.94	60.00	134.94	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		11.80		10.00
11.00	Total weighted FTE count	74.94	71.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	72.45	84.42		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	86.95	89.24		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	78.11	81.82		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	78.11	81.82		17.00
18.00	Per resident amount	130,462.23	123,598.72		18.00
19.00	Approved amount for resident costs	10,190,405	10,112,847	20,303,252	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			25.43	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			20,303,252	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	17,457	3,912		26.00
27.00	Total Inpatient Days (see instructions)	68,897	68,897		27.00
28.00	Ratio of inpatient days to total inpatient days	0.253378	0.056780		28.00
29.00	Program direct GME amount	5,144,397	1,152,819		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		162,893		30.00
31.00	Net Program direct GME amount			6,134,323	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		4,726,434	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		45,216,262	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		7,568	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,208,694	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		19,081,334	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,081,334	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		64,290,028	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.703199	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.296801	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		6,134,323	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,313,650	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,820,673	50.00

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

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet G

Date/Time Prepared:
5/28/2015 1:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,984,000	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	54,342,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	19,878,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	13,097,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	99,301,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	41,430,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	244,917,000	0	0	0	15.00
16.00	Accumulated depreciation	-118,819,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	65,586,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	233,114,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	87,778,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	89,255,000	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)	177,033,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	509,448,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	23,221,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	24,461,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	15,969,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	35,209,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	98,860,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,658,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,658,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	102,518,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	406,930,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	406,930,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	509,448,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-1

Date/Time Prepared:
5/28/2015 1:00 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		341,074,393		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,855,607			2.00
3.00	Total (sum of line 1 and line 2)		406,930,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		406,930,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		406,930,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 1:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	119,058,357		119,058,357	1.00
2.00	SUBPROVIDER - IPF	16,211,819		16,211,819	2.00
3.00	SUBPROVIDER - IRF	12,340,417		12,340,417	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	147,610,593		147,610,593	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	94,674,323		94,674,323	11.00
12.00	CORONARY CARE UNIT	38,365,439		38,365,439	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	133,039,762		133,039,762	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	280,650,355		280,650,355	17.00
18.00	Ancillary services	455,238,919	587,720,726	1,042,959,645	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				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)	735,889,274	587,720,726	1,323,610,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		344,506,393		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		344,506,393		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140182

Period:
From 01/01/2014
To 12/31/2014

Worksheet G-3

Date/Time Prepared:
5/28/2015 1:00 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,323,610,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	924,003,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	399,607,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	344,506,393	4.00
5.00	Net income from service to patients (line 3 minus line 4)	55,100,607	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	10,755,000	24.00
25.00	Total other income (sum of lines 6-24)	10,755,000	25.00
26.00	Total (line 5 plus line 25)	65,855,607	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	65,855,607	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140182	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,827,444	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		657,217	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)		146.84	3.00
4.00	Number of interns & residents (see instructions)		172.11	4.00
5.00	Indirect medical education percentage (see instructions)		39.20	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		716,358	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.25	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		32.10	8.00
9.00	Sum of lines 7 and 8		41.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.73	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		159,536	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,360,555	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