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: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet S Parts I-III Date/Time Prepared: 9/30/2014 4:28 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 9/30/2014 Time: 4:28 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MARION MEMORIAL HOSPITAL (140184) for the cost reporting period beginning 05/01/2013 and ending 04/30/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-149,462	-671	-110,368	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
200.00	Total	0	-149,462	-671	-110,368	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 917 WEST MAIN ST	PO Box:			1.00
2.00	City: MARION	State: IL	Zip Code: 62959	County: WILLIAMSON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	MARION MEMORIAL HOSPITAL	140184	99914	1	07/01/1996	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	MARION MEMORIAL HOSPITAL	14U184	99914		03/23/1999	N	P	N	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
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)	05/01/2013	04/30/2014	20.00
21.00	Type of Control (see instructions)	4		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,142	1,516	2	6	42	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 9/30/2014 2:49 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	2		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.	2		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.	1		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.	05/01/2013	04/30/2014	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

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

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 9/30/2014 2:49 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 9/30/2014 2:49 pm

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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		V	XIX	
		1.00	2.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	121,963	1,148,517	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 9/30/2014 2:49 pm

		1.00	2.00	
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: CHS/COMMUNITY HEALTH SYSTEMS, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES	Contractor's Number: 52280	141.00
142.00	Street: 4000 MERIDIAN BLVD.	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

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

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

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

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

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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/22/2012	01/19/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 9/30/2014 2:49 pm

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

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	07/26/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 9/30/2014 2:49 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	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.				N	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.	Y	12/31/2012	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RACHAEL	DEEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-2780	RACHAEL_DEEN@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 9/30/2014 2:49 pm

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	07/26/2013			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.		REVENUE MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	80	29,200	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)		80	29,200	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	18	6,570	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		98	35,770	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		98				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 9/30/2014 2:49 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,214	2,699	12,613			1.00
2.00	HMO and other (see instructions)	509	547				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,214	2,699	12,613			7.00
8.00	INTENSIVE CARE UNIT	1,715	371	3,258			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		1,091	1,467			13.00
14.00	Total (see instructions)	7,929	4,161	17,338	0.00	453.07	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	453.07	27.00
28.00	Observation Bed Days		0	54			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,810	1,262	4,645	1.00
2.00	HMO and other (see instructions)			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	1,810	1,262	4,645	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 9/30/2014 2:49 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	23,458,663	0	23,458,663	942,425.00	24.89	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		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		111,170	15,179	126,349	1,707.00	74.02	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		975,817	0	975,817	28,722.00	33.97	11.00
12.00	Contract management and administrative services		92,130	0	92,130	2,501.00	36.84	12.00
13.00	Contract labor: Physician-Part A - Administrative		48,152	0	48,152	2,743.00	17.55	13.00
14.00	Home office salaries & wage-related costs		2,092,741	0	2,092,741	32,536.00	64.32	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,028,250	0	6,028,250			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		14,054	0	14,054			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	169,958	0	169,958	5,581.00	30.45	26.00
27.00	Administrative & General	5.00	2,909,436	775,834	3,685,270	144,339.00	25.53	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	972.50	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	358,676	0	358,676	15,187.00	23.62	30.00
31.00	Laundry & Linen Service	8.00	43,861	0	43,861	3,458.00	12.68	31.00
32.00	Housekeeping	9.00	817,140	0	817,140	69,237.00	11.80	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	712,819	-253,083	459,736	35,346.00	13.01	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	253,083	253,083	19,458.00	13.01	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,479,698	-848,930	630,768	14,714.00	42.87	38.00
39.00	Central Services and Supply	14.00	125,828	0	125,828	10,650.00	11.81	39.00
40.00	Pharmacy	15.00	968,700	0	968,700	24,246.00	39.95	40.00
41.00	Medical Records & Medical Records Library	16.00	389,029	0	389,029	24,713.00	15.74	41.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 9/30/2014 2:49 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	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part III Date/Time Prepared: 9/30/2014 2:49 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		23,458,663	0	23,458,663	943,397.50	24.87	1.00
2.00	Excluded area salaries (see instructions)		111,170	15,179	126,349	1,707.00	74.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)		23,347,493	-15,179	23,332,314	941,690.50	24.78	3.00
4.00	Subtotal other wages & related costs (see inst.)		3,208,840	0	3,208,840	66,502.00	48.25	4.00
5.00	Subtotal wage-related costs (see inst.)		6,028,250	0	6,028,250	0.00	25.84	5.00
6.00	Total (sum of lines 3 thru 5)		32,584,583	-15,179	32,569,404	1,008,192.50	32.30	6.00
7.00	Total overhead cost (see instructions)		7,975,145	-73,096	7,902,049	367,901.50	21.48	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part IV Date/Time Prepared: 9/30/2014 2:49 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	365,773	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	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)	2,933,415	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	38,648	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	17,622	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)	9,918	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	676,728	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	1,356,029	17.00
18.00	Medicare Taxes - Employers Portion Only	317,136	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	272,529	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,987,798	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS	54,507	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 9/30/2014 2:49 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet S-10 | Date/Time Prepared: 9/30/2014 2:49 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.123683	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	11,404,495	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	4,107,355	5.00
6.00	Medicaid charges	97,241,574	6.00
7.00	Medicaid cost (line 1 times line 6)	12,027,130	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	0	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	9,777	9.00
10.00	Stand-alone SCHIP charges	241,908	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	29,920	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	20,143	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	26,774	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	20,143	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,252,702	280,943	5,533,645	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	649,670	34,748	684,418	21.00
22.00	Partial payment by patients approved for charity care	2,353	500	2,853	22.00
23.00	Cost of charity care (line 21 minus line 22)	647,317	34,248	681,565	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	9,366,442	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	396,426	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	8,970,016	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,109,438	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,791,003	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	1,811,146	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,125,809	1,125,809	103,121	1,228,930	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,904,209	3,904,209	1,816,711	5,720,920	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,958	180,715	350,673	4,096,320	4,446,993	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,909,436	23,512,702	26,422,138	-4,746,275	21,675,863	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	358,676	1,884,690	2,243,366	0	2,243,366	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,861	296,015	339,876	0	339,876	8.00
9.00	00900	HOUSEKEEPING	817,140	190,801	1,007,941	0	1,007,941	9.00
10.00	01000	DIETARY	712,819	752,990	1,465,809	-519,819	945,990	10.00
11.00	01100	CAFETERIA	0	0	0	519,819	519,819	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,479,698	275,411	1,755,109	-1,010,360	744,749	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	125,828	5,387,654	5,513,482	-5,109,447	404,035	14.00
15.00	01500	PHARMACY	968,700	4,181,871	5,150,571	-4,103,795	1,046,776	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	389,029	718,791	1,107,820	0	1,107,820	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,678,301	1,917,521	5,595,822	-363,241	5,232,581	30.00
31.00	03100	INTENSIVE CARE UNIT	1,986,460	389,339	2,375,799	-4,826	2,370,973	31.00
43.00	04300	NURSERY	303,659	103,372	407,031	88,444	495,475	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,414,051	3,412,697	4,826,748	128,647	4,955,395	50.00
51.00	05100	RECOVERY ROOM	283,344	41,435	324,779	-324,779	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	848,484	91,318	939,802	261,863	1,201,665	52.00
53.00	05300	ANESTHESIOLOGY	0	4,420,641	4,420,641	-16,484	4,404,157	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,634,700	1,451,327	3,086,027	881,685	3,967,712	54.00
54.01	05401	ULTRASOUND	160,592	72,286	232,878	-286,565	-53,687	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	155,642	252,385	408,027	-408,027	0	56.00
57.00	05700	CT SCAN	215,898	61,790	277,688	-277,689	-1	57.00
58.00	05800	MRI	57,041	6,351	63,392	-63,392	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,030,265	2,156,962	3,187,227	-783,095	2,404,132	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	730,580	730,580	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	441,569	204,049	645,618	-80,367	565,251	65.00
66.00	06600	PHYSICAL THERAPY	568,972	73,462	642,434	139,550	781,984	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,515	5,322	69,837	-69,838	-1	67.00
68.00	06800	SPEECH PATHOLOGY	68,886	5,376	74,262	-74,262	0	68.00
69.00	06900	ELECTROCARDIOLOGY	865,185	1,773,701	2,638,886	-513,857	2,125,029	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,589,371	1,589,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,968,704	3,968,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,957,200	3,957,200	73.00
74.00	07400	RENAL DIALYSIS	0	337,927	337,927	0	337,927	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	219,453	219,453	0	219,453	76.01
76.03	03023	WOUND CARE	196,910	123,128	320,038	-21,861	298,177	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	1,397,874	2,906,911	4,304,785	112,334	4,417,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	57,917	54,775	112,692	-112,334	358	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	-614	-614	614	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,405,410	62,492,572	85,897,982	-495,350	85,402,632	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	53,253	21,070	74,323	0	74,323	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	0	500,646	500,646	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	-5,296	-5,296	194.02
200.00		TOTAL (SUM OF LINES 118-199)	23,458,663	62,513,642	85,972,305	0	85,972,305	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A | Date/Time Prepared: 9/30/2014 2:49 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	609,912	1,838,842		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-640,420	5,080,500		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,491	4,444,502		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,394,098	10,281,765		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	-5,469	2,237,897		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	339,876		8.00
9.00	00900	HOUSEKEEPING	0	1,007,941		9.00
10.00	01000	DIETARY	0	945,990		10.00
11.00	01100	CAFETERIA	-420,363	99,456		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	-22,556	722,193		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	404,035		14.00
15.00	01500	PHARMACY	0	1,046,776		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,359	1,104,461		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-737,525	4,495,056		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,370,973		31.00
43.00	04300	NURSERY	0	495,475		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,615,068	3,340,327		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,201,665		52.00
53.00	05300	ANESTHESIOLOGY	-4,351,922	52,235		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-574,513	3,393,199		54.00
54.01	05401	ULTRASOUND	0	-53,687		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	-1		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	-6,430	2,397,702		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	730,580		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	565,251		65.00
66.00	06600	PHYSICAL THERAPY	0	781,984		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	-1		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-313,643	1,811,386		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,589,371		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,968,704		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,666	3,955,534		73.00
74.00	07400	RENAL DIALYSIS	0	337,927		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	-212,156	7,297		76.01
76.03	03023	WOUND CARE	0	298,177		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	-2,364,188	2,052,931		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	358		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-22,055,955	63,346,677		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	74,323		193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0		194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	500,646		194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	-5,296		194.02
200.00		TOTAL (SUM OF LINES 118-199)	-22,055,955	63,916,350		200.00

RECLASSIFICATIONS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-6 | Date/Time Prepared: 9/30/2014 2:49 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,096,320	1.00
	TOTALS		0	4,096,320	
	B - OXYGEN COSTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	51,819	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	51,819	
	C - RENTAL AND LEASES				
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,809,984	1.00
2.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	614	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
	TOTALS		0	1,810,598	
	D - OTHER CAPITAL COSTS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	86,300	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	16,821	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,727	3.00
	TOTALS		0	109,848	
	E - MARKETING DEPARTMENT				
1.00	OTHER NONREIMBURSABLE MARKETING	194.01	73,096	427,550	1.00
2.00		0.00	0	0	2.00
	TOTALS		73,096	427,550	
	F - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,537,552	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,968,704	2.00
3.00	OPERATING ROOM	50.00	0	31,926	3.00
	TOTALS		0	5,538,182	
	G - DRUGS/IV SOLUTIONS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,957,200	1.00
	TOTALS		0	3,957,200	
	H - LABOR AND DELIVERY COSTS				
1.00	NURSERY	43.00	73,863	14,581	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	129,606	132,257	2.00
	TOTALS		203,469	146,838	
	I - PT, OT, SP COSTS				
1.00	PHYSICAL THERAPY	66.00	133,401	10,699	1.00
2.00		0.00	0	0	2.00
	TOTALS		133,401	10,699	
	J - NURSING ADMIN COSTS				
1.00	ADMINISTRATIVE & GENERAL	5.00	848,930	161,430	1.00
	TOTALS		848,930	161,430	
	K - MISCELLANEOUS DEPARTMENTS				
1.00	OPERATING ROOM	50.00	283,344	38,600	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	8,111	722,469	2.00
3.00	EMERGENCY	91.00	57,917	54,417	3.00
	TOTALS		349,372	815,486	
	L - OTHER RADIOLOGY COSTS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	646,016	415,700	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
	TOTALS		646,016	415,700	
	M - PORTION OF DIETARY COST TO CAFETERIA				
1.00	CAFETERIA	11.00	253,083	266,736	1.00
	TOTALS		253,083	266,736	
500.00	Grand Total: Increases		2,507,367	17,808,406	500.00

RECLASSIFICATIONS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-6 | Date/Time Prepared: 9/30/2014 2:49 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,096,320	0		1.00
	TOTALS		0	4,096,320			
	B - OXYGEN COSTS						
1.00	ELECTROCARDIOLOGY	69.00	0	470	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	40,838	0		2.00
3.00	WOUND CARE	76.03	0	10,511	0		3.00
	TOTALS		0	51,819			
	C - RENTAL AND LEASES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,055,117	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,050	0		2.00
3.00	PHARMACY	15.00	0	146,595	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	12,934	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	4,826	0		5.00
6.00	OPERATING ROOM	50.00	0	225,223	0		6.00
7.00	RECOVERY ROOM	51.00	0	2,835	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	16,484	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	180,031	0		9.00
10.00	ULTRASOUND	54.01	0	53,688	0		10.00
11.00	LABORATORY	60.00	0	52,515	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	39,529	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	4,550	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	2,871	0		14.00
15.00	WOUND CARE	76.03	0	11,350	0		15.00
	TOTALS		0	1,810,598			
	D - OTHER CAPITAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	109,848	10		1.00
2.00		0.00	0	0	10		2.00
3.00		0.00	0	0	10		3.00
	TOTALS		0	109,848			
	E - MARKETING DEPARTMENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	73,096	422,254	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	5,296	0		2.00
	TOTALS		73,096	427,550			
	F - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,107,397	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	430,785	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	5,538,182			
	G - DRUGS/IV SOLUTIONS						
1.00	PHARMACY	15.00	0	3,957,200	0		1.00
	TOTALS		0	3,957,200			
	H - LABOR AND DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	203,469	146,838	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		203,469	146,838			
	I - PT, OT, SP COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	64,515	5,323	0		1.00
2.00	SPEECH PATHOLOGY	68.00	68,886	5,376	0		2.00
	TOTALS		133,401	10,699			
	J - NURSING ADMIN COSTS						
1.00	NURSING ADMINISTRATION	13.00	848,930	161,430	0		1.00
	TOTALS		848,930	161,430			
	K - MISCELLANEOUS DEPARTMENTS						
1.00	RECOVERY ROOM	51.00	283,344	38,600	0		1.00
2.00	LABORATORY	60.00	8,111	722,469	0		2.00
3.00	AMBULANCE SERVICES	95.00	57,917	54,417	0		3.00
	TOTALS		349,372	815,486			
	L - OTHER RADIOLOGY COSTS						
1.00	ULTRASOUND	54.01	160,592	72,285	0		1.00
2.00	RADIOISOTOPE	56.00	155,642	252,385	0		2.00
3.00	CT SCAN	57.00	215,899	61,790	0		3.00
4.00	MRI	58.00	57,041	6,351	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	56,842	22,889	0		5.00
	TOTALS		646,016	415,700			
	M - PORTION OF DIETARY COST TO CAFETERIA						
1.00	DIETARY	10.00	253,083	266,736	0		1.00
	TOTALS		253,083	266,736			
500.00	Grand Total: Decreases		2,507,367	17,808,406			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-7 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,393,860	0	0	0	0	1.00
2.00	Land Improvements	579,177	0	0	0	16,529	2.00
3.00	Buildings and Fixtures	46,957,319	9,548	0	9,548	0	3.00
4.00	Building Improvements	3,042,646	48,296	0	48,296	0	4.00
5.00	Fixed Equipment	2,181,278	420,828	0	420,828	319,857	5.00
6.00	Movable Equipment	24,858,909	1,886,266	0	1,886,266	2,101,914	6.00
7.00	HIT designated Assets	3,715,727	2,622,512	0	2,622,512	14,976	7.00
8.00	Subtotal (sum of lines 1-7)	82,728,916	4,987,450	0	4,987,450	2,453,276	8.00
9.00	Reconciling Items	-918	-675,387	0	-675,387	-310,595	9.00
10.00	Total (line 8 minus line 9)	82,729,834	5,662,837	0	5,662,837	2,763,871	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,393,860	0	1.00
2.00	Land Improvements	562,648	0	2.00
3.00	Buildings and Fixtures	46,966,867	0	3.00
4.00	Building Improvements	3,090,942	0	4.00
5.00	Fixed Equipment	2,282,249	0	5.00
6.00	Movable Equipment	24,643,261	0	6.00
7.00	HIT designated Assets	6,323,263	0	7.00
8.00	Subtotal (sum of lines 1-7)	85,263,090	0	8.00
9.00	Reconciling Items	-365,710	0	9.00
10.00	Total (line 8 minus line 9)	85,628,800	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-7 Part II | Date/Time Prepared: 9/30/2014 2:49 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	1,125,809	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,904,209	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,030,018	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	1,125,809	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,904,209	2.00
3.00	Total (sum of lines 1-2)	0	5,030,018	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	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: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,489,058	84,553	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,126,053	1,816,711	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,615,111	1,901,264	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	265,231	0	0	0	1,838,842	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	137,736	0	0	0	5,080,500	2.00
3.00	Total (sum of lines 1-2)	402,967	0	0	0	6,919,342	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-8 | Date/Time Prepared: 9/30/2014 2:49 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)	B	-18,568	CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-40,707	ADMINISTRATIVE & GENERAL	5.00	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	-10,108,777			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	6,952,418			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-420,363	CAFETERIA	11.00	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	B	-1,666	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,359	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	267	NURSING ADMINISTRATION	13.00	0	19.00
20.00	Vending machines	B	-1,740	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	363,249	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-744,369	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS REVENUE	A	-9,401	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	EMPLOYEE GIFTS	A	-11,432	ADMINISTRATIVE & GENERAL	5.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-8 | Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	HOSPITAL BAD DEBT	A	-12,885,356	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	PATIENT PHONE BENEFIT EXPENSE	A	-2,491	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.03
33.04	PATIENT PHONE DEPRECIATION EXPENSE	A	-5,129	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.04
33.05	PATIENT TV DEPRECIATION EXPENSE	A	-28,658	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.05
33.06	MARKETING EXPENSES	A	-91,064	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	DUES	A	-1,350	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	PHYSICIAN RECRUITING	A	-292,178	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	LOBBYING EXPENSE	A	-44,155	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	CHARITABLE CONTRIBUTIONS	A	-1,250	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	GIFT SHOP	A	-241	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	ILLINOIS PROVIDER TAX	A	-4,555,121	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	CRNA COST	A	-97,468	ANESTHESIOLOGY	53.00	0	33.13
33.14	LEGAL COSTS	A	-46,652	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	PENALTIES/LATE CHARGES	A	64	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	STAFF RELATED EXPENSE	A	-2,161	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	POLITICAL CONTRIBUTIONS	A	-2,006	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	ADMINISTRATIVE & GENERAL	A	49,215	ADMINISTRATIVE & GENERAL	5.00	9	33.18
33.19	PATIENT TV CABLE EXPENSE	A	-5,469	OPERATION OF PLANT	7.00	0	33.19
33.21	PHOTO COMMISSION	A	-37	ADMINISTRATIVE & GENERAL	5.00	0	33.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,055,955				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: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 9/30/2014 2:49 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	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL RELAT INTEREST	194,554	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	457,659	0	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	38,033	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAP BLDG & FIXTURES	32,644	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVEABLE EQUIP	261,505	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL HOME OFFICE COST	1,987,377	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE	781,052	1,655,812	4.03
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT	39,749	163,518	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	-8,043,041	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	0	1,048,493	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	401K FEES	0	2,863	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	AUDIT FEES	0	55,710	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	MIS FEES	0	731,759	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	0	35,766	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	0	160,217	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	PURCHASE AND ANCILLARY	0	10,770	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM	0	90,715	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	PPSI FEES	0	20,841	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES	0	46,385	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE	0	25,688	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES	0	662,193	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	EBOS FEES	0	59,339	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	PASI LIEN COLLECTION FEES	0	113,127	4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,792,573	-3,159,845	5.00

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

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

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

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

6.00	B		0.00	CHS, INC	100.00	6.00
7.00	B		0.00	PASI	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 9/30/2014 2:49 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	194,554	11		1.00
2.00	457,659	0		2.00
3.00	38,033	11		3.00
4.00	32,644	11		4.00
4.01	261,505	11		4.01
4.02	1,987,377	0		4.02
4.03	-874,760	0		4.03
4.04	-123,769	11		4.04
4.05	8,043,041	0		4.05
4.06	-1,048,493	0		4.06
4.07	-2,863	0		4.07
4.08	-55,710	0		4.08
4.09	-731,759	0		4.09
4.10	-35,766	0		4.10
4.11	-160,217	0		4.11
4.12	-10,770	0		4.12
4.13	-90,715	0		4.13
4.14	-20,841	0		4.14
4.15	-46,385	0		4.15
4.16	-25,688	0		4.16
4.17	-662,193	0		4.17
4.18	-59,339	0		4.18
4.19	-113,127	0		4.19
5.00	6,952,418			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	HOSPITAL CORPOR		6.00
7.00	COLLECTION AGEN		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: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 9/30/2014 2:49 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	737,525	737,525	0	142,500	0	1.00
2.00	50.00	OPERATING ROOM	1,615,068	1,615,068	0	182,900	0	2.00
3.00	53.00	ANESTHESIOLOGY	4,254,454	4,254,454	0	167,500	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	574,513	574,513	0	217,600	0	4.00
5.00	60.00	LABORATORY	6,430	6,430	0	208,000	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	313,643	313,643	0	142,500	0	6.00
7.00	91.00	EMERGENCY	2,364,188	2,364,188	0	142,500	0	7.00
8.00	76.01	SLEEP LAB	212,156	212,156	0	142,500	0	8.00
9.00	13.00	NURSING ADMINISTRATION	22,823	22,823	0	142,500	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	7,977	7,977	0	142,500	0	10.00
200.00			10,108,777	10,108,777	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	76.01	SLEEP LAB	0	0	0	0	0	8.00
9.00	13.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	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	30.00	ADULTS & PEDIATRICS	0	0	0	737,525		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,615,068		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	4,254,454		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	574,513		4.00
5.00	60.00	LABORATORY	0	0	0	6,430		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	313,643		6.00
7.00	91.00	EMERGENCY	0	0	0	2,364,188		7.00
8.00	76.01	SLEEP LAB	0	0	0	212,156		8.00
9.00	13.00	NURSING ADMINISTRATION	0	0	0	22,823		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	7,977		10.00
200.00			0	0	0	10,108,777		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,838,842	1,838,842				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,080,500		5,080,500			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,444,502	9,057	25,023	4,478,582		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,281,765	239,049	660,464	559,511	11,740,789	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,237,897	384,218	1,061,538	68,977	3,752,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	339,876	3,719	10,274	8,435	362,304	8.00
9.00	00900	HOUSEKEEPING	1,007,941	13,323	36,810	157,143	1,215,217	9.00
10.00	01000	DIETARY	945,990	27,478	75,919	137,082	1,186,469	10.00
11.00	01100	CAFETERIA	99,456	31,054	85,800	0	216,310	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	722,193	42,810	118,280	284,559	1,167,842	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	404,035	17,477	48,286	24,198	493,996	14.00
15.00	01500	PHARMACY	1,046,776	15,887	43,894	186,290	1,292,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,104,461	25,716	71,051	74,814	1,276,042	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,495,056	277,346	766,274	707,363	6,246,039	30.00
31.00	03100	INTENSIVE CARE UNIT	2,370,973	91,799	253,629	382,014	3,098,415	31.00
43.00	04300	NURSERY	495,475	14,890	41,139	58,396	609,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,340,327	153,915	425,250	271,935	4,191,427	50.00
51.00	05100	RECOVERY ROOM	0	0	0	54,490	54,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,201,665	35,913	99,223	163,171	1,499,972	52.00
53.00	05300	ANESTHESIOLOGY	52,235	4,461	12,325	0	69,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,393,199	54,656	151,009	314,368	3,913,232	54.00
54.01	05401	ULTRASOUND	-53,687	15,640	43,211	30,883	36,047	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,181	14,314	29,931	49,426	56.00
57.00	05700	CT SCAN	-1	9,012	24,899	41,519	75,429	57.00
58.00	05800	MRI	0	9,574	26,453	10,969	46,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,397,702	35,523	98,146	198,129	2,729,500	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	730,580	1,889	5,220	0	737,689	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	565,251	8,142	22,496	84,918	680,807	65.00
66.00	06600	PHYSICAL THERAPY	781,984	49,071	135,577	109,418	1,076,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	-1	1,237	3,418	12,407	17,061	67.00
68.00	06800	SPEECH PATHOLOGY	0	697	1,926	13,247	15,870	68.00
69.00	06900	ELECTROCARDIOLOGY	1,811,386	31,414	86,794	166,383	2,095,977	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,589,371	0	0	0	1,589,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,968,704	0	0	0	3,968,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,955,534	0	0	0	3,955,534	73.00
74.00	07400	RENAL DIALYSIS	337,927	2,504	6,919	0	347,350	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	7,297	17,664	48,804	0	73,765	76.01
76.03	03023	WOUND CARE	298,177	20,258	55,971	37,868	412,274	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,052,931	71,511	197,576	268,785	2,590,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	358	0	0	11,138	11,496	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	63,346,677	1,722,085	4,757,912	4,468,341	62,897,091	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,068	14,003	0	19,071	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	110,722	305,913	0	416,635	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	74,323	967	2,672	10,241	88,203	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	500,646	0	0	0	500,646	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	-5,296	0	0	0	-5,296	194.02
200.00		Cross Foot Adjustments					0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part I Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	63,916,350	1,838,842	5,080,500	4,478,582	63,916,350	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,740,789					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	844,349	0	4,596,979			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	81,519	0	14,169	457,992		8.00
9.00	00900	HOUSEKEEPING	273,426	0	50,762	0	1,539,405	9.00
10.00	01000	DIETARY	266,958	0	104,695	0	35,562	10.00
11.00	01100	CAFETERIA	48,670	0	118,321	0	40,190	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	262,767	0	163,113	0	55,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	111,150	0	66,588	3,049	22,618	14.00
15.00	01500	PHARMACY	290,893	0	60,532	0	20,561	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	287,112	0	97,982	0	33,282	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,405,363	0	1,056,718	198,311	358,935	30.00
31.00	03100	INTENSIVE CARE UNIT	697,150	0	349,764	45,799	118,805	31.00
43.00	04300	NURSERY	137,229	0	56,732	0	19,270	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	943,079	0	586,434	81,522	170,765	50.00
51.00	05100	RECOVERY ROOM	12,260	0	0	0	28,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	337,497	0	136,832	0	46,478	52.00
53.00	05300	ANESTHESIOLOGY	15,530	0	16,997	0	5,773	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	880,485	0	208,247	6,545	70,736	54.00
54.01	05401	ULTRASOUND	8,111	0	59,589	13,740	20,241	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,121	0	19,739	0	6,705	56.00
57.00	05700	CT SCAN	16,972	0	34,337	0	11,663	57.00
58.00	05800	MRI	10,574	0	36,479	0	12,391	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	614,143	0	135,346	0	45,973	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	165,982	0	7,199	0	2,445	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	153,183	0	31,023	0	10,538	65.00
66.00	06600	PHYSICAL THERAPY	242,113	0	186,965	9,160	63,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,839	0	4,713	0	1,601	67.00
68.00	06800	SPEECH PATHOLOGY	3,571	0	2,657	0	902	68.00
69.00	06900	ELECTROCARDIOLOGY	471,599	0	119,692	0	40,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	357,612	0	0	20,175	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	892,966	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	890,003	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	78,154	0	9,541	0	3,241	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	16,597	0	67,302	1,374	22,860	76.01
76.03	03023	WOUND CARE	92,762	0	77,186	1,374	26,218	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	582,936	0	272,464	76,943	92,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	2,587	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,510,262	0	4,152,118	457,992	1,388,299	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,291	0	19,311	0	6,559	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,744	0	421,865	0	143,295	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	19,846	0	3,685	0	1,252	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	112,646	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	11,740,789	0	4,596,979	457,992	1,539,405	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,593,684					10.00
11.00	01100	CAFETERIA	721,928	1,145,419				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	25,921	0	1,675,048		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,772	0	0	716,173	14.00
15.00	01500	PHARMACY	0	42,750	0	0	2,387	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	43,557	0	0	590	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	265,986	246,200	0	559,037	36,942	30.00
31.00	03100	INTENSIVE CARE UNIT	66,495	110,139	0	319,586	13,550	31.00
43.00	04300	NURSERY	0	21,338	0	60,736	5,566	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	115,491	0	273,080	68,462	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	1,088	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	60,496	0	157,357	1,154	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	9,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	139,470	0	0	6,311	54.00
54.01	05401	ULTRASOUND	0	0	0	0	272	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	16,123	56.00
57.00	05700	CT SCAN	0	0	0	0	3,155	57.00
58.00	05800	MRI	0	0	0	0	80	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	98,223	0	0	104,566	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	697	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,694	0	71,041	8,091	65.00
66.00	06600	PHYSICAL THERAPY	0	36,884	0	0	1,092	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,286	0	0	31,316	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	137,137	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	241,845	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	4	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	0	485	76.01
76.03	03023	WOUND CARE	0	14,152	0	0	3,032	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	82,567	0	234,211	23,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,054,409	1,138,637	0	1,675,048	716,139	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	539,275	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	3,776	0	0	34	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	3,006	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,593,684	1,145,419	0	1,675,048	716,173	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part I | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			15.00	16.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,709,970					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,738,565				16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	116,059	10,489,590	0	10,489,590	30.00
31.00	03100	INTENSIVE CARE UNIT	0	47,657	4,867,360	0	4,867,360	31.00
43.00	04300	NURSERY	0	7,706	918,477	0	918,477	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	256,560	6,686,820	0	6,686,820	50.00
51.00	05100	RECOVERY ROOM	0	0	96,268	0	96,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,628	2,252,414	0	2,252,414	52.00
53.00	05300	ANESTHESIOLOGY	0	45,139	161,806	0	161,806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	49,958	5,274,984	0	5,274,984	54.00
54.01	05401	ULTRASOUND	0	16,150	154,150	0	154,150	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	54,358	157,472	0	157,472	56.00
57.00	05700	CT SCAN	0	94,565	236,121	0	236,121	57.00
58.00	05800	MRI	0	18,593	125,113	0	125,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	251,044	3,978,795	0	3,978,795	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	14,440	928,452	0	928,452	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	48,753	1,037,130	0	1,037,130	65.00
66.00	06600	PHYSICAL THERAPY	0	26,767	1,642,538	0	1,642,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,639	29,853	0	29,853	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,294	25,294	0	25,294	68.00
69.00	06900	ELECTROCARDIOLOGY	0	211,761	3,019,287	0	3,019,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	56,586	2,160,881	0	2,160,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	91,155	5,194,670	0	5,194,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,709,970	159,219	6,714,726	0	6,714,726	73.00
74.00	07400	RENAL DIALYSIS	0	5,704	443,994	0	443,994	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	4,871	187,254	0	187,254	76.01
76.03	03023	WOUND CARE	0	100	627,098	0	627,098	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	143,859	4,099,876	0	4,099,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	14,083	0	14,083	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,709,970	1,738,565	61,524,506	0	61,524,506	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	49,232	0	49,232	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,614,814	0	1,614,814	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	0	116,796	0	116,796	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	616,298	0	616,298	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	-5,296	0	-5,296	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,709,970	1,738,565	63,916,350	0	63,916,350	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part II | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	9,057	25,023	34,080	34,080	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	239,049	660,464	899,513	4,257	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	384,218	1,061,538	1,445,756	525	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,719	10,274	13,993	64	8.00
9.00	00900	HOUSEKEEPING	0	13,323	36,810	50,133	1,195	9.00
10.00	01000	DIETARY	0	27,478	75,919	103,397	1,043	10.00
11.00	01100	CAFETERIA	0	31,054	85,800	116,854	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	42,810	118,280	161,090	2,165	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,477	48,286	65,763	184	14.00
15.00	01500	PHARMACY	0	15,887	43,894	59,781	1,417	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,716	71,051	96,767	569	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	277,346	766,274	1,043,620	5,390	30.00
31.00	03100	INTENSIVE CARE UNIT	0	91,799	253,629	345,428	2,906	31.00
43.00	04300	NURSERY	0	14,890	41,139	56,029	444	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	153,915	425,250	579,165	2,069	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	415	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,913	99,223	135,136	1,241	52.00
53.00	05300	ANESTHESIOLOGY	0	4,461	12,325	16,786	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,656	151,009	205,665	2,392	54.00
54.01	05401	ULTRASOUND	0	15,640	43,211	58,851	235	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,181	14,314	19,495	228	56.00
57.00	05700	CT SCAN	0	9,012	24,899	33,911	316	57.00
58.00	05800	MRI	0	9,574	26,453	36,027	83	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	35,523	98,146	133,669	1,507	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,889	5,220	7,109	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,142	22,496	30,638	646	65.00
66.00	06600	PHYSICAL THERAPY	0	49,071	135,577	184,648	832	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,237	3,418	4,655	94	67.00
68.00	06800	SPEECH PATHOLOGY	0	697	1,926	2,623	101	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31,414	86,794	118,208	1,266	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	2,504	6,919	9,423	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	17,664	48,804	66,468	0	76.01
76.03	03023	WOUND CARE	0	20,258	55,971	76,229	288	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	71,511	197,576	269,087	2,045	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	85	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,722,085	4,757,912	6,479,997	34,002	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,068	14,003	19,071	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	110,722	305,913	416,635	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	967	2,672	3,639	78	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part II Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
202.00	TOTAL (sum lines 118-201)	0	1,838,842	5,080,500	6,919,342	34,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part II Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	903,770					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	64,996	0	1,511,277			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,275	0	4,658	24,990		8.00
9.00	00900	HOUSEKEEPING	21,048	0	16,688	0	89,064	9.00
10.00	01000	DIETARY	20,550	0	34,419	0	2,057	10.00
11.00	01100	CAFETERIA	3,746	0	38,899	0	2,325	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	20,227	0	53,624	0	3,205	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,556	0	21,891	166	1,309	14.00
15.00	01500	PHARMACY	22,392	0	19,900	0	1,190	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	22,101	0	32,212	0	1,926	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	108,178	0	347,401	10,821	20,766	30.00
31.00	03100	INTENSIVE CARE UNIT	53,665	0	114,986	2,499	6,874	31.00
43.00	04300	NURSERY	10,563	0	18,651	0	1,115	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,596	0	192,793	4,448	9,880	50.00
51.00	05100	RECOVERY ROOM	944	0	0	0	1,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,980	0	44,984	0	2,689	52.00
53.00	05300	ANESTHESIOLOGY	1,195	0	5,588	0	334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,777	0	68,462	357	4,092	54.00
54.01	05401	ULTRASOUND	624	0	19,590	750	1,171	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	856	0	6,489	0	388	56.00
57.00	05700	CT SCAN	1,306	0	11,288	0	675	57.00
58.00	05800	MRI	814	0	11,993	0	717	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	47,275	0	44,496	0	2,660	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,777	0	2,367	0	141	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,792	0	10,199	0	610	65.00
66.00	06600	PHYSICAL THERAPY	18,637	0	61,466	500	3,674	66.00
67.00	06700	OCCUPATIONAL THERAPY	295	0	1,550	0	93	67.00
68.00	06800	SPEECH PATHOLOGY	275	0	873	0	52	68.00
69.00	06900	ELECTROCARDIOLOGY	36,302	0	39,349	0	2,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	27,528	0	0	1,101	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	68,738	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,510	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,016	0	3,137	0	188	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	1,278	0	22,126	75	1,323	76.01
76.03	03023	WOUND CARE	7,141	0	25,375	75	1,517	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	44,873	0	89,574	4,198	5,354	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	199	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	886,025	0	1,365,028	24,990	80,322	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	330	0	6,348	0	379	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,216	0	138,690	0	8,291	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	1,528	0	1,211	0	72	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	8,671	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	903,770	0	1,511,277	24,990	89,064	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part II Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	161,466					10.00
11.00	01100	CAFETERIA	73,143	234,967				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,317	0	245,628		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,851	0	0	101,720	14.00
15.00	01500	PHARMACY	0	8,770	0	0	339	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,935	0	0	84	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,949	50,505	0	81,975	5,247	30.00
31.00	03100	INTENSIVE CARE UNIT	6,737	22,593	0	46,865	1,925	31.00
43.00	04300	NURSERY	0	4,377	0	8,906	791	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	23,691	0	40,045	9,724	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	154	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,410	0	23,075	164	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,610	0	0	896	54.00
54.01	05401	ULTRASOUND	0	0	0	0	39	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	2,290	56.00
57.00	05700	CT SCAN	0	0	0	0	448	57.00
58.00	05800	MRI	0	0	0	0	11	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	20,149	0	0	14,852	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	143	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	6,912	0	10,417	1,149	65.00
66.00	06600	PHYSICAL THERAPY	0	7,566	0	0	155	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,905	0	0	4,448	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	19,478	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	34,349	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	1	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	0	69	76.01
76.03	03023	WOUND CARE	0	2,903	0	0	431	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	16,938	0	34,345	3,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	106,829	233,575	0	245,628	101,715	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,637	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	775	0	0	5	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	617	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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)	161,466	234,967	0	245,628	101,720	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B Part II | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			15.00	16.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	113,789					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	162,594				16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	10,856	1,711,708	0	1,711,708	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,458	608,936	0	608,936	31.00
43.00	04300	NURSERY	0	721	101,597	0	101,597	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	23,971	958,382	0	958,382	50.00
51.00	05100	RECOVERY ROOM	0	0	3,158	0	3,158	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,181	246,860	0	246,860	52.00
53.00	05300	ANESTHESIOLOGY	0	4,222	29,452	0	29,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,673	382,924	0	382,924	54.00
54.01	05401	ULTRASOUND	0	1,511	82,771	0	82,771	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,084	34,830	0	34,830	56.00
57.00	05700	CT SCAN	0	8,845	56,789	0	56,789	57.00
58.00	05800	MRI	0	1,739	51,384	0	51,384	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	23,482	288,090	0	288,090	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,351	23,888	0	23,888	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,560	76,923	0	76,923	65.00
66.00	06600	PHYSICAL THERAPY	0	2,504	279,982	0	279,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	247	6,934	0	6,934	67.00
68.00	06800	SPEECH PATHOLOGY	0	215	4,139	0	4,139	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,808	231,638	0	231,638	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,293	53,400	0	53,400	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,526	111,613	0	111,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,789	14,893	197,192	0	197,192	73.00
74.00	07400	RENAL DIALYSIS	0	533	19,298	0	19,298	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	456	91,795	0	91,795	76.01
76.03	03023	WOUND CARE	0	9	113,968	0	113,968	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	13,456	483,214	0	483,214	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	284	0	284	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	113,789	162,594	6,251,149	0	6,251,149	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,128	0	26,128	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	625,469	0	625,469	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0	0	7,308	0	7,308	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	9,288	0	9,288	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	113,789	162,594	6,919,342	0	6,919,342	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	245,262					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		245,262				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,208	1,208	23,288,505			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,884	31,884	2,909,436	-11,740,789	52,180,857	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	51,246	51,246	358,676	0	3,752,630	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	496	496	43,861	0	362,304	8.00
9.00	00900	HOUSEKEEPING	1,777	1,777	817,140	0	1,215,217	9.00
10.00	01000	DIETARY	3,665	3,665	712,819	0	1,186,469	10.00
11.00	01100	CAFETERIA	4,142	4,142	0	0	216,310	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,710	5,710	1,479,698	0	1,167,842	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,331	2,331	125,828	0	493,996	14.00
15.00	01500	PHARMACY	2,119	2,119	968,700	0	1,292,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,430	3,430	389,029	0	1,276,042	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,992	36,992	3,678,301	0	6,246,039	30.00
31.00	03100	INTENSIVE CARE UNIT	12,244	12,244	1,986,460	0	3,098,415	31.00
43.00	04300	NURSERY	1,986	1,986	303,659	0	609,900	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,529	20,529	1,414,051	0	4,191,427	50.00
51.00	05100	RECOVERY ROOM	0	0	283,344	0	54,490	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,790	4,790	848,484	0	1,499,972	52.00
53.00	05300	ANESTHESIOLOGY	595	595	0	0	69,021	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,290	7,290	1,634,700	0	3,913,232	54.00
54.01	05401	ULTRASOUND	2,086	2,086	160,592	0	36,047	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	691	691	155,642	0	49,426	56.00
57.00	05700	CT SCAN	1,202	1,202	215,898	0	75,429	57.00
58.00	05800	MRI	1,277	1,277	57,041	0	46,996	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,738	4,738	1,030,265	0	2,729,500	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	252	252	0	0	737,689	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,086	1,086	441,569	0	680,807	65.00
66.00	06600	PHYSICAL THERAPY	6,545	6,545	568,972	0	1,076,050	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	165	64,515	0	17,061	67.00
68.00	06800	SPEECH PATHOLOGY	93	93	68,886	0	15,870	68.00
69.00	06900	ELECTROCARDIOLOGY	4,190	4,190	865,185	0	2,095,977	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	1,589,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,968,704	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,955,534	73.00
74.00	07400	RENAL DIALYSIS	334	334	0	0	347,350	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	2,356	2,356	0	0	73,765	76.01
76.03	03023	WOUND CARE	2,702	2,702	196,910	0	412,274	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	9,538	9,538	1,397,674	0	2,590,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	57,917	0	11,496	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	229,689	229,689	23,235,252	-11,740,789	51,156,302	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	676	676	0	0	19,071	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,768	14,768	0	0	416,635	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	129	129	53,253	0	88,203	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	0	0	500,646	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	5,296	0	194.02
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,838,842	5,080,500	4,478,582		11,740,789	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.497460	20.714583	0.192309		0.225002	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			34,080		903,770	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001463		0.017320	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOOTAGE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	212,170					6.00
7.00	00700	OPERATION OF PLANT	51,246	160,924				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	496	496	447,029			8.00
9.00	00900	HOUSEKEEPING	1,777	1,777	0	158,651		9.00
10.00	01000	DIETARY	3,665	3,665	0	3,665	230,659	10.00
11.00	01100	CAFETERIA	4,142	4,142	0	4,142	104,487	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,710	5,710	0	5,710	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,331	2,331	2,976	2,331	0	14.00
15.00	01500	PHARMACY	2,119	2,119	0	2,119	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,430	3,430	0	3,430	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,992	36,992	193,564	36,992	38,497	30.00
31.00	03100	INTENSIVE CARE UNIT	12,244	12,244	44,703	12,244	9,624	31.00
43.00	04300	NURSERY	1,986	1,986	0	1,986	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	20,529	20,529	79,571	17,599	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	2,930	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,790	4,790	0	4,790	0	52.00
53.00	05300	ANESTHESIOLOGY	595	595	0	595	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,290	7,290	6,388	7,290	0	54.00
54.01	05401	ULTRASOUND	2,086	2,086	13,411	2,086	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	691	691	0	691	0	56.00
57.00	05700	CT SCAN	1,202	1,202	0	1,202	0	57.00
58.00	05800	MRI	1,277	1,277	0	1,277	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,738	4,738	0	4,738	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	252	252	0	252	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,086	1,086	0	1,086	0	65.00
66.00	06600	PHYSICAL THERAPY	6,545	6,545	8,941	6,545	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	165	165	0	165	0	67.00
68.00	06800	SPEECH PATHOLOGY	93	93	0	93	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,190	4,190	0	4,190	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	19,692	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	334	334	0	334	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	2,356	2,356	1,341	2,356	0	76.01
76.03	03023	WOUND CARE	2,702	2,702	1,341	2,702	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	9,538	9,538	75,101	9,538	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	196,597	145,351	447,029	143,078	152,608	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	676	676	0	676	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,768	14,768	0	14,768	78,051	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	129	129	0	129	0	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
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	4,596,979	457,992	1,539,405	1,593,684	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FOO TAGE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	28.566149	1.024524	9.703090	6.909264	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,511,277	24,990	89,064	161,466	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	9.391247	0.055902	0.561383	0.700020	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	31,241					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	707	0	10,411,659			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	512	0	0	10,002,111		14.00
15.00	01500	PHARMACY	1,166	0	0	33,336	3,826,165	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,188	0	0	8,234	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,715	0	3,474,832	515,942	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,004	0	1,986,460	189,237	0	31.00
43.00	04300	NURSERY	582	0	377,522	77,731	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	3,150	0	1,697,395	956,143	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	15,189	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,650	0	978,090	16,120	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	130,527	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,804	0	0	88,139	0	54.00
54.01	05401	ULTRASOUND	0	0	0	3,801	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	225,179	0	56.00
57.00	05700	CT SCAN	0	0	0	44,067	0	57.00
58.00	05800	MRI	0	0	0	1,123	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,679	0	0	1,460,377	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	19	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	919	0	441,569	113,005	0	65.00
66.00	06600	PHYSICAL THERAPY	1,006	0	0	15,244	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,317	0	0	437,359	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	1,915,274	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,377,596	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,826,165	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	62	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	6,772	0	76.01
76.03	03023	WOUND CARE	386	0	0	42,352	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,252	0	1,455,791	328,830	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		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
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,056	0	10,411,659	10,001,639	3,826,165	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	103	0	0	472	0	193.01
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0	194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	82	0	0	0	0	194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	1,145,419	0	1,675,048	716,173	1,709,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.663967	0.000000	0.160882	0.071602	0.446915	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	234,967	0	245,628	101,720	113,789	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.521110	0.000000	0.023592	0.010170	0.029740	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			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
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	492,831,440		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	32,896,471		30.00
31.00	03100	INTENSIVE CARE UNIT	13,508,243		31.00
43.00	04300	NURSERY	2,184,297		43.00
44.00	04400	SKILLED NURSING FACILITY	0		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	72,762,448		50.00
51.00	05100	RECOVERY ROOM	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,579,400		52.00
53.00	05300	ANESTHESIOLOGY	12,794,552		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,160,379		54.00
54.01	05401	ULTRASOUND	4,577,596		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	15,407,520		56.00
57.00	05700	CT SCAN	26,804,180		57.00
58.00	05800	MRI	5,270,059		58.00
59.00	05900	CARDIAC CATHETERIZATION	0		59.00
60.00	06000	LABORATORY	71,157,663		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,092,949		62.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	13,818,771		65.00
66.00	06600	PHYSICAL THERAPY	7,586,887		66.00
67.00	06700	OCCUPATIONAL THERAPY	747,915		67.00
68.00	06800	SPEECH PATHOLOGY	650,328		68.00
69.00	06900	ELECTROCARDIOLOGY	60,022,882		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,039,156		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,837,508		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,130,044		73.00
74.00	07400	RENAL DIALYSIS	1,616,651		74.00
76.00	03020	ACUPUNCTURE	0		76.00
76.01	03021	SLEEP LAB	1,380,803		76.01
76.03	03023	WOUND CARE	28,426		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0		88.00
90.00	09000	CLINIC	0		90.00
91.00	09100	EMERGENCY	40,776,312		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		96.00
		SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	492,831,440		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	19300	NONPAID WORKERS	0		193.00
193.01	19301	OTHER NON-REIMBURSABLE SENIOR CIRCL	0		193.01
194.00	07950	OTHER NON-REIMBURSABLE	0		194.00
194.01	07953	OTHER NONREIMBURSABLE MARKETING	0		194.01
194.02	07952	OTHER NONREIMBURSABLE COST CENTERS	0		194.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet B-1 | Date/Time Prepared: 9/30/2014 2:49 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			16.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	1,738,565		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003528		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	162,594		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000330		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 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	10,489,590		10,489,590	0	10,489,590	30.00
31.00	03100	INTENSIVE CARE UNIT	4,867,360		4,867,360	0	4,867,360	31.00
43.00	04300	NURSERY	918,477		918,477	0	918,477	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,686,820		6,686,820	0	6,686,820	50.00
51.00	05100	RECOVERY ROOM	96,268		96,268	0	96,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,252,414		2,252,414	0	2,252,414	52.00
53.00	05300	ANESTHESIOLOGY	161,806		161,806	0	161,806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,274,984		5,274,984	0	5,274,984	54.00
54.01	05401	ULTRASOUND	154,150		154,150	0	154,150	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	157,472		157,472	0	157,472	56.00
57.00	05700	CT SCAN	236,121		236,121	0	236,121	57.00
58.00	05800	MRI	125,113		125,113	0	125,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,978,795		3,978,795	0	3,978,795	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	928,452		928,452	0	928,452	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,130	0	1,037,130	0	1,037,130	65.00
66.00	06600	PHYSICAL THERAPY	1,642,538	0	1,642,538	0	1,642,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,853	0	29,853	0	29,853	67.00
68.00	06800	SPEECH PATHOLOGY	25,294	0	25,294	0	25,294	68.00
69.00	06900	ELECTROCARDIOLOGY	3,019,287		3,019,287	0	3,019,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,160,881		2,160,881	0	2,160,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,194,670		5,194,670	0	5,194,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,714,726		6,714,726	0	6,714,726	73.00
74.00	07400	RENAL DIALYSIS	443,994		443,994	0	443,994	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	187,254		187,254	0	187,254	76.01
76.03	03023	WOUND CARE	627,098		627,098	0	627,098	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	4,099,876		4,099,876	0	4,099,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	44,717		44,717		44,717	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,083		14,083	0	14,083	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
200.00		Subtotal (see instructions)	61,569,223	0	61,569,223	0	61,569,223	200.00
201.00		Less Observation Beds	44,717		44,717		44,717	201.00
202.00		Total (see instructions)	61,524,506	0	61,524,506	0	61,524,506	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,896,471		32,896,471			30.00
31.00	03100	INTENSIVE CARE UNIT	13,508,243		13,508,243			31.00
43.00	04300	NURSERY	2,184,297		2,184,297			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,097,482	39,664,966	72,762,448	0.091899	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	3,546,256	33,144	3,579,400	0.629271	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,587,156	6,207,396	12,794,552	0.012646	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,060,259	10,100,120	14,160,379	0.372517	0.000000	54.00
54.01	05401	ULTRASOUND	1,554,094	3,023,502	4,577,596	0.033675	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,648,277	9,759,243	15,407,520	0.010220	0.000000	56.00
57.00	05700	CT SCAN	7,647,728	19,156,452	26,804,180	0.008809	0.000000	57.00
58.00	05800	MRI	1,067,645	4,202,414	5,270,059	0.023740	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	34,115,279	37,042,384	71,157,663	0.055915	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,682,804	1,410,145	4,092,949	0.226842	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,010,375	1,808,396	13,818,771	0.075052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,201,934	3,384,953	7,586,887	0.216497	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	596,085	151,830	747,915	0.039915	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	559,183	91,145	650,328	0.038894	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,459,251	20,563,631	60,022,882	0.050302	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,033,178	5,005,978	16,039,156	0.134725	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,790,980	8,046,528	25,837,508	0.201052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,489,720	18,640,324	45,130,044	0.148786	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,589,637	27,014	1,616,651	0.274638	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	5,007	1,375,796	1,380,803	0.135612	0.000000	76.01
76.03	03023	WOUND CARE	27,853	573	28,426	22.060719	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	10,263,893	30,512,419	40,776,312	0.100546	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,130,071	3,476,096	4,606,167	0.009708	0.000000	92.00
		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
200.00		Subtotal (see instructions)	273,753,158	223,684,449	497,437,607			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	273,753,158	223,684,449	497,437,607			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.091899		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.629271		52.00
53.00	05300	ANESTHESIOLOGY	0.012646		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372517		54.00
54.01	05401	ULTRASOUND	0.033675		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.010220		56.00
57.00	05700	CT SCAN	0.008809		57.00
58.00	05800	MRI	0.023740		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.055915		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.226842		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.075052		65.00
66.00	06600	PHYSICAL THERAPY	0.216497		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039915		67.00
68.00	06800	SPEECH PATHOLOGY	0.038894		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050302		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134725		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201052		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148786		73.00
74.00	07400	RENAL DIALYSIS	0.274638		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.01	03021	SLEEP LAB	0.135612		76.01
76.03	03023	WOUND CARE	22.060719		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.100546		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.009708		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 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	10,489,590		10,489,590	0	10,489,590	30.00
31.00	03100	INTENSIVE CARE UNIT	4,867,360		4,867,360	0	4,867,360	31.00
43.00	04300	NURSERY	918,477		918,477	0	918,477	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,686,820		6,686,820	0	6,686,820	50.00
51.00	05100	RECOVERY ROOM	96,268		96,268	0	96,268	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,252,414		2,252,414	0	2,252,414	52.00
53.00	05300	ANESTHESIOLOGY	161,806		161,806	0	161,806	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,274,984		5,274,984	0	5,274,984	54.00
54.01	05401	ULTRASOUND	154,150		154,150	0	154,150	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	157,472		157,472	0	157,472	56.00
57.00	05700	CT SCAN	236,121		236,121	0	236,121	57.00
58.00	05800	MRI	125,113		125,113	0	125,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	3,978,795		3,978,795	0	3,978,795	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	928,452		928,452	0	928,452	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,037,130	0	1,037,130	0	1,037,130	65.00
66.00	06600	PHYSICAL THERAPY	1,642,538	0	1,642,538	0	1,642,538	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,853	0	29,853	0	29,853	67.00
68.00	06800	SPEECH PATHOLOGY	25,294	0	25,294	0	25,294	68.00
69.00	06900	ELECTROCARDIOLOGY	3,019,287		3,019,287	0	3,019,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,160,881		2,160,881	0	2,160,881	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,194,670		5,194,670	0	5,194,670	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,714,726		6,714,726	0	6,714,726	73.00
74.00	07400	RENAL DIALYSIS	443,994		443,994	0	443,994	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	187,254		187,254	0	187,254	76.01
76.03	03023	WOUND CARE	627,098		627,098	0	627,098	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	0		0	0	0	90.00
91.00	09100	EMERGENCY	4,099,876		4,099,876	0	4,099,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	44,717		44,717		44,717	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,083		14,083	0	14,083	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
200.00		Subtotal (see instructions)	61,569,223	0	61,569,223	0	61,569,223	200.00
201.00		Less Observation Beds	44,717		44,717		44,717	201.00
202.00		Total (see instructions)	61,524,506	0	61,524,506	0	61,524,506	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 pm

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,896,471		32,896,471			30.00
31.00	03100	INTENSIVE CARE UNIT	13,508,243		13,508,243			31.00
43.00	04300	NURSERY	2,184,297		2,184,297			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,097,482	39,664,966	72,762,448	0.091899	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	3,546,256	33,144	3,579,400	0.629271	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,587,156	6,207,396	12,794,552	0.012646	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,060,259	10,100,120	14,160,379	0.372517	0.000000	54.00
54.01	05401	ULTRASOUND	1,554,094	3,023,502	4,577,596	0.033675	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,648,277	9,759,243	15,407,520	0.010220	0.000000	56.00
57.00	05700	CT SCAN	7,647,728	19,156,452	26,804,180	0.008809	0.000000	57.00
58.00	05800	MRI	1,067,645	4,202,414	5,270,059	0.023740	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	34,115,279	37,042,384	71,157,663	0.055915	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,682,804	1,410,145	4,092,949	0.226842	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,010,375	1,808,396	13,818,771	0.075052	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,201,934	3,384,953	7,586,887	0.216497	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	596,085	151,830	747,915	0.039915	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	559,183	91,145	650,328	0.038894	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,459,251	20,563,631	60,022,882	0.050302	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,033,178	5,005,978	16,039,156	0.134725	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,790,980	8,046,528	25,837,508	0.201052	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,489,720	18,640,324	45,130,044	0.148786	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,589,637	27,014	1,616,651	0.274638	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	5,007	1,375,796	1,380,803	0.135612	0.000000	76.01
76.03	03023	WOUND CARE	27,853	573	28,426	22.060719	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	10,263,893	30,512,419	40,776,312	0.100546	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,130,071	3,476,096	4,606,167	0.009708	0.000000	92.00
		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
200.00		Subtotal (see instructions)	273,753,158	223,684,449	497,437,607			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	273,753,158	223,684,449	497,437,607			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet C Part I Date/Time Prepared: 9/30/2014 2:49 pm

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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
54.01	05401	ULTRASOUND	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
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
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
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.01	03021	SLEEP LAB	0.000000		76.01
76.03	03023	WOUND CARE	0.000000		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part I Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,711,708	0	1,711,708	12,667	135.13	30.00
31.00	INTENSIVE CARE UNIT	608,936		608,936	3,258	186.90	31.00
43.00	NURSERY	101,597		101,597	1,467	69.25	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	2,422,241		2,422,241	17,392		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	6,214	839,698	30.00
31.00	INTENSIVE CARE UNIT	1,715	320,534	31.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	7,929	1,160,232	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part II Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	958,382	72,762,448	0.013171	14,031,991	184,815	50.00
51.00	05100	RECOVERY ROOM	3,158	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	246,860	3,579,400	0.068967	10,026	691	52.00
53.00	05300	ANESTHESIOLOGY	29,452	12,794,552	0.002302	2,596,112	5,976	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	382,924	14,160,379	0.027042	2,208,811	59,731	54.00
54.01	05401	ULTRASOUND	82,771	4,577,596	0.018082	905,242	16,369	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	34,830	15,407,520	0.002261	2,977,800	6,733	56.00
57.00	05700	CT SCAN	56,789	26,804,180	0.002119	4,597,744	9,743	57.00
58.00	05800	MRI	51,384	5,270,059	0.009750	495,061	4,827	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	288,090	71,157,663	0.004049	18,637,975	75,465	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	23,888	4,092,949	0.005836	1,633,355	9,532	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	76,923	13,818,771	0.005567	6,655,924	37,054	65.00
66.00	06600	PHYSICAL THERAPY	279,982	7,586,887	0.036903	2,846,577	105,047	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,934	747,915	0.009271	384,439	3,564	67.00
68.00	06800	SPEECH PATHOLOGY	4,139	650,328	0.006364	58,106	370	68.00
69.00	06900	ELECTROCARDIOLOGY	231,638	60,022,882	0.003859	20,712,769	79,931	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	53,400	16,039,156	0.003329	5,595,830	18,629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	111,613	25,837,508	0.004320	9,630,984	41,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,192	45,130,044	0.004369	13,883,422	60,657	73.00
74.00	07400	RENAL DIALYSIS	19,298	1,616,651	0.011937	1,050,487	12,540	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	91,795	1,380,803	0.066479	5,007	333	76.01
76.03	03023	WOUND CARE	113,968	28,426	4.009287	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	483,214	40,776,312	0.011850	5,992,960	71,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,297	4,606,167	0.001584	638,234	1,011	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
200.00		Total (lines 50-199)	3,835,921	448,848,596		115,548,856	805,641	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part III Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	12,667	0.00	6,214	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,258	0.00	1,715	0		31.00
43.00	04300	NURSERY	1,467	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	17,392		7,929	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part IV | Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
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
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	0	0	76.01
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part IV Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	72,762,448	0.000000	0.000000	14,031,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,579,400	0.000000	0.000000	10,026	52.00
53.00	05300	ANESTHESIOLOGY	0	12,794,552	0.000000	0.000000	2,596,112	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,160,379	0.000000	0.000000	2,208,811	54.00
54.01	05401	ULTRASOUND	0	4,577,596	0.000000	0.000000	905,242	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	15,407,520	0.000000	0.000000	2,977,800	56.00
57.00	05700	CT SCAN	0	26,804,180	0.000000	0.000000	4,597,744	57.00
58.00	05800	MRI	0	5,270,059	0.000000	0.000000	495,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	71,157,663	0.000000	0.000000	18,637,975	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	4,092,949	0.000000	0.000000	1,633,355	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	13,818,771	0.000000	0.000000	6,655,924	65.00
66.00	06600	PHYSICAL THERAPY	0	7,586,887	0.000000	0.000000	2,846,577	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	747,915	0.000000	0.000000	384,439	67.00
68.00	06800	SPEECH PATHOLOGY	0	650,328	0.000000	0.000000	58,106	68.00
69.00	06900	ELECTROCARDIOLOGY	0	60,022,882	0.000000	0.000000	20,712,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,039,156	0.000000	0.000000	5,595,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	25,837,508	0.000000	0.000000	9,630,984	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,130,044	0.000000	0.000000	13,883,422	73.00
74.00	07400	RENAL DIALYSIS	0	1,616,651	0.000000	0.000000	1,050,487	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,380,803	0.000000	0.000000	5,007	76.01
76.03	03023	WOUND CARE	0	28,426	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	40,776,312	0.000000	0.000000	5,992,960	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	4,606,167	0.000000	0.000000	638,234	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	0	448,848,596			115,548,856	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part IV Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11,543,922	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,383,783	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,348,875	0		54.00
54.01	05401	ULTRASOUND	0	1,124,442	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	3,337,890	0		56.00
57.00	05700	CT SCAN	0	5,694,271	0		57.00
58.00	05800	MRI	0	1,405,380	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	2,917,070	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	873,612	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	815,695	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,021	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,615,654	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,285,176	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,789,882	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,384,828	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	0	591,171	0		76.01
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	5,666,788	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,144,399	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	0	64,923,859	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part V Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.091899	11,543,922	0	0	1,060,875	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.629271	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.012646	1,383,783	0	0	17,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372517	3,348,875	0	0	1,247,513	54.00
54.01	05401	ULTRASOUND	0.033675	1,124,442	0	0	37,866	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.010220	3,337,890	0	0	34,113	56.00
57.00	05700	CT SCAN	0.008809	5,694,271	0	0	50,161	57.00
58.00	05800	MRI	0.023740	1,405,380	0	0	33,364	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.055915	2,917,070	0	0	163,108	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.226842	873,612	0	0	198,172	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.075052	815,695	0	0	61,220	65.00
66.00	06600	PHYSICAL THERAPY	0.216497	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039915	1,021	0	0	41	67.00
68.00	06800	SPEECH PATHOLOGY	0.038894	0	0	2,429	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050302	9,615,654	0	0	483,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134725	1,285,176	0	0	173,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201052	3,789,882	0	0	761,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148786	10,384,828	0	43,164	1,545,117	73.00
74.00	07400	RENAL DIALYSIS	0.274638	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0.135612	591,171	0	0	80,170	76.01
76.03	03023	WOUND CARE	22.060719	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.100546	5,666,788	0	0	569,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.009708	1,144,399	0	0	11,110	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000		0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
200.00		Subtotal (see instructions)		64,923,859	0	45,593	6,528,897	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		64,923,859	0	45,593	6,528,897	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D Part V Date/Time Prepared: 9/30/2014 2:49 pm

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
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
54.01	05401	ULTRASOUND	0	0		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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	94		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	6,422		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	0	0		76.01
76.03	03023	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	0	6,516		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	6,516		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D-1 | Date/Time Prepared: 9/30/2014 2:49 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,667	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,667	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)	12,613	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)	6,214	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)	10,489,590	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)	10,489,590	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)	10,489,590	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)	828.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,145,813	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)	5,145,813	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D-1 | Date/Time Prepared: 9/30/2014 2:49 pm

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	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	4,867,360	3,258	1,493.97	1,715	2,562,159	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	11,506,460	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	19,214,432	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)	1,160,232	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	805,641	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,965,873	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	17,248,559	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)	54	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	828.10	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	44,717	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D-1 | Date/Time Prepared: 9/30/2014 2:49 pm

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	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	1,711,708	10,489,590	0.163182	44,717	7,297	90.00
91.00	Nursing School cost	0	10,489,590	0.000000	44,717	0	91.00
92.00	Allied health cost	0	10,489,590	0.000000	44,717	0	92.00
93.00	All other Medical Education	0	10,489,590	0.000000	44,717	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet D-3 | Date/Time Prepared: 9/30/2014 2:49 pm

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		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		17,181,540		30.00
31.00	03100	INTENSIVE CARE UNIT		7,104,263		31.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.091899	14,031,991	1,289,526	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.629271	10,026	6,309	52.00
53.00	05300	ANESTHESIOLOGY	0.012646	2,596,112	32,830	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.372517	2,208,811	822,820	54.00
54.01	05401	ULTRASOUND	0.033675	905,242	30,484	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.010220	2,977,800	30,433	56.00
57.00	05700	CT SCAN	0.008809	4,597,744	40,502	57.00
58.00	05800	MRI	0.023740	495,061	11,753	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.055915	18,637,975	1,042,142	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.226842	1,633,355	370,514	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.075052	6,655,924	499,540	65.00
66.00	06600	PHYSICAL THERAPY	0.216497	2,846,577	616,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.039915	384,439	15,345	67.00
68.00	06800	SPEECH PATHOLOGY	0.038894	58,106	2,260	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050302	20,712,769	1,041,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.134725	5,595,830	753,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.201052	9,630,984	1,936,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.148786	13,883,422	2,065,659	73.00
74.00	07400	RENAL DIALYSIS	0.274638	1,050,487	288,504	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.135612	5,007	679	76.01
76.03	03023	WOUND CARE	22.060719	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.000000	0	0	90.00
91.00	09100	EMERGENCY	0.100546	5,992,960	602,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.009708	638,234	6,196	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		115,548,856	11,506,460	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)		115,548,856		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet E Part A Date/Time Prepared: 9/30/2014 2:49 pm

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		5,538,818			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		7,520,250			1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0			1.03
2.00	Outlier payments for discharges. (see instructions)		674,934			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		97.85			4.00
	Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00			10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00			11.00
12.00	Current year allowable FTE (see instructions)		0.00			12.00
13.00	Total allowable FTE count for the prior year.		0.00			13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00			14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		0.00			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000			21.00
22.00	IME payment adjustment (see instructions)		0			22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00			23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00			24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00			25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000			26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000			27.00
28.00	IME add-on adjustment amount (see instructions)		0			28.00
29.00	Total IME payment (sum of lines 22 and 28)		0			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.83			30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.15			31.00
32.00	Sum of lines 30 and 31		34.98			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet E Part A Date/Time Prepared: 9/30/2014 2:49 pm

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		18.07			33.00
34.00	Disproportionate share adjustment (see instructions)		1,340,591			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143	35.00
35.01	Factor 3 (see instructions)				0.015163000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,371,742	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				796,738	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		796,738			36.00
	Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0			46.00
47.00	Subtotal (see instructions)		15,871,331			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		14,947,882			48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		15,871,331			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,145,816			50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0			51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		868			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0			55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0			56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0			57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,018,015			59.00
60.00	Primary payer payments		0			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,018,015			61.00
62.00	Deductibles billed to program beneficiaries		1,507,168			62.00
63.00	Coinsurance billed to program beneficiaries		24,984			63.00
64.00	Allowable bad debts (see instructions)		325,136			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		211,338			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		278,313			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,697,201			67.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part A Date/Time Prepared: 9/30/2014 2:49 pm
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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-3,901			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-108,078			70.94
70.95	Recovery of Accelerated Depreciation		0			70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0			70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0			70.97
70.98	Low Volume Payment-3		0			70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,585,222			71.00
71.01	Sequestration adjustment (see instructions)		311,704			71.01
72.00	Interim payments		15,422,980			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		-149,462			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,460,552			75.00
	TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the Time Value of Money		0.00			94.00
95.00	Time Value of Money for operating expenses(see instructions)		0			95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0			96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet E Part B Date/Time Prepared: 9/30/2014 2:49 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	6,516	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	6,528,897	2.00
3.00	PPS payments	6,341,597	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.836	5.00
6.00	Line 2 times line 5	5,458,158	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	6,516	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	45,593	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	45,593	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	45,593	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	39,077	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)	6,516	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	6,341,597	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	7,953	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	1,342,402	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	4,997,758	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	4,997,758	30.00
31.00	Primary payer payments	139	31.00
32.00	Subtotal (line 30 minus line 31)	4,997,619	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	284,751	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	185,088	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	265,322	36.00
37.00	Subtotal (see instructions)	5,182,707	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	5,182,707	40.00
40.01	Sequestration adjustment (see instructions)	103,654	40.01
41.00	Interim payments	5,079,724	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-671	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet E-1 Part I Date/Time Prepared: 9/30/2014 2:49 pm

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		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		15,422,980		5,079,724	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,422,980		5,079,724	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		149,462		671	6.02
7.00	Total Medicare program liability (see instructions)		15,273,518		5,079,053	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: 140184 | Component CCN: 14U184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 9/30/2014 2:49 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet E-1 Part II Date/Time Prepared: 9/30/2014 2:49 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	4,645	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	7,929	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	509	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	15,871	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	497,437,607	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	5,533,645	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,451,090	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,451,090	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,561,458	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)	-110,368	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 140184 Component CCN: 14U184	Period: From 05/01/2013 To 04/30/2014	Worksheet E-2 Date/Time Prepared: 9/30/2014 2:49 pm
	Title XVIII	Swing Beds - SNF	PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 6 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
16.50	RURAL DEMONSTRATION PROJECT	0		16.50
17.00	Allowable bad debts (see instructions)	0	0	17.00
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (see instructions)	0	0	19.00
19.01	Sequestration adjustment (see instructions)	0	0	19.01
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	0	23.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet G | Date/Time Prepared: 9/30/2014 2:49 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	0	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	0	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	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	0	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	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)	0	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	0	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	0	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	0	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	0	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	0	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	0				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	0	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	0	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet G-1 | Date/Time Prepared: 9/30/2014 2:49 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		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-85,972,305				2.00
3.00	Total (sum of line 1 and line 2)		-85,972,305		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-85,972,305		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-85,972,305		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: 140184 | Period: From 05/01/2013 To 04/30/2014 | Worksheet G-2 Parts I & II | Date/Time Prepared: 9/30/2014 2:49 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	0		0	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	0		0	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	0		0	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	0	0	0	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		85,972,305		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)		85,972,305		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet G-3 Date/Time Prepared: 9/30/2014 2:49 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	0	1.00
2.00	Less contractual allowances and discounts on patients' accounts	0	2.00
3.00	Net patient revenues (line 1 minus line 2)	0	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	85,972,305	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-85,972,305	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 (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	0	25.00
26.00	Total (line 5 plus line 25)	-85,972,305	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)	-85,972,305	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140184	Period: From 05/01/2013 To 04/30/2014	Worksheet L Parts I-III Date/Time Prepared: 9/30/2014 2:49 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,026,613	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	119,203	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)	43.48	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,145,816	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