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: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/20/2015 1:14 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/20/2015 Time: 1:14 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 ANDERSON HOSPITAL (140289) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-16,552	792	-26,159	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-35,815	9		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-52,367	801	-26,159	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 6800 STATE ROUTE 162	PO Box:			1.00
2.00	City: MARYVILLE IL	State: IL	Zip Code: 62062-1000	County: MADISON	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2014	12/31/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or “N” for no.	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,806	1,531	0	0	404	243	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	85	64	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 5:50 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	Y	40.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
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: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/19/2015 5:50 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 Nonprovider Settings		
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 5:50 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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0	76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

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

		1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo)for the current cost reporting period? Enter "Y" for yes or "N" for no.	N	110.00

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,200,000	118.01

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

		1.00	2.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

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

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

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

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

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

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/19/2015 5:50 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2014	12/31/2014	170.00
			1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/19/2015 5:50 pm

			Y/N	Date	
			1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
	COMPLETED BY ALL HOSPITALS				
	Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
	Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
	Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
	Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	02/06/2015	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 5/19/2015 5:50 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				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				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.				N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	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.	KEVIN	WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 231-5544	STLHEALTHCARE@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II | Date/Time Prepared: 5/19/2015 5:50 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)	02/06/2015			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MANAGING DIRECTOR		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: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 5/19/2015 5:50 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	122	44,530	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)		122	44,530	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		134	48,910	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		154				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: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/19/2015 5:50 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)	7,596	1,996	19,487			1.00
2.00	HMO and other (see instructions)	3,599	1,531				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	440	64				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)	7,596	1,996	19,487			7.00
8.00	INTENSIVE CARE UNIT	798	88	2,446			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		1,126	3,684			13.00
14.00	Total (see instructions)	8,394	3,210	25,617	0.00	862.62	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	3,233	85	4,499	0.00	19.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	3,994	0	7,308	0.00	12.85	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	894.97	27.00
28.00	Observation Bed Days		0	2,297			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	243	581			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: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 5/19/2015 5:50 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	2,147	581	6,722	1.00
2.00	HMO and other (see instructions)			902	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,147	581	6,722	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	283	12	397	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/19/2015 5:50 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	46,478,482	0	46,478,482	1,861,652.00	24.97	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)		1,754,317	318	1,754,635	69,523.00	25.24	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		99,840	0	99,840	3,120.00	32.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		434,707	0	434,707	1,884.00	230.74	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,060,740	0	10,060,740			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		375,294	0	375,294			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	428,561	0	428,561	12,509.00	34.26	26.00
27.00	Administrative & General	5.00	6,585,843	133,309	6,719,152	277,358.00	24.23	27.00
28.00	Administrative & General under contract (see inst.)		1,385,987	0	1,385,987	29,753.15	46.58	28.00
29.00	Maintenance & Repairs	6.00	989,420	0	989,420	35,172.00	28.13	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	52,545	0	52,545	4,210.00	12.48	31.00
32.00	Housekeeping	9.00	1,018,279	0	1,018,279	74,759.00	13.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	789,128	-566,278	222,850	16,753.94	13.30	34.00
35.00	Dietary under contract (see instructions)		375,360	0	375,360	10,400.00	36.09	35.00
36.00	Cafeteria	11.00	0	566,278	566,278	42,573.06	13.30	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	601,310	0	601,310	13,219.00	45.49	38.00
39.00	Central Services and Supply	14.00	730,497	0	730,497	44,845.00	16.29	39.00
40.00	Pharmacy	15.00	1,275,495	-1,275,495	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 5/19/2015 5:50 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	
41.00	Medical Records & Medical Records Library	16.00	1,858,956	-582,182	1,276,774	62,965.00	20.28	41.00
42.00	Social Service	17.00	248,068	0	248,068	10,288.00	24.11	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part III Date/Time Prepared: 5/19/2015 5:50 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)		48,239,829	0	48,239,829	1,901,805.15	25.37	1.00
2.00	Excluded area salaries (see instructions)		1,754,317	318	1,754,635	69,523.00	25.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)		46,485,512	-318	46,485,194	1,832,282.15	25.37	3.00
4.00	Subtotal other wages & related costs (see inst.)		534,547	0	534,547	5,004.00	106.82	4.00
5.00	Subtotal wage-related costs (see inst.)		10,060,740	0	10,060,740	0.00	21.64	5.00
6.00	Total (sum of lines 3 thru 5)		57,080,799	-318	57,080,481	1,837,286.15	31.07	6.00
7.00	Total overhead cost (see instructions)		16,339,449	-1,724,368	14,615,081	634,805.15	23.02	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part IV Date/Time Prepared: 5/19/2015 5:50 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,464,034	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	24,505	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,666,358	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	212,888	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	33,067	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	2,736	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	47,106	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	10,378	14.00
15.00	'Workers' Compensation Insurance	600,565	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	3,361,201	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	50,868	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	-87,185	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	49,513	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,436,034	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part V Date/Time Prepared: 5/19/2015 5:50 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	2,530,611	10,436,034	1.00
2.00	Hospital	1,861,187	10,060,740	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	669,424	205,669	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	169,625	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA | Provider CCN: 140289 | Component CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-4 | Date/Time Prepared: 5/19/2015 5:50 pm

Home Health Agency I | PPS

		1.00	
0.00	County	MADISON	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,311	0	1,225	3,536	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	210.00	0.00	255.00	465.00	2.00

		Enter the number of hours in your normal work week	Number of Employees (Full Time Equivalent)			
			Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)		1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel		1.00	0.00	1.00	5.00
6.00	Direct Nursing Service		2.50	0.00	2.50	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		3.10	0.00	3.10	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		1.40	0.00	1.40	10.00
11.00	Occupational Therapy Supervisor		0.00	0.00	0.00	11.00
12.00	Speech Pathology Service		1.15	0.00	1.15	12.00
13.00	Speech Pathology Supervisor		0.00	0.00	0.00	13.00
14.00	Medical Social Service		1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		1.70	0.00	1.70	16.00
17.00	Home Health Aide Supervisor		0.00	0.00	0.00	17.00
18.00	Other (specify)		0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES					
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.		2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).		41180			20.00
20.01			49740			20.01

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,635	110	119	30	1,894	21.00
22.00	Skilled Nursing Visit Charges	224,362	16,906	13,115	4,108	258,491	22.00
23.00	Physical Therapy Visits	1,001	0	15	22	1,038	23.00
24.00	Physical Therapy Visit Charges	158,000	0	2,370	3,476	163,846	24.00
25.00	Occupational Therapy Visits	419	0	7	10	436	25.00
26.00	Occupational Therapy Visit Charges	66,044	0	1,106	1,580	68,730	26.00
27.00	Speech Pathology Visits	69	0	1	8	78	27.00
28.00	Speech Pathology Visit Charges	10,902	0	158	1,106	12,166	28.00
29.00	Medical Social Service Visits	1	0	0	0	1	29.00
30.00	Medical Social Service Visit Charges	210	0	0	0	210	30.00
31.00	Home Health Aide Visits	493	25	4	25	547	31.00
32.00	Home Health Aide Visit Charges	41,076	2,100	336	2,100	45,612	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,618	135	146	95	3,994	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	500,594	19,006	17,085	12,370	549,055	35.00
36.00	Total Number of Episodes (standard/non outlier)	218		36	5	259	36.00
37.00	Total Number of Outlier Episodes		3		0	3	37.00
38.00	Total Non-Routine Medical Supply Charges	26,802	4,577	1,265	441	33,085	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/19/2015 5:50 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)	0.234971	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	4,811,105	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	1,278,717	5.00
6.00	Medicaid charges	36,109,117	6.00
7.00	Medicaid cost (line 1 times line 6)	8,484,595	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)	2,394,773	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	64,313	9.00
10.00	Stand-alone SCHIP charges	484,058	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	113,740	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	49,427	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	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,444,200	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	5,921,859	0	5,921,859	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,391,465	0	1,391,465	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,391,465	0	1,391,465	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)	2,988,266	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	424,556	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	2,563,710	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	602,398	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,993,863	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,438,063	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/19/2015 5:50 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		2,982,828	2,982,828	2,582,413	5,565,241	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,303,351	3,303,351	272,884	3,576,235	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	428,561	10,761,783	11,190,344	25,208	11,215,552	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,585,843	16,255,768	22,841,611	-271,974	22,569,637	5.00
6.00	00600	MAINTENANCE & REPAIRS	989,420	747,778	1,737,198	0	1,737,198	6.00
7.00	00700	OPERATION OF PLANT	0	2,059,088	2,059,088	1,001	2,060,089	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,545	479,154	531,699	0	531,699	8.00
9.00	00900	HOUSEKEEPING	1,018,279	207,452	1,225,731	-9,317	1,216,414	9.00
10.00	01000	DIETARY	789,128	947,707	1,736,835	-1,246,353	490,482	10.00
11.00	01100	CAFETERIA	0	0	0	1,246,353	1,246,353	11.00
13.00	01300	NURSING ADMINISTRATION	601,310	224,117	825,427	-217,755	607,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	730,497	638,788	1,369,285	-407,332	961,953	14.00
15.00	01500	PHARMACY	1,275,495	4,356,689	5,632,184	-1,497,487	4,134,697	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,858,956	1,046,816	2,905,772	-1,010,841	1,894,931	16.00
17.00	01700	SOCIAL SERVICE	248,068	4,626	252,694	0	252,694	17.00
23.00	02300	PARAMED ED PRGM-EMS	58,639	-29,935	28,704	0	28,704	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,233,222	212,354	5,445,576	843,270	6,288,846	30.00
31.00	03100	INTENSIVE CARE UNIT	1,855,833	166,860	2,022,693	-13,476	2,009,217	31.00
41.00	04100	SUBPROVIDER - IRF	886,454	700,728	1,587,182	-3,412	1,583,770	41.00
43.00	04300	NURSERY	0	0	0	862,046	862,046	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,101,369	9,119,934	14,221,303	-7,093,595	7,127,708	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,093,509	435,584	4,529,093	-1,943,335	2,585,758	52.00
53.00	05300	ANESTHESIOLOGY	0	295,925	295,925	-31,727	264,198	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,130,231	1,199,250	3,329,481	26,997	3,356,478	54.00
56.00	05600	RADIOISOTOPE	167,748	320,326	488,074	-228,155	259,919	56.00
57.00	05700	CT SCAN	338,319	920,876	1,259,195	-230,433	1,028,762	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	194,418	471,462	665,880	-68,846	597,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	618,264	1,756,216	2,374,480	-1,612,650	761,830	59.00
60.00	06000	LABORATORY	1,353,140	3,481,385	4,834,525	-61,039	4,773,486	60.00
65.00	06500	RESPIRATORY THERAPY	1,092,139	367,172	1,459,311	-145,472	1,313,839	65.00
66.00	06600	PHYSICAL THERAPY	1,346,593	284,662	1,631,255	-3,013	1,628,242	66.00
67.00	06700	OCCUPATIONAL THERAPY	707,095	22,300	729,395	138,470	867,865	67.00
68.00	06800	SPEECH PATHOLOGY	666,595	29,867	696,462	89,349	785,811	68.00
68.01	03040	AUDIOLOGY	128,393	160,146	288,539	-132,400	156,139	68.01
69.00	06900	ELECTROCARDIOLOGY	331,748	273,131	604,879	-7,181	597,698	69.00
69.01	03160	CARDIOPULMONARY	523,015	55,505	578,520	-5,474	573,046	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	50,041	8,000	58,041	-5,983	52,058	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,032,267	11,032,267	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,267,325	1,267,325	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	217,755	217,755	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,214,391	738,555	4,952,946	-303,230	4,649,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	809,224	87,736	896,960	-13,358	883,602	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		2,041,500	2,041,500	-2,041,500	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,478,482	67,135,484	113,613,966	0	113,613,966	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	46,478,482	67,135,484	113,613,966	0	113,613,966	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 5/19/2015 5:50 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	-3,336,707	2,228,534		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-302,185	3,274,050		2.00
3.00	00300	OTHER CAP REL COSTS	0	0		3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-43,369	11,172,183		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,457,477	15,112,160		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,737,198		6.00
7.00	00700	OPERATION OF PLANT	-27,877	2,032,212		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	531,699		8.00
9.00	00900	HOUSEKEEPING	0	1,216,414		9.00
10.00	01000	DIETARY	-448	490,034		10.00
11.00	01100	CAFETERIA	0	1,246,353		11.00
13.00	01300	NURSING ADMINISTRATION	0	607,672		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-7	961,946		14.00
15.00	01500	PHARMACY	0	4,134,697		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-125,985	1,768,946		16.00
17.00	01700	SOCIAL SERVICE	0	252,694		17.00
23.00	02300	PARAMED ED PRGM-EMS	0	28,704		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,288,846		30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,009,217		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,583,770		41.00
43.00	04300	NURSERY	0	862,046		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	7,127,708		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-9,222	2,576,536		52.00
53.00	05300	ANESTHESIOLOGY	-117,510	146,688		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-102,512	3,253,966		54.00
56.00	05600	RADIOISOTOPE	0	259,919		56.00
57.00	05700	CT SCAN	0	1,028,762		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	597,034		58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,000	749,830		59.00
60.00	06000	LABORATORY	-146,993	4,626,493		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,313,839		65.00
66.00	06600	PHYSICAL THERAPY	-43,011	1,585,231		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	867,865		67.00
68.00	06800	SPEECH PATHOLOGY	-40,049	745,762		68.00
68.01	03040	AUDIOLOGY	-17,335	138,804		68.01
69.00	06900	ELECTROCARDIOLOGY	-161,120	436,578		69.00
69.01	03160	CARDIOPULMONARY	-51,710	521,336		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,058		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,032,267		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,267,325		73.00
74.00	07400	RENAL DIALYSIS	0	217,755		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-167,806	4,481,910		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	883,602		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,163,323	101,450,643		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	RENTED SPACE	0	0		194.00
200.00		TOTAL (SUM OF LINES 118-199)	-12,163,323	101,450,643		200.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/19/2015 5:50 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,871,645		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	169,855		2.00
	TOTALS		0	2,041,500		
	B - CAFETERIA EXPENSES					
1.00	CAFETERIA	11.00	566,278	680,075		1.00
	TOTALS		566,278	680,075		
	C - SAL EXP FROM LDR TO NURS & A&P					
1.00	ADULTS & PEDIATRICS	30.00	818,702	87,117		1.00
2.00	NURSERY	43.00	818,702	87,117		2.00
	TOTALS		1,637,404	174,234		
	D - UTILIZATION REVIEW					
1.00	ADMINISTRATIVE & GENERAL	5.00	582,182	428,659		1.00
	TOTALS		582,182	428,659		
	E - ELECTRICITY EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	1,001		1.00
	TOTALS		0	1,001		
	F - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,980		1.00
	TOTALS		0	1,980		
	G - RENAL DIALYSIS EXPENSES					
1.00	RENAL DIALYSIS	74.00	0	217,755		1.00
	TOTALS		0	217,755		
	H - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	126,442		1.00
	TOTALS		0	126,442		
	J - RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,032,267		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	703		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	TOTALS		0	11,032,970		
	K - REAL ESTATE TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	225,197		1.00
	TOTALS		0	225,197		
	L - BLDG LEASES AND RENTALS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	462,158		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	462,158		
	M - PROFESSIONAL REMUNERATION					
1.00	ANESTHESIOLOGY	53.00	0	175,000		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000		2.00
	TOTALS		0	375,000		
	N - PENSION PLAN AUDIT COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,505		1.00
	TOTALS		0	24,505		
	O - REHAB ADMIN EXP					
1.00	PHYSICAL THERAPY	66.00	211,095	7,145		1.00
2.00	OCCUPATIONAL THERAPY	67.00	134,979	4,568		2.00
3.00	SPEECH PATHOLOGY	68.00	86,424	2,925		3.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/19/2015 5:50 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	AUDIOLOGY	68.01	16,375	554		4.00
	TOTALS		448,873	15,192		
	P - PHARMACISTS SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	4,292	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	809	0		2.00
3.00	SUBPROVIDER - IRF	41.00	318	0		3.00
4.00	NURSERY	43.00	228	0		4.00
5.00	OPERATING ROOM	50.00	455	0		5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	307	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	1,520	0		7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	1,267,325	0		8.00
9.00	EMERGENCY	91.00	241	0		9.00
	TOTALS		1,275,495	0		
500.00	Grand Total: Increases		4,510,232	15,806,668		500.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/19/2015 5:50 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	2,041,500	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,041,500			
	B - CAFETERIA EXPENSES						
1.00	DIETARY	10.00	566,278	680,075	0		1.00
	TOTALS		566,278	680,075			
	C - SAL EXP FROM LDR TO NURS & A&P						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,637,404	174,234	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,637,404	174,234			
	D - UTILIZATION REVIEW						
1.00	MEDICAL RECORDS & LIBRARY	16.00	582,182	428,659	0		1.00
	TOTALS		582,182	428,659			
	E - ELECTRICITY EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,001	0		1.00
	TOTALS		0	1,001			
	F - TELEPHONE EXPENSE						
1.00	HOME HEALTH AGENCY	101.00	0	1,980	0		1.00
	TOTALS		0	1,980			
	G - RENAL DIALYSIS EXPENSES						
1.00	NURSING ADMINISTRATION	13.00	0	217,755	0		1.00
	TOTALS		0	217,755			
	H - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	126,442	12		1.00
	TOTALS		0	126,442			
	J - RECLASS MEDICAL SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,645	0		1.00
2.00	HOUSEKEEPING	9.00	0	9,317	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	407,332	0		3.00
4.00	PHARMACY	15.00	0	221,992	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	66,841	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	14,285	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	3,730	0		7.00
8.00	NURSERY	43.00	0	44,001	0		8.00
9.00	OPERATING ROOM	50.00	0	7,094,050	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	132,004	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	206,727	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	173,003	0		12.00
13.00	RADIOISOTOPE	56.00	0	228,155	0		13.00
14.00	CT SCAN	57.00	0	230,433	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,846	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,614,170	0		16.00
17.00	LABORATORY	60.00	0	61,039	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	145,472	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	5,101	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	1,077	0		20.00
21.00	AUDIOLOGY	68.01	0	149,329	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	7,181	0		22.00
23.00	CARDIOPULMONARY	69.01	0	5,474	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,983	0		24.00
25.00	EMERGENCY	91.00	0	123,405	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	11,378	0		26.00
	TOTALS		0	11,032,970			
	K - REAL ESTATE TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	225,197	0		1.00
	TOTALS		0	225,197			
	L - BLDG LEASES AND RENTALS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,940	10		1.00
2.00	PHYSICAL THERAPY	66.00	0	216,152	10		2.00
3.00	EMERGENCY	91.00	0	180,066	10		3.00
	TOTALS		0	462,158			
	M - PROFESSIONAL REMUNERATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,000	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	375,000			
	N - PENSION PLAN AUDIT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,505	0		1.00
	TOTALS		0	24,505			
	O - REHAB ADMIN EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	448,873	15,192	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 5/19/2015 5:50 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
	TOTALS		448,873	15,192			
	P - PHARMACISTS SALARIES						
1.00	PHARMACY	15.00	1,275,495	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		1,275,495	0			
500.00	Grand Total: Decreases		4,510,232	15,806,668			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I | Date/Time Prepared: 5/19/2015 5:50 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	673,013	0	0	0	0	1.00
2.00	Land Improvements	2,738,702	38,535	0	38,535	0	2.00
3.00	Buildings and Fixtures	98,313,351	651,954	0	651,954	0	3.00
4.00	Building Improvements	24,000	0	0	0	0	4.00
5.00	Fixed Equipment	5,207,068	385,072	0	385,072	0	5.00
6.00	Movable Equipment	34,521,446	3,646,131	0	3,646,131	1,306,661	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	141,477,580	4,721,692	0	4,721,692	1,306,661	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	141,477,580	4,721,692	0	4,721,692	1,306,661	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	673,013	0	1.00
2.00	Land Improvements	2,777,237	0	2.00
3.00	Buildings and Fixtures	98,965,305	0	3.00
4.00	Building Improvements	24,000	0	4.00
5.00	Fixed Equipment	5,592,140	0	5.00
6.00	Movable Equipment	36,860,916	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,892,611	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	144,892,611	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II | Date/Time Prepared: 5/19/2015 5:50 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	2,982,828	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,231,417	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,214,245	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	2,982,828	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	71,934	3,303,351	2.00
3.00	Total (sum of lines 1-2)	71,934	6,286,179	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III | Date/Time Prepared: 5/19/2015 5:50 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	102,439,555	0	102,439,555	0.707003	89,395	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,453,056	0	42,453,056	0.292997	37,047	2.00
3.00	Total (sum of lines 1-2)	144,892,611	0	144,892,611	1.000000	126,442	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	159,215	0	248,610	2,982,828	462,158	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,982	0	103,029	3,231,417	0	2.00
3.00	Total (sum of lines 1-2)	225,197	0	351,639	6,214,245	462,158	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	-1,458,166	89,395	159,215	-6,896	2,228,534	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-132,330	37,047	65,982	71,934	3,274,050	2.00
3.00	Total (sum of lines 1-2)	-1,590,496	126,442	225,197	65,038	5,502,584	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/19/2015 5:50 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)	B	-3,329,811	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-302,185	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-157	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-20,180	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-27,877	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,986,180			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	B	-7	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-125,400	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** 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	OTHER REVENUE CANCER CENTER STUDIES	B	-13,212	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 5/19/2015 5:50 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	
33.01	OTHER MISC INCOME	B	-14,881	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	OTHER REVENUE CR CARD SHARING REV	B	-36,777	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	MANAGEMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	EDUCATION CLASSES - VARIOUS	B	-70	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	OB LACTATION REVENUE	B	-9,222	DELIVERY ROOM & LABOR ROOM	52.00	0	33.05
33.06	AH OTHER REVENUE HEALTH MGM	B	-33,440	CARDIOPULMONARY	69.01	0	33.06
33.07	OTHER REVENUE AMORT OF SECURITIES	B	-6,896	CAP REL COSTS-BLDG & FIXT	1.00	14	33.07
33.08	FINANCIAL SERVICE DONATION HMAP	A	-14,109	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	SALES TAX REVERSAL	A	3	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	SISHA EMPLOYEE BENEFITS	A	-9,162	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11	SISHA EMPLOYEE BENEFITS	A	-8,754	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12	SISHA EMPLOYEE BENEFITS	A	-3,805	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13	SISHA EMPLOYEE BENEFITS	A	-3,423	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14	REVERSE LIFELINE CREDIT	A	30	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	LOBBYING PORTION OF DUES	A	-39,666	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	ALCOHOL EXPENSE	A	-2,957	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.17	ALCOHOL EXPENSE	A	-448	DIETARY	10.00	0	33.17
33.18	ALCOHOL EXPENSE	A	-585	MEDICAL RECORDS & LIBRARY	16.00	0	33.18
33.19	PROMOTIONAL ITEMS	A	-11,502	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PUBLICITY SALARIES	A	-63,621	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PUBLICITY EXPENSES	A	-227,685	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22	PUBLICITY EMPLOYEE EXPENSES	A	-14,268	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.22
33.23	DONATION EXPENSE	A	-1,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.23
33.24	DONATION EXPENSE	A	-18,254	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25	SISHA PT SALARIES	A	-40,855	PHYSICAL THERAPY	66.00	0	33.25
33.26	SISHA ST SALARIES	A	-39,034	SPEECH PATHOLOGY	68.00	0	33.26
33.27	SISHA AUDIOLOGY SALARIES	A	-16,967	AUDIOLOGY	68.01	0	33.27
33.28	SISHA DIRECTOR SALARIES	A	-15,261	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	SISHA OVERHEAD	A	-2,156	PHYSICAL THERAPY	66.00	0	33.29
33.30	SISHA OVERHEAD	A	-1,015	SPEECH PATHOLOGY	68.00	0	33.30
33.31	SISHA OVERHEAD	A	-368	AUDIOLOGY	68.01	0	33.31
33.32	SISHA OVERHEAD	A	-517	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	PROVIDER TAX OFFSET	A	-5,457,649	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34			0		0.00	0	33.34
33.35			0		0.00	0	33.35
33.36			0		0.00	0	33.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,163,323				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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 5/19/2015 5:50 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	5.00	ADMINISTRATIVE & GENERAL	1,275,566	1,272,966	2,600	177,200	28	1.00
2.00	53.00	ANESTHESIOLOGY	175,000	0	175,000	200,300	597	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	200,000	0	200,000	225,300	1,022	3.00
4.00	59.00	CARDIAC CATHETERIZATION	25,000	0	25,000	208,000	130	4.00
5.00	60.00	LABORATORY	150,000	142,893	7,107	215,700	29	5.00
6.00	69.00	ELECTROCARDIOLOGY	161,120	161,120	0	0	0	6.00
7.00	69.01	CARDIOPULMONARY	25,000	0	25,000	177,200	79	7.00
8.00	91.00	EMERGENCY	167,806	167,806	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,179,492	1,744,785	434,707		1,885	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	5.00	ADMINISTRATIVE & GENERAL	2,385	119	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	57,490	2,875	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	110,700	5,535	0	0	0	3.00
4.00	59.00	CARDIAC CATHETERIZATION	13,000	650	0	0	0	4.00
5.00	60.00	LABORATORY	3,007	150	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	69.01	CARDIOPULMONARY	6,730	337	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			193,312	9,666	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	5.00	ADMINISTRATIVE & GENERAL	0	2,385	215	1,273,181		1.00
2.00	53.00	ANESTHESIOLOGY	0	57,490	117,510	117,510		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	110,700	89,300	89,300		3.00
4.00	59.00	CARDIAC CATHETERIZATION	0	13,000	12,000	12,000		4.00
5.00	60.00	LABORATORY	0	3,007	4,100	146,993		5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	161,120		6.00
7.00	69.01	CARDIOPULMONARY	0	6,730	18,270	18,270		7.00
8.00	91.00	EMERGENCY	0	0	0	167,806		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	193,312	241,395	1,986,180		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,228,534	2,228,534				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,274,050		3,274,050			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,172,183	3,516	10,065	11,185,764		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,112,160	174,200	1,379,104	1,619,127	18,284,591	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,737,198	14,457	33,777	241,256	2,026,688	6.00
7.00	00700	OPERATION OF PLANT	2,032,212	194,140	200,612	0	2,426,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	531,699	2,137	0	12,812	546,648	8.00
9.00	00900	HOUSEKEEPING	1,216,414	13,004	9,805	248,293	1,487,516	9.00
10.00	01000	DIETARY	490,034	51,262	1,431	54,339	597,066	10.00
11.00	01100	CAFETERIA	1,246,353	0	3,635	138,079	1,388,067	11.00
13.00	01300	NURSING ADMINISTRATION	607,672	13,863	361	146,621	768,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	961,946	53,714	27,614	178,121	1,221,395	14.00
15.00	01500	PHARMACY	4,134,697	12,265	124,251	0	4,271,213	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,768,946	44,096	12,741	311,323	2,137,106	16.00
17.00	01700	SOCIAL SERVICE	252,694	3,411	402	60,488	316,995	17.00
23.00	02300	PARAMED ED PRGM-EMS	28,704	0	0	14,298	43,002	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,288,846	131,473	57,748	1,476,723	7,954,790	30.00
31.00	03100	INTENSIVE CARE UNIT	2,009,217	44,066	35,553	452,716	2,541,552	31.00
41.00	04100	SUBPROVIDER - IRF	1,583,770	35,381	3,587	216,227	1,838,965	41.00
43.00	04300	NURSERY	862,046	5,104	18,192	199,685	1,085,027	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,127,708	154,070	638,999	1,244,008	9,164,785	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,576,536	157,965	54,575	598,962	3,388,038	52.00
53.00	05300	ANESTHESIOLOGY	146,688	0	29,974	0	176,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,253,966	40,051	278,693	519,427	4,092,137	54.00
56.00	05600	RADIOISOTOPE	259,919	5,259	988	40,903	307,069	56.00
57.00	05700	CT SCAN	1,028,762	47,551	18,207	82,494	1,177,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	597,034	13,953	3,788	47,406	662,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	749,830	0	69,567	151,126	970,523	59.00
60.00	06000	LABORATORY	4,626,493	47,811	90,901	329,944	5,095,149	60.00
65.00	06500	RESPIRATORY THERAPY	1,313,839	32,285	50,340	266,303	1,662,767	65.00
66.00	06600	PHYSICAL THERAPY	1,585,231	140,367	13,369	369,858	2,108,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	867,865	99,088	4,789	205,328	1,177,070	67.00
68.00	06800	SPEECH PATHOLOGY	745,762	35,781	1,046	174,095	956,684	68.00
68.01	03040	AUDIOLOGY	138,804	2,302	4,248	31,162	176,516	68.01
69.00	06900	ELECTROCARDIOLOGY	436,578	0	24,976	80,892	542,446	69.00
69.01	03160	CARDIOPULMONARY	521,336	17,149	6,434	127,530	672,449	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	52,058	0	4,340	12,202	68,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,032,267	0	0	0	11,032,267	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,267,325	0	0	309,019	1,576,344	73.00
74.00	07400	RENAL DIALYSIS	217,755	0	0	0	217,755	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,481,910	146,764	56,872	1,027,679	5,713,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	883,602	9,229	3,066	197,318	1,093,215	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,450,643	1,745,714	3,274,050	11,185,764	100,967,823	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,515	0	0	20,515	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	256,070	0	0	256,070	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	206,235	0	0	206,235	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	101,450,643	2,228,534	3,274,050	11,185,764	101,450,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/19/2015 5:50 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	18,284,591					5.00
6.00	00600	MAINTENANCE & REPAIRS	445,580	2,472,268				6.00
7.00	00700	OPERATION OF PLANT	533,583	235,698	3,196,245			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	120,184	2,595	3,708	673,135		8.00
9.00	00900	HOUSEKEEPING	327,039	15,788	22,562	0	1,852,905	9.00
10.00	01000	DIETARY	131,269	62,235	88,939	0	1,817	10.00
11.00	01100	CAFETERIA	305,175	0	0	0	4,295	11.00
13.00	01300	NURSING ADMINISTRATION	168,963	16,830	24,052	0	5,286	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	268,531	65,212	93,193	14,687	6,277	14.00
15.00	01500	PHARMACY	939,052	14,890	21,279	0	14,702	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	469,856	53,535	76,506	0	8,920	16.00
17.00	01700	SOCIAL SERVICE	69,693	4,141	5,918	0	7,433	17.00
23.00	02300	PARAMED ED PRGM-EMS	9,454	0	0	1,161	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,748,908	159,616	228,105	209,292	489,781	30.00
31.00	03100	INTENSIVE CARE UNIT	558,775	53,498	76,454	36,157	207,310	31.00
41.00	04100	SUBPROVIDER - IRF	404,307	42,955	61,386	37,217	117,118	41.00
43.00	04300	NURSERY	238,550	6,196	8,855	10,314	41,132	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,014,933	187,050	267,310	129,048	22,300	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	744,880	191,779	274,069	60,292	123,725	52.00
53.00	05300	ANESTHESIOLOGY	38,840	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	899,681	48,624	69,488	20,985	53,190	54.00
56.00	05600	RADIOISOTOPE	67,511	6,384	9,123	2,757	6,938	56.00
57.00	05700	CT SCAN	258,774	57,730	82,501	24,912	63,267	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	145,584	16,940	24,208	7,312	18,501	58.00
59.00	05900	CARDIAC CATHETERIZATION	213,375	0	0	7,631	0	59.00
60.00	06000	LABORATORY	1,120,199	58,045	82,952	0	41,627	60.00
65.00	06500	RESPIRATORY THERAPY	365,569	39,196	56,015	0	60,128	65.00
66.00	06600	PHYSICAL THERAPY	463,638	170,414	243,536	6,425	9,911	66.00
67.00	06700	OCCUPATIONAL THERAPY	258,786	120,299	171,917	4,108	6,277	67.00
68.00	06800	SPEECH PATHOLOGY	210,333	43,440	62,080	2,629	4,130	68.00
68.01	03040	AUDIOLOGY	38,808	2,795	3,994	499	826	68.01
69.00	06900	ELECTROCARDIOLOGY	119,260	0	0	0	42,618	69.00
69.01	03160	CARDIOPULMONARY	147,842	20,820	29,753	1,744	8,259	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,082	0	0	1,206	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,425,545	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	346,569	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	47,875	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,256,087	178,180	254,635	94,759	326,245	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	240,350	11,204	16,012	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,178,440	1,886,089	2,358,550	673,135	1,692,013	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,510	24,906	35,593	0	7,268	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	56,299	310,890	444,284	0	153,624	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	45,342	250,383	357,818	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,284,591	2,472,268	3,196,245	673,135	1,852,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	881,326					10.00
11.00	01100	CAFETERIA	0	1,697,537				11.00
13.00	01300	NURSING ADMINISTRATION	0	79,115	1,062,763			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	97,431	0	1,766,726		14.00
15.00	01500	PHARMACY	0	56,729	0	2,147	5,320,012	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,840	0	4	0	16.00
17.00	01700	SOCIAL SERVICE	0	23,149	0	4	0	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	56,983	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	672,500	341,136	344,420	13,266	17,904	30.00
31.00	03100	INTENSIVE CARE UNIT	73,544	46,638	84,416	7,781	3,371	31.00
41.00	04100	SUBPROVIDER - IRF	135,282	56,135	0	0	1,326	41.00
43.00	04300	NURSERY	0	24,252	40,038	2,267	951	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	137,285	251,963	81,021	1,898	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	72,840	120,032	6,802	1,279	52.00
53.00	05300	ANESTHESIOLOGY	0	16,281	0	5,318	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,948	0	2,721	0	54.00
56.00	05600	RADIOISOTOPE	0	7,208	0	268	0	56.00
57.00	05700	CT SCAN	0	65,208	0	5,949	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	19,164	0	301	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	23,797	838	6,338	59.00
60.00	06000	LABORATORY	0	85,814	0	165,098	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	62,325	0	8,503	0	65.00
66.00	06600	PHYSICAL THERAPY	0	22,471	0	1,360	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,331	0	159	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	9,158	0	141	0	68.00
68.01	03040	AUDIOLOGY	0	1,781	0	275	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	28,152	0	623	0	69.00
69.01	03160	CARDIOPULMONARY	0	31,714	0	792	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	15	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,445,565	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,285,935	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	109,302	198,097	15,228	1,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	280	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	881,326	1,621,390	1,062,763	1,766,726	5,320,012	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,427	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	41,720	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	881,326	1,697,537	1,062,763	1,766,726	5,320,012	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		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
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	2,847,767					16.00
17.00	01700	SOCIAL SERVICE	0	427,333				17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	110,600			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	141,925	218,924	0	12,540,567	0	30.00
31.00	03100	INTENSIVE CARE UNIT	25,554	85,619	0	3,800,669	0	31.00
41.00	04100	SUBPROVIDER - IRF	36,318	84,976	0	2,815,985	0	41.00
43.00	04300	NURSERY	29,489	2,269	0	1,489,340	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	524,506	0	0	12,782,099	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	103,662	6,811	0	5,094,209	0	52.00
53.00	05300	ANESTHESIOLOGY	64,223	0	0	301,324	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	229,893	0	0	5,471,667	0	54.00
56.00	05600	RADIOISOTOPE	30,212	0	0	437,470	0	56.00
57.00	05700	CT SCAN	272,904	0	0	2,008,259	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	80,098	0	0	974,289	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	116,190	0	0	1,338,692	0	59.00
60.00	06000	LABORATORY	380,501	0	0	7,029,385	0	60.00
65.00	06500	RESPIRATORY THERAPY	119,537	0	0	2,374,040	0	65.00
66.00	06600	PHYSICAL THERAPY	70,194	0	0	3,096,774	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,710	0	0	1,801,657	0	67.00
68.00	06800	SPEECH PATHOLOGY	17,006	0	0	1,305,601	0	68.00
68.01	03040	AUDIOLOGY	5,699	0	0	231,193	0	68.01
69.00	06900	ELECTROCARDIOLOGY	74,671	0	0	807,770	0	69.00
69.01	03160	CARDIOPULMONARY	13,659	0	0	927,032	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	10,945	0	0	95,848	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,584	0	0	14,922,961	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	109,949	0	0	7,318,797	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	265,630	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	314,604	28,734	110,600	8,600,706	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,734	0	0	1,368,795	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,847,767	427,333	110,600	99,200,759	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	127,219	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,262,887	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	859,778	0	194.00
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)	2,847,767	427,333	110,600	101,450,643	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM-EMS			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	12,540,567		30.00
31.00	03100	INTENSIVE CARE UNIT	3,800,669		31.00
41.00	04100	SUBPROVIDER - IRF	2,815,985		41.00
43.00	04300	NURSERY	1,489,340		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	12,782,099		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,094,209		52.00
53.00	05300	ANESTHESIOLOGY	301,324		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,471,667		54.00
56.00	05600	RADIOISOTOPE	437,470		56.00
57.00	05700	CT SCAN	2,008,259		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,289		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,692		59.00
60.00	06000	LABORATORY	7,029,385		60.00
65.00	06500	RESPIRATORY THERAPY	2,374,040		65.00
66.00	06600	PHYSICAL THERAPY	3,096,774		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,801,657		67.00
68.00	06800	SPEECH PATHOLOGY	1,305,601		68.00
68.01	03040	AUDIOLOGY	231,193		68.01
69.00	06900	ELECTROCARDIOLOGY	807,770		69.00
69.01	03160	CARDIOPULMONARY	927,032		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	95,848		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,922,961		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,318,797		73.00
74.00	07400	RENAL DIALYSIS	265,630		74.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	8,600,706		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	1,368,795		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	99,200,759		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,219		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,262,887		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	RENTED SPACE	859,778		194.00
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	101,450,643		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/19/2015 5:50 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	3,516	10,065	13,581	13,581	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	111,903	174,200	1,379,104	1,665,207	1,967	5.00
6.00	00600	MAINTENANCE & REPAIRS	361	14,457	33,777	48,595	293	6.00
7.00	00700	OPERATION OF PLANT	0	194,140	200,612	394,752	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,137	0	2,137	16	8.00
9.00	00900	HOUSEKEEPING	0	13,004	9,805	22,809	301	9.00
10.00	01000	DIETARY	0	51,262	1,431	52,693	66	10.00
11.00	01100	CAFETERIA	0	0	3,635	3,635	168	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,863	361	14,224	178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	61,594	53,714	27,614	142,922	216	14.00
15.00	01500	PHARMACY	0	12,265	124,251	136,516	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,096	12,741	56,837	378	16.00
17.00	01700	SOCIAL SERVICE	0	3,411	402	3,813	73	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	0	0	17	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,410	131,473	57,748	191,631	1,793	30.00
31.00	03100	INTENSIVE CARE UNIT	42	44,066	35,553	79,661	550	31.00
41.00	04100	SUBPROVIDER - IRF	0	35,381	3,587	38,968	262	41.00
43.00	04300	NURSERY	0	5,104	18,192	23,296	242	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	137,213	154,070	638,999	930,282	1,510	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	157,965	54,575	212,540	727	52.00
53.00	05300	ANESTHESIOLOGY	15,021	0	29,974	44,995	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	265,344	40,051	278,693	584,088	631	54.00
56.00	05600	RADIOISOTOPE	0	5,259	988	6,247	50	56.00
57.00	05700	CT SCAN	318,766	47,551	18,207	384,524	100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	264,087	13,953	3,788	281,828	58	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	69,567	69,567	183	59.00
60.00	06000	LABORATORY	20,985	47,811	90,901	159,697	401	60.00
65.00	06500	RESPIRATORY THERAPY	30,482	32,285	50,340	113,107	323	65.00
66.00	06600	PHYSICAL THERAPY	0	140,367	13,369	153,736	449	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	99,088	4,789	103,877	249	67.00
68.00	06800	SPEECH PATHOLOGY	0	35,781	1,046	36,827	211	68.00
68.01	03040	AUDIOLOGY	0	2,302	4,248	6,550	38	68.01
69.00	06900	ELECTROCARDIOLOGY	26,441	0	24,976	51,417	98	69.00
69.01	03160	CARDIOPULMONARY	0	17,149	6,434	23,583	155	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,340	4,340	15	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	375	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	146,764	56,872	203,636	1,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	9,229	3,066	12,295	240	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,254,649	1,745,714	3,274,050	6,274,413	13,581	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,515	0	20,515	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	256,070	0	256,070	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	206,235	0	206,235	0	194.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,254,649	2,228,534	3,274,050	6,757,233	13,581	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/19/2015 5:50 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	1,667,174					5.00
6.00	00600	MAINTENANCE & REPAIRS	40,627	89,515				6.00
7.00	00700	OPERATION OF PLANT	48,651	8,534	451,937			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,958	94	524	13,729		8.00
9.00	00900	HOUSEKEEPING	29,819	572	3,190	0	56,691	9.00
10.00	01000	DIETARY	11,969	2,253	12,576	0	56	10.00
11.00	01100	CAFETERIA	27,825	0	0	0	131	11.00
13.00	01300	NURSING ADMINISTRATION	15,406	609	3,401	0	162	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	24,484	2,361	13,177	300	192	14.00
15.00	01500	PHARMACY	85,621	539	3,009	0	450	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,840	1,938	10,818	0	273	16.00
17.00	01700	SOCIAL SERVICE	6,354	150	837	0	227	17.00
23.00	02300	PARAMED ED PRGM-EMS	862	0	0	24	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	159,462	5,779	32,253	4,267	14,987	30.00
31.00	03100	INTENSIVE CARE UNIT	50,948	1,937	10,810	737	6,343	31.00
41.00	04100	SUBPROVIDER - IRF	36,864	1,555	8,680	759	3,583	41.00
43.00	04300	NURSERY	21,750	224	1,252	210	1,258	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	183,717	6,773	37,797	2,632	682	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	67,917	6,944	38,752	1,230	3,785	52.00
53.00	05300	ANESTHESIOLOGY	3,541	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	82,031	1,761	9,825	428	1,627	54.00
56.00	05600	RADIOISOTOPE	6,156	231	1,290	56	212	56.00
57.00	05700	CT SCAN	23,594	2,090	11,665	508	1,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,274	613	3,423	149	566	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,455	0	0	156	0	59.00
60.00	06000	LABORATORY	102,137	2,102	11,729	0	1,274	60.00
65.00	06500	RESPIRATORY THERAPY	33,332	1,419	7,920	0	1,840	65.00
66.00	06600	PHYSICAL THERAPY	42,274	6,170	34,435	131	303	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,596	4,356	24,308	84	192	67.00
68.00	06800	SPEECH PATHOLOGY	19,178	1,573	8,778	54	126	68.00
68.01	03040	AUDIOLOGY	3,538	101	565	10	25	68.01
69.00	06900	ELECTROCARDIOLOGY	10,874	0	0	0	1,304	69.00
69.01	03160	CARDIOPULMONARY	13,480	754	4,207	36	253	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,375	0	0	25	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,181	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,599	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,365	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	114,527	6,452	36,004	1,933	9,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	21,915	406	2,264	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,657,496	68,290	333,489	13,729	51,769	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	411	902	5,033	0	222	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,133	11,257	62,821	0	4,700	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	4,134	9,066	50,594	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,667,174	89,515	451,937	13,729	56,691	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	79,613					10.00
11.00	01100	CAFETERIA	0	31,759				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,480	35,460			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,823	0	185,475		14.00
15.00	01500	PHARMACY	0	1,061	0	225	227,421	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,905	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	433	0	0	0	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	1,066	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	60,749	6,383	11,491	1,393	765	30.00
31.00	03100	INTENSIVE CARE UNIT	6,643	873	2,817	817	144	31.00
41.00	04100	SUBPROVIDER - IRF	12,221	1,050	0	0	57	41.00
43.00	04300	NURSERY	0	454	1,336	238	41	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,568	8,407	8,506	81	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,363	4,005	714	55	52.00
53.00	05300	ANESTHESIOLOGY	0	305	0	558	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,028	0	286	0	54.00
56.00	05600	RADIOISOTOPE	0	135	0	28	0	56.00
57.00	05700	CT SCAN	0	1,220	0	625	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	359	0	32	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	794	88	271	59.00
60.00	06000	LABORATORY	0	1,605	0	17,332	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,166	0	893	0	65.00
66.00	06600	PHYSICAL THERAPY	0	420	0	143	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	268	0	17	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	171	0	15	0	68.00
68.01	03040	AUDIOLOGY	0	33	0	29	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	527	0	65	0	69.00
69.01	03160	CARDIOPULMONARY	0	593	0	83	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	151,758	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	225,964	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	2,045	6,610	1,599	43	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	29	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,613	30,334	35,460	185,475	227,421	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	644	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	781	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	79,613	31,759	35,460	185,475	227,421	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-EMS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
		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
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	114,989					16.00
17.00	01700	SOCIAL SERVICE	0	11,887				17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	1,969			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,731	6,090		502,774	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,032	2,382		165,694	0	31.00
41.00	04100	SUBPROVIDER - IRF	1,466	2,364		107,829	0	41.00
43.00	04300	NURSERY	1,191	63		51,555	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,177	0		1,204,132	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,186	189		342,407	0	52.00
53.00	05300	ANESTHESIOLOGY	2,593	0		51,992	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,283	0		690,988	0	54.00
56.00	05600	RADIOISOTOPE	1,220	0		15,625	0	56.00
57.00	05700	CT SCAN	11,020	0		437,282	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,234	0		303,536	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,692	0		95,206	0	59.00
60.00	06000	LABORATORY	15,364	0		311,641	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,827	0		164,827	0	65.00
66.00	06600	PHYSICAL THERAPY	2,834	0		240,895	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,967	0		158,914	0	67.00
68.00	06800	SPEECH PATHOLOGY	687	0		67,620	0	68.00
68.01	03040	AUDIOLOGY	230	0		11,119	0	68.01
69.00	06900	ELECTROCARDIOLOGY	3,015	0		67,300	0	69.00
69.01	03160	CARDIOPULMONARY	552	0		43,696	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	442	0		6,199	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	791	0		373,730	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,440	0		262,378	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		4,365	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	12,703	799		397,581	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	312	0		37,461	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	114,989	11,887	0	6,116,746	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		27,727	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		340,762	0	192.00
193.00	19300	NONPAID WORKERS	0	0		0	0	193.00
194.00	07950	RENTED SPACE	0	0		270,029	0	194.00
200.00		Cross Foot Adjustments			1,969	1,969	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	114,989	11,887	1,969	6,757,233	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM-EMS			23.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	502,774		30.00
31.00	03100	INTENSIVE CARE UNIT	165,694		31.00
41.00	04100	SUBPROVIDER - IRF	107,829		41.00
43.00	04300	NURSERY	51,555		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	1,204,132		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342,407		52.00
53.00	05300	ANESTHESIOLOGY	51,992		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	690,988		54.00
56.00	05600	RADIOISOTOPE	15,625		56.00
57.00	05700	CT SCAN	437,282		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	303,536		58.00
59.00	05900	CARDIAC CATHETERIZATION	95,206		59.00
60.00	06000	LABORATORY	311,641		60.00
65.00	06500	RESPIRATORY THERAPY	164,827		65.00
66.00	06600	PHYSICAL THERAPY	240,895		66.00
67.00	06700	OCCUPATIONAL THERAPY	158,914		67.00
68.00	06800	SPEECH PATHOLOGY	67,620		68.00
68.01	03040	AUDIOLOGY	11,119		68.01
69.00	06900	ELECTROCARDIOLOGY	67,300		69.00
69.01	03160	CARDIOPULMONARY	43,696		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	6,199		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,730		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262,378		73.00
74.00	07400	RENAL DIALYSIS	4,365		74.00
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	397,581		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	37,461		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,116,746		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,727		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	340,762		192.00
193.00	19300	NONPAID WORKERS	0		193.00
194.00	07950	RENTED SPACE	270,029		194.00
200.00		Cross Foot Adjustments	1,969		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	6,757,233		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	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	446,257					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,231,418				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	704	9,934	45,874,183			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,883	1,361,149	6,640,270	-18,284,591	83,166,052	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,895	33,337	989,420	0	2,026,688	6.00
7.00	00700	OPERATION OF PLANT	38,876	198,000	0	0	2,426,964	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	0	52,545	0	546,648	8.00
9.00	00900	HOUSEKEEPING	2,604	9,677	1,018,279	0	1,487,516	9.00
10.00	01000	DIETARY	10,265	1,412	222,850	0	597,066	10.00
11.00	01100	CAFETERIA	0	3,588	566,278	0	1,388,067	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	356	601,310	0	768,517	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,756	27,254	730,497	0	1,221,395	14.00
15.00	01500	PHARMACY	2,456	122,633	0	0	4,271,213	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	12,575	1,276,774	0	2,137,106	16.00
17.00	01700	SOCIAL SERVICE	683	397	248,068	0	316,995	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	58,639	0	43,002	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,327	56,996	6,056,216	0	7,954,790	30.00
31.00	03100	INTENSIVE CARE UNIT	8,824	35,090	1,856,642	0	2,541,552	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	3,540	886,772	0	1,838,965	41.00
43.00	04300	NURSERY	1,022	17,955	818,930	0	1,085,027	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,852	630,678	5,101,824	0	9,164,785	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,632	53,864	2,456,412	0	3,388,038	52.00
53.00	05300	ANESTHESIOLOGY	0	29,584	0	0	176,662	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,020	275,064	2,130,231	0	4,092,137	54.00
56.00	05600	RADIOISOTOPE	1,053	975	167,748	0	307,069	56.00
57.00	05700	CT SCAN	9,522	17,970	338,319	0	1,177,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,794	3,739	194,418	0	662,181	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,661	619,784	0	970,523	59.00
60.00	06000	LABORATORY	9,574	89,717	1,353,140	0	5,095,149	60.00
65.00	06500	RESPIRATORY THERAPY	6,465	49,685	1,092,139	0	1,662,767	65.00
66.00	06600	PHYSICAL THERAPY	28,108	13,195	1,516,833	0	2,108,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,842	4,727	842,074	0	1,177,070	67.00
68.00	06800	SPEECH PATHOLOGY	7,165	1,032	713,985	0	956,684	68.00
68.01	03040	AUDIOLOGY	461	4,193	127,801	0	176,516	68.01
69.00	06900	ELECTROCARDIOLOGY	0	24,651	331,748	0	542,446	69.00
69.01	03160	CARDIOPULMONARY	3,434	6,350	523,015	0	672,449	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,283	50,041	0	68,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	11,032,267	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,267,325	0	1,576,344	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	217,755	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	29,389	56,131	4,214,632	0	5,713,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	3,026	809,224	0	1,093,215	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	349,573	3,231,418	45,874,183	-18,284,591	82,683,232	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	0	0	0	20,515	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,278	0	0	0	256,070	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	41,298	0	0	0	206,235	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,228,534	3,274,050	11,185,764		18,284,591	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.993835	1.013193	0.243836		0.219856	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			13,581		1,667,174	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000296		0.020046	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	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	407,775					6.00
7.00	00700	OPERATION OF PLANT	38,876	368,899				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	428	428	1,058,550			8.00
9.00	00900	HOUSEKEEPING	2,604	2,604	0	11,217		9.00
10.00	01000	DIETARY	10,265	10,265	0	11	92,574	10.00
11.00	01100	CAFETERIA	0	0	0	26	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,776	2,776	0	32	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,756	10,756	23,097	38	0	14.00
15.00	01500	PHARMACY	2,456	2,456	0	89	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,830	8,830	0	54	0	16.00
17.00	01700	SOCIAL SERVICE	683	683	0	45	0	17.00
23.00	02300	PARAMED ED PRGM-EMS	0	0	1,825	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,327	26,327	329,129	2,965	70,639	30.00
31.00	03100	INTENSIVE CARE UNIT	8,824	8,824	56,859	1,255	7,725	31.00
41.00	04100	SUBPROVIDER - IRF	7,085	7,085	58,526	709	14,210	41.00
43.00	04300	NURSERY	1,022	1,022	16,220	249	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,852	30,852	202,936	135	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,632	31,632	94,813	749	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,020	8,020	33,001	322	0	54.00
56.00	05600	RADIOISOTOPE	1,053	1,053	4,335	42	0	56.00
57.00	05700	CT SCAN	9,522	9,522	39,175	383	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,794	2,794	11,498	112	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	12,000	0	0	59.00
60.00	06000	LABORATORY	9,574	9,574	0	252	0	60.00
65.00	06500	RESPIRATORY THERAPY	6,465	6,465	0	364	0	65.00
66.00	06600	PHYSICAL THERAPY	28,108	28,108	10,103	60	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,842	19,842	6,460	38	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,165	7,165	4,135	25	0	68.00
68.01	03040	AUDIOLOGY	461	461	784	5	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	258	0	69.00
69.01	03160	CARDIOPULMONARY	3,434	3,434	2,742	50	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,897	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	29,389	29,389	149,015	1,975	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,848	1,848	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	311,091	272,215	1,058,550	10,243	92,574	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	4,108	0	44	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	51,278	51,278	0	930	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	41,298	41,298	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,472,268	3,196,245	673,135	1,852,905	881,326	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.062824	8.664282	0.635903	165.187216	9.520232	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	89,515	451,937	13,729	56,691	79,613	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.219521	1.225097	0.012970	5.054025	0.859993	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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	20,019					11.00
13.00	01300	NURSING ADMINISTRATION	933	13,219				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,149	0	13,483,300			14.00
15.00	01500	PHARMACY	669	0	16,384	1,264,046		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,201	0	30	0	62,965	16.00
17.00	01700	SOCIAL SERVICE	273	0	29	0	0	17.00
23.00	02300	PARAMED ED PRGM-EMS	672	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,023	4,284	101,247	4,254	3,138	30.00
31.00	03100	INTENSIVE CARE UNIT	550	1,050	59,380	801	565	31.00
41.00	04100	SUBPROVIDER - IRF	662	0	0	315	803	41.00
43.00	04300	NURSERY	286	498	17,303	226	652	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,619	3,134	618,332	451	11,597	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	859	1,493	51,908	304	2,292	52.00
53.00	05300	ANESTHESIOLOGY	192	0	40,582	0	1,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	648	0	20,768	0	5,083	54.00
56.00	05600	RADIOISOTOPE	85	0	2,046	0	668	56.00
57.00	05700	CT SCAN	769	0	45,403	0	6,034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	226	0	2,294	0	1,771	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	296	6,398	1,506	2,569	59.00
60.00	06000	LABORATORY	1,012	0	1,259,990	0	8,413	60.00
65.00	06500	RESPIRATORY THERAPY	735	0	64,893	0	2,643	65.00
66.00	06600	PHYSICAL THERAPY	265	0	10,376	0	1,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	169	0	1,216	0	1,077	67.00
68.00	06800	SPEECH PATHOLOGY	108	0	1,079	0	376	68.00
68.01	03040	AUDIOLOGY	21	0	2,102	0	126	68.01
69.00	06900	ELECTROCARDIOLOGY	332	0	4,758	0	1,651	69.00
69.01	03160	CARDIOPULMONARY	374	0	6,048	0	302	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	114	0	242	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	11,032,267	0	433	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,255,949	2,431	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,289	2,464	116,213	240	6,956	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	2,140	0	171	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,121	13,219	13,483,300	1,264,046	62,965	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	406	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	492	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,697,537	1,062,763	1,766,726	5,320,012	2,847,767	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	84.796294	80.396626	0.131031	4.208717	45.227777	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,759	35,460	185,475	227,421	114,989	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.586443	2.682502	0.013756	0.179915	1.826237	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 5/19/2015 5:50 pm

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)		
			17.00	23.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	148,200			17.00
23.00	02300	PARAMED ED PRGM-EMS	0	100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	75,923	0		30.00
31.00	03100	INTENSIVE CARE UNIT	29,693	0		31.00
41.00	04100	SUBPROVIDER - IRF	29,470	0		41.00
43.00	04300	NURSERY	787	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,362	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	9,965	100		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	0		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	148,200	100		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	RENTED SPACE	0	0		194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	427,333	110,600		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.883489	1,106.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	11,887	1,969		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.080209	19.690000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/19/2015 5:50 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	12,540,567		12,540,567	0	12,540,567	30.00
31.00	03100	INTENSIVE CARE UNIT	3,800,669		3,800,669	0	3,800,669	31.00
41.00	04100	SUBPROVIDER - IRF	2,815,985		2,815,985	0	2,815,985	41.00
43.00	04300	NURSERY	1,489,340		1,489,340	0	1,489,340	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,782,099		12,782,099	0	12,782,099	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,094,209		5,094,209	0	5,094,209	52.00
53.00	05300	ANESTHESIOLOGY	301,324		301,324	117,510	418,834	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,471,667		5,471,667	89,300	5,560,967	54.00
56.00	05600	RADIOISOTOPE	437,470		437,470	0	437,470	56.00
57.00	05700	CT SCAN	2,008,259		2,008,259	0	2,008,259	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	974,289		974,289	0	974,289	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,338,692		1,338,692	12,000	1,350,692	59.00
60.00	06000	LABORATORY	7,029,385		7,029,385	4,100	7,033,485	60.00
65.00	06500	RESPIRATORY THERAPY	2,374,040	0	2,374,040	0	2,374,040	65.00
66.00	06600	PHYSICAL THERAPY	3,096,774	0	3,096,774	0	3,096,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,801,657	0	1,801,657	0	1,801,657	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,601	0	1,305,601	0	1,305,601	68.00
68.01	03040	AUDIOLOGY	231,193	0	231,193	0	231,193	68.01
69.00	06900	ELECTROCARDIOLOGY	807,770		807,770	0	807,770	69.00
69.01	03160	CARDIOPULMONARY	927,032		927,032	18,270	945,302	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	95,848		95,848	0	95,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,922,961		14,922,961	0	14,922,961	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,318,797		7,318,797	0	7,318,797	73.00
74.00	07400	RENAL DIALYSIS	265,630		265,630	0	265,630	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,600,706		8,600,706	0	8,600,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,322,337		1,322,337		1,322,337	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	1,368,795		1,368,795		1,368,795	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	100,523,096	0	100,523,096	241,180	100,764,276	200.00
201.00		Less Observation Beds	1,322,337		1,322,337		1,322,337	201.00
202.00		Total (see instructions)	99,200,759	0	99,200,759	241,180	99,441,939	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,846,083		17,846,083			30.00
31.00	03100	INTENSIVE CARE UNIT	3,786,907		3,786,907			31.00
41.00	04100	SUBPROVIDER - IRF	5,385,909		5,385,909			41.00
43.00	04300	NURSERY	4,371,958		4,371,958			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,865,553	47,237,659	54,103,212	0.236254	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,288,982	1,750,721	15,039,703	0.338717	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,611,730	6,909,898	9,521,628	0.031646	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,024,675	29,956,252	34,980,927	0.156419	0.000000	54.00
56.00	05600	RADIOISOTOPE	785,349	3,691,029	4,476,378	0.097729	0.000000	56.00
57.00	05700	CT SCAN	3,463,305	36,993,567	40,456,872	0.049640	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,514,796	10,359,286	11,874,082	0.082052	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,512,304	8,713,243	17,225,547	0.077716	0.000000	59.00
60.00	06000	LABORATORY	20,055,693	36,354,457	56,410,150	0.124612	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,967,896	5,801,351	15,769,247	0.150549	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,086,489	5,317,377	10,403,866	0.297656	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,160,353	3,059,486	7,219,839	0.249543	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	641,643	1,877,252	2,518,895	0.518323	0.000000	68.00
68.01	03040	AUDIOLOGY	0	842,297	842,297	0.274479	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	3,917,484	6,840,112	10,757,596	0.075088	0.000000	69.00
69.01	03160	CARDIOPULMONARY	292,705	1,729,721	2,022,426	0.458376	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	80,607	1,541,263	1,621,870	0.059097	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,633,186	9,356,331	27,989,517	0.533163	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,667,075	4,630,587	16,297,662	0.449070	0.000000	73.00
74.00	07400	RENAL DIALYSIS	790,360	41,399	831,759	0.319359	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	7,715,896	38,943,263	46,659,159	0.184330	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	509,365	2,114,126	2,623,491	0.504037	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,146,493	1,146,493			101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	156,976,303	265,207,170	422,183,473			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	156,976,303	265,207,170	422,183,473			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.236254	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.338717	52.00
53.00	05300	ANESTHESIOLOGY	0.043988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158971	54.00
56.00	05600	RADIOISOTOPE	0.097729	56.00
57.00	05700	CT SCAN	0.049640	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082052	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078412	59.00
60.00	06000	LABORATORY	0.124685	60.00
65.00	06500	RESPIRATORY THERAPY	0.150549	65.00
66.00	06600	PHYSICAL THERAPY	0.297656	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249543	67.00
68.00	06800	SPEECH PATHOLOGY	0.518323	68.00
68.01	03040	AUDIOLOGY	0.274479	68.01
69.00	06900	ELECTROCARDIOLOGY	0.075088	69.00
69.01	03160	CARDIOPULMONARY	0.467410	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059097	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533163	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449070	73.00
74.00	07400	RENAL DIALYSIS	0.319359	74.00
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.184330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504037	92.00
		OTHER REIMBURSABLE COST CENTERS		
101.00	10100	HOME HEALTH AGENCY		101.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	502,774	0	502,774	21,784	23.08	30.00
31.00	INTENSIVE CARE UNIT	165,694		165,694	2,446	67.74	31.00
41.00	SUBPROVIDER - IRF	107,829	0	107,829	4,499	23.97	41.00
43.00	NURSERY	51,555		51,555	3,684	13.99	43.00
200.00	Total (lines 30-199)	827,852		827,852	32,413		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,596	175,316				30.00
31.00	INTENSIVE CARE UNIT	798	54,057				31.00
41.00	SUBPROVIDER - IRF	3,233	77,495				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	11,627	306,868				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 5/19/2015 5:50 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	1,204,132	54,103,212	0.022256	5,902,309	131,362	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342,407	15,039,703	0.022767	20,393	464	52.00
53.00	05300	ANESTHESIOLOGY	51,992	9,521,628	0.005460	839,067	4,581	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	690,988	34,980,927	0.019753	4,554,861	89,972	54.00
56.00	05600	RADIOISOTOPE	15,625	4,476,378	0.003491	462,161	1,613	56.00
57.00	05700	CT SCAN	437,282	40,456,872	0.010809	3,302,603	35,698	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	303,536	11,874,082	0.025563	683,355	17,469	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,206	17,225,547	0.005527	1,724,862	9,533	59.00
60.00	06000	LABORATORY	311,641	56,410,150	0.005525	9,521,433	52,606	60.00
65.00	06500	RESPIRATORY THERAPY	164,827	15,769,247	0.010452	4,165,224	43,535	65.00
66.00	06600	PHYSICAL THERAPY	240,895	10,403,866	0.023154	1,368,085	31,677	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,914	7,219,839	0.022011	719,276	15,832	67.00
68.00	06800	SPEECH PATHOLOGY	67,620	2,518,895	0.026845	198,325	5,324	68.00
68.01	03040	AUDIOLOGY	11,119	842,297	0.013201	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	67,300	10,757,596	0.006256	737,883	4,616	69.00
69.01	03160	CARDIOPULMONARY	43,696	2,022,426	0.021606	620	13	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	6,199	1,621,870	0.003822	40,019	153	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,730	27,989,517	0.013352	5,260,710	70,241	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262,378	16,297,662	0.016099	5,133,439	82,643	73.00
74.00	07400	RENAL DIALYSIS	4,365	831,759	0.005248	498,847	2,618	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	397,581	46,659,159	0.008521	3,402,150	28,990	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	53,015	2,623,491	0.020208	413,705	8,360	92.00
200.00		Total (lines 50-199)	5,304,448	389,646,123		48,949,327	637,300	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
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	21,784	0.00	7,596	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,446	0.00	798	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,499	0.00	3,233	0		41.00
43.00	04300	NURSERY	3,684	0.00	0	0		43.00
200.00		Total (lines 30-199)	32,413		11,627	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	110,600	0	110,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	110,600	0	110,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,103,212	0.000000	0.000000	5,902,309	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,039,703	0.000000	0.000000	20,393	52.00
53.00	05300	ANESTHESIOLOGY	0	9,521,628	0.000000	0.000000	839,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,980,927	0.000000	0.000000	4,554,861	54.00
56.00	05600	RADIOISOTOPE	0	4,476,378	0.000000	0.000000	462,161	56.00
57.00	05700	CT SCAN	0	40,456,872	0.000000	0.000000	3,302,603	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,874,082	0.000000	0.000000	683,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,225,547	0.000000	0.000000	1,724,862	59.00
60.00	06000	LABORATORY	0	56,410,150	0.000000	0.000000	9,521,433	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,769,247	0.000000	0.000000	4,165,224	65.00
66.00	06600	PHYSICAL THERAPY	0	10,403,866	0.000000	0.000000	1,368,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,219,839	0.000000	0.000000	719,276	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,518,895	0.000000	0.000000	198,325	68.00
68.01	03040	AUDIOLOGY	0	842,297	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	10,757,596	0.000000	0.000000	737,883	69.00
69.01	03160	CARDIOPULMONARY	0	2,022,426	0.000000	0.000000	620	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,621,870	0.000000	0.000000	40,019	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,989,517	0.000000	0.000000	5,260,710	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,297,662	0.000000	0.000000	5,133,439	73.00
74.00	07400	RENAL DIALYSIS	0	831,759	0.000000	0.000000	498,847	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	110,600	46,659,159	0.002370	0.002370	3,402,150	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,623,491	0.000000	0.000000	413,705	92.00
200.00		Total (lines 50-199)	110,600	389,646,123			48,949,327	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 5/19/2015 5:50 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,442,265	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,496,097	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,649,214	0		54.00
56.00	05600	RADIOISOTOPE	0	1,224,249	0		56.00
57.00	05700	CT SCAN	0	8,706,146	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,287,709	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,644,261	0		59.00
60.00	06000	LABORATORY	0	5,860,192	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	820,286	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	113,331	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,494,267	0		69.00
69.01	03160	CARDIOPULMONARY	0	494,412	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,102,082	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,621,420	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,919,814	0		73.00
74.00	07400	RENAL DIALYSIS	0	40,761	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	8,063	5,302,556	12,567		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	843,195	0		92.00
200.00		Total (lines 50-199)	8,063	52,062,257	12,567		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/19/2015 5:50 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	0.236254	10,442,265	0	0	2,467,027	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.338717	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031646	1,496,097	0	0	47,345	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156419	4,649,214	0	0	727,225	54.00
56.00	05600	RADIOISOTOPE	0.097729	1,224,249	0	0	119,645	56.00
57.00	05700	CT SCAN	0.049640	8,706,146	0	0	432,173	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082052	2,287,709	0	0	187,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077716	1,644,261	0	0	127,785	59.00
60.00	06000	LABORATORY	0.124612	5,860,192	332	0	730,250	60.00
65.00	06500	RESPIRATORY THERAPY	0.150549	820,286	0	0	123,493	65.00
66.00	06600	PHYSICAL THERAPY	0.297656	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249543	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.518323	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.274479	113,331	0	0	31,107	68.01
69.00	06900	ELECTROCARDIOLOGY	0.075088	1,494,267	0	0	112,202	69.00
69.01	03160	CARDIOPULMONARY	0.458376	494,412	281	0	226,627	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059097	1,102,082	0	0	65,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533163	3,621,420	0	0	1,930,807	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449070	1,919,814	0	28,362	862,131	73.00
74.00	07400	RENAL DIALYSIS	0.319359	40,761	0	0	13,017	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.184330	5,302,556	0	0	977,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504037	843,195	0	0	425,001	92.00
200.00		Subtotal (see instructions)		52,062,257	613	28,362	9,606,096	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		52,062,257	613	28,362	9,606,096	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	41	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	129	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,737		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	170	12,737		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	170	12,737		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,204,132	54,103,212	0.022256	74,020	1,647	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	342,407	15,039,703	0.022767	0	0	52.00
53.00	05300	ANESTHESIOLOGY	51,992	9,521,628	0.005460	9,538	52	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	690,988	34,980,927	0.019753	139,488	2,755	54.00
56.00	05600	RADIOISOTOPE	15,625	4,476,378	0.003491	13,332	47	56.00
57.00	05700	CT SCAN	437,282	40,456,872	0.010809	93,187	1,007	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	303,536	11,874,082	0.025563	5,579	143	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,206	17,225,547	0.005527	0	0	59.00
60.00	06000	LABORATORY	311,641	56,410,150	0.005525	609,007	3,365	60.00
65.00	06500	RESPIRATORY THERAPY	164,827	15,769,247	0.010452	353,419	3,694	65.00
66.00	06600	PHYSICAL THERAPY	240,895	10,403,866	0.023154	1,864,324	43,167	66.00
67.00	06700	OCCUPATIONAL THERAPY	158,914	7,219,839	0.022011	2,077,293	45,723	67.00
68.00	06800	SPEECH PATHOLOGY	67,620	2,518,895	0.026845	191,794	5,149	68.00
68.01	03040	AUDIOLOGY	11,119	842,297	0.013201	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	67,300	10,757,596	0.006256	18,749	117	69.00
69.01	03160	CARDIOPULMONARY	43,696	2,022,426	0.021606	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	6,199	1,621,870	0.003822	1,792	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	373,730	27,989,517	0.013352	148,522	1,983	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262,378	16,297,662	0.016099	504,527	8,122	73.00
74.00	07400	RENAL DIALYSIS	4,365	831,759	0.005248	109,059	572	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	397,581	46,659,159	0.008521	20,003	170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,623,491	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,251,433	389,646,123		6,233,633	117,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
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
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	0	110,600	0	110,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	110,600	0	110,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,103,212	0.000000	0.000000	74,020	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,039,703	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,521,628	0.000000	0.000000	9,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,980,927	0.000000	0.000000	139,488	54.00
56.00	05600	RADIOISOTOPE	0	4,476,378	0.000000	0.000000	13,332	56.00
57.00	05700	CT SCAN	0	40,456,872	0.000000	0.000000	93,187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,874,082	0.000000	0.000000	5,579	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,225,547	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	56,410,150	0.000000	0.000000	609,007	60.00
65.00	06500	RESPIRATORY THERAPY	0	15,769,247	0.000000	0.000000	353,419	65.00
66.00	06600	PHYSICAL THERAPY	0	10,403,866	0.000000	0.000000	1,864,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,219,839	0.000000	0.000000	2,077,293	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,518,895	0.000000	0.000000	191,794	68.00
68.01	03040	AUDIOLOGY	0	842,297	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	10,757,596	0.000000	0.000000	18,749	69.00
69.01	03160	CARDIOPULMONARY	0	2,022,426	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,621,870	0.000000	0.000000	1,792	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,989,517	0.000000	0.000000	148,522	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,297,662	0.000000	0.000000	504,527	73.00
74.00	07400	RENAL DIALYSIS	0	831,759	0.000000	0.000000	109,059	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	110,600	46,659,159	0.002370	0.002370	20,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,623,491	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	110,600	389,646,123			6,233,633	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	685	0		54.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
68.01	03040	AUDIOLOGY	0	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	796	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	47	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00		Total (lines 50-199)	47	1,481	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | 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	0.236254	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.338717	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031646	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.156419	685	0	0	107	54.00
56.00	05600	RADIOISOTOPE	0.097729	0	0	0	0	56.00
57.00	05700	CT SCAN	0.049640	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082052	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.077716	0	0	0	0	59.00
60.00	06000	LABORATORY	0.124612	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.150549	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.297656	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249543	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.518323	0	0	0	0	68.00
68.01	03040	AUDIOLOGY	0.274479	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.075088	0	0	0	0	69.00
69.01	03160	CARDIOPULMONARY	0.458376	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059097	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533163	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449070	796	0	320	357	73.00
74.00	07400	RENAL DIALYSIS	0.319359	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.184330	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504037	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,481	0	320	464	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,481	0	320	464	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
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
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
68.01	03040	AUDIOLOGY	0	0		68.01
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03160	CARDIOPULMONARY	0	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	144		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00		Subtotal (see instructions)	0	144		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	144		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/19/2015 5:50 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)	21,784	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	21,784	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)	19,487	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,596	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)	12,540,567	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)	12,540,567	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)	12,540,567	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)	575.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,372,865	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)	4,372,865	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,800,669	2,446	1,553.83	798	1,239,956	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)	11,229,637	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	16,842,458	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)	229,373	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	645,363	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	874,736	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	15,967,722	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)	2,297	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	575.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,322,337	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	502,774	12,540,567	0.040092	1,322,337	53,015	90.00
91.00	Nursing School cost	0	12,540,567	0.000000	1,322,337	0	91.00
92.00	Allied health cost	0	12,540,567	0.000000	1,322,337	0	92.00
93.00	All other Medical Education	0	12,540,567	0.000000	1,322,337	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,499	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,499	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,499	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,233	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,815,985	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,815,985	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,815,985	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)	625.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,023,567	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,023,567	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,694,107	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,717,674	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)	77,495	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	117,767	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	195,262	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,522,412	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 14T289 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	107,829	2,815,985	0.038292	0	0	90.00
91.00	Nursing School cost	0	2,815,985	0.000000	0	0	91.00
92.00	Allied health cost	0	2,815,985	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,815,985	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		6,773,128		30.00
31.00	03100	INTENSIVE CARE UNIT		1,514,576		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.236254	5,902,309	1,394,444	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.338717	20,393	6,907	52.00
53.00	05300	ANESTHESIOLOGY	0.043988	839,067	36,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158971	4,554,861	724,091	54.00
56.00	05600	RADIOISOTOPE	0.097729	462,161	45,167	56.00
57.00	05700	CT SCAN	0.049640	3,302,603	163,941	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082052	683,355	56,071	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078412	1,724,862	135,250	59.00
60.00	06000	LABORATORY	0.124685	9,521,433	1,187,180	60.00
65.00	06500	RESPIRATORY THERAPY	0.150549	4,165,224	627,070	65.00
66.00	06600	PHYSICAL THERAPY	0.297656	1,368,085	407,219	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249543	719,276	179,490	67.00
68.00	06800	SPEECH PATHOLOGY	0.518323	198,325	102,796	68.00
68.01	03040	AUDIOLOGY	0.274479	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.075088	737,883	55,406	69.00
69.01	03160	CARDIOPULMONARY	0.467410	620	290	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059097	40,019	2,365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533163	5,260,710	2,804,816	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449070	5,133,439	2,305,273	73.00
74.00	07400	RENAL DIALYSIS	0.319359	498,847	159,311	74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.184330	3,402,150	627,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504037	413,705	208,523	92.00
200.00		Total (sum of lines 50-94 and 96-98)		48,949,327	11,229,637	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)		48,949,327		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		3,871,040		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.236254	74,020	17,488	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.338717	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.043988	9,538	420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158971	139,488	22,175	54.00
56.00	05600	RADIOISOTOPE	0.097729	13,332	1,303	56.00
57.00	05700	CT SCAN	0.049640	93,187	4,626	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.082052	5,579	458	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.078412	0	0	59.00
60.00	06000	LABORATORY	0.124685	609,007	75,934	60.00
65.00	06500	RESPIRATORY THERAPY	0.150549	353,419	53,207	65.00
66.00	06600	PHYSICAL THERAPY	0.297656	1,864,324	554,927	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249543	2,077,293	518,374	67.00
68.00	06800	SPEECH PATHOLOGY	0.518323	191,794	99,411	68.00
68.01	03040	AUDIOLOGY	0.274479	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.075088	18,749	1,408	69.00
69.01	03160	CARDIOPULMONARY	0.467410	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059097	1,792	106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.533163	148,522	79,186	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.449070	504,527	226,568	73.00
74.00	07400	RENAL DIALYSIS	0.319359	109,059	34,829	74.00
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.184330	20,003	3,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.504037	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,233,633	1,694,107	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)		6,233,633		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		11,730,524		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,910,175		1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0		1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0		1.04
2.00	Outlier payments for discharges. (see instructions)		175,015		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)		127.71		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0		22.01
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0		28.01
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0		29.01
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58		30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.02		31.00
32.00	Sum of lines 30 and 31		21.60		32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.03		33.00
34.00	Disproportionate share adjustment (see instructions)		274,885		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000158469	0.000144143	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,433,571	1,103,612	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,072,232	278,171	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,350,403		36.00
	Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		17,441,002		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		17,441,002		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,307,439		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		5,674		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		8,063		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,762,178		59.00
60.00	Primary payer payments		23,731		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,738,447		61.00
62.00	Deductibles billed to program beneficiaries		1,867,232		62.00
63.00	Coinsurance billed to program beneficiaries		12,768		63.00
64.00	Allowable bad debts (see instructions)		348,230		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		226,350		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		279,967		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,084,797		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS PER PS&R		-49,399		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-27,595		70.93
70.94	HRR adjustment amount (see instructions)		-4,402		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,003,401		71.00
71.01	Sequestration adjustment (see instructions)		340,068		71.01
72.00	Interim payments		16,679,885		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)		-16,552		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		566,116		75.00
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00

		Prior to 10/1	On/After 10/1	
		1.00	2.00	
	HSP Bonus Payment Amount			
100.00	HSP bonus amount (see instructions)	0	0	100.00
	HVBP Adjustment for HSP Bonus Payment			
101.00	HVBP adjustment factor (see instructions)	0.9971	0.9998	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
	HRR Adjustment for HSP Bonus Payment			
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	12,907	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	9,593,529	2.00
3.00	PPS payments	9,994,420	3.00
4.00	Outlier payment (see instructions)	1,927	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	12,567	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	12,907	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	28,975	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	28,975	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)	28,975	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	16,068	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)	12,907	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	10,008,914	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	2,157,150	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	56	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	7,864,615	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	7,864,615	30.00
31.00	Primary payer payments	1,612	31.00
32.00	Subtotal (line 30 minus line 31)	7,863,003	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	300,785	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	195,510	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	258,705	36.00
37.00	Subtotal (see instructions)	8,058,513	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-24	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	8,058,537	40.00
40.01	Sequestration adjustment (see instructions)	161,171	40.01
41.00	Interim payments	7,896,574	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	792	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	144	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	464	2.00
3.00	PPS payments	360	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	144	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	320	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	320	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)	320	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	176	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)	144	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	360	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	22	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	482	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	482	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	482	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	482	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	482	40.00
40.01	Sequestration adjustment (see instructions)	10	40.01
41.00	Interim payments	463	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	9	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		16,679,885		7,896,574	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)		16,679,885		7,896,574	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		792	6.01
6.02	SETTLEMENT TO PROGRAM		16,552		0	6.02
7.00	Total Medicare program liability (see instructions)		16,663,333		7,897,366	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140289 | Component CCN: 14T289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,262,199		463	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)		4,262,199		463	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		9	6.01
6.02	SETTLEMENT TO PROGRAM		35,815		0	6.02
7.00	Total Medicare program liability (see instructions)		4,226,384		472	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: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	6,722	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	8,394	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3,599	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	21,933	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	422,183,473	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	5,921,859	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	863,679	8.00
9.00	Sequestration adjustment amount (see instructions)	17,274	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	846,405	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	872,564	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)	-26,159	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/19/2015 5:50 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	4,316,405	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0119	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	60,861	3.00
4.00	Outlier Payments	8,324	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	12.326027	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	4,385,590	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	4,385,590	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	4,385,590	19.00
20.00	Deductibles	63,232	20.00
21.00	Subtotal (line 19 minus line 20)	4,322,358	21.00
22.00	Coinsurance	12,464	22.00
23.00	Subtotal (line 21 minus line 22)	4,309,894	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	4,148	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	2,696	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,216	26.00
27.00	Subtotal (sum of lines 23 and 25)	4,312,590	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	47	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	4,312,637	32.00
32.01	Sequestration adjustment (see instructions)	86,253	32.01
33.00	Interim payments	4,262,199	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-35,815	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	119,052	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	8,324	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G | Date/Time Prepared: 5/19/2015 5:50 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	6,304,877	0	0	0	1.00
2.00	Temporary investments	1,653,991	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,710,143	0	0	0	4.00
5.00	Other receivable	5,282,750	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,309,488	0	0	0	7.00
8.00	Prepaid expenses	1,754,173	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	147,318	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,162,740	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	673,013	0	0	0	12.00
13.00	Land improvements	2,777,237	0	0	0	13.00
14.00	Accumulated depreciation	-2,163,440	0	0	0	14.00
15.00	Buildings	98,965,304	0	0	0	15.00
16.00	Accumulated depreciation	-44,033,378	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	5,592,140	0	0	0	19.00
20.00	Accumulated depreciation	-4,216,347	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	36,777,731	0	0	0	23.00
24.00	Accumulated depreciation	-26,232,440	0	0	0	24.00
25.00	Minor equipment depreciable	83,185	0	0	0	25.00
26.00	Accumulated depreciation	-83,185	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	4,239,645	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	72,379,465	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	42,378,969	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	26,454,197	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	68,833,166	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	175,375,371	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	4,864,102	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)	4,391,546	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	5,025,000	0	0	0	43.00
44.00	Other current liabilities	10,771,481	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,052,129	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	38,036,076	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	15,937,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	53,973,076	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	79,025,205	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	96,350,166				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)	96,350,166	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	175,375,371	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 5/19/2015 5:50 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		80,801,083		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		21,239,298				2.00
3.00	Total (sum of line 1 and line 2)		102,040,381		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)		102,040,381		0		11.00
12.00	TRANSFERS TO AFFILIATES	5,690,215		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)		5,690,215		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		96,350,166		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	TRANSFERS TO AFFILIATES		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: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/19/2015 5:50 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	22,218,041		22,218,041	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,385,909		5,385,909	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				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)	27,603,950		27,603,950	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	3,786,907		3,786,907	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)	3,786,907		3,786,907	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,390,857		31,390,857	17.00
18.00	Ancillary services	117,160,185	223,203,288	340,363,473	18.00
19.00	Outpatient services	8,225,261	41,057,389	49,282,650	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		1,146,493	1,146,493	22.00
23.00	AMBULANCE SERVICES				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)	156,776,303	265,407,170	422,183,473	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		113,613,966		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)		113,613,966		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/19/2015 5:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	422,183,473	1.00
2.00	Less contractual allowances and discounts on patients' accounts	295,565,193	2.00
3.00	Net patient revenues (line 1 minus line 2)	126,618,280	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	113,613,966	4.00
5.00	Net income from service to patients (line 3 minus line 4)	13,004,314	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,333,392	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	157	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	125,400	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,426,126	22.00
23.00	Governmental appropriations	0	23.00
24.00	MANAGEMENT FEES	264,000	24.00
24.01	SISHA INCOME	209,854	24.01
24.02	MEDICAID EMR REVENUE	1,159,285	24.02
24.03	MISCELLANEOUS INCOME	1,720,183	24.03
25.00	Total other income (sum of lines 6-24)	8,238,397	25.00
26.00	Total (line 5 plus line 25)	21,242,711	26.00
27.00	LOSS ON DISPOSAL OF ASSETS	3,413	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,413	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	21,239,298	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H | Date/Time Prepared: 5/19/2015 5:50 pm

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	159,194	0	0	0	21,157	180,351	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	407,743	0	14,753	0	0	422,496	6.00
7.00	Physical Therapy	129,911	0	10,288	21,535	0	161,734	7.00
8.00	Occupational Therapy	51,711	0	4,088	0	0	55,799	8.00
9.00	Speech Pathology	7,449	0	588	0	0	8,037	9.00
10.00	Medical Social Services	0	0	5	100	0	105	10.00
11.00	Home Health Aide	53,216	0	3,844	0	0	57,060	11.00
12.00	Supplies (see instructions)	0	0	0	0	11,378	11,378	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	809,224	0	33,566	21,635	32,535	896,960	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-1,980	178,371	0	178,371			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	422,496	0	422,496			6.00
7.00	Physical Therapy	0	161,734	0	161,734			7.00
8.00	Occupational Therapy	0	55,799	0	55,799			8.00
9.00	Speech Pathology	0	8,037	0	8,037			9.00
10.00	Medical Social Services	0	105	0	105			10.00
11.00	Home Health Aide	0	57,060	0	57,060			11.00
12.00	Supplies (see instructions)	-11,378	0	0	0			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	0	0	0			23.00
24.00	Total (sum of lines 1-23)	-13,358	883,602	0	883,602			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140289 HHA CCN: 147420

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

Worksheet H-1 Part I Date/Time Prepared: 5/19/2015 5:50 pm

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			Capital Related Costs					
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	178,371	0	0	0	0	178,371	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	422,496	0	0	0	0	422,496	6.00
7.00	Physical Therapy	161,734	0	0	0	0	161,734	7.00
8.00	Occupational Therapy	55,799	0	0	0	0	55,799	8.00
9.00	Speech Pathology	8,037	0	0	0	0	8,037	9.00
10.00	Medical Social Services	105	0	0	0	0	105	10.00
11.00	Home Health Aide	57,060	0	0	0	0	57,060	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	883,602	0	0	0	0	883,602	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	178,371		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	106,859	529,355	6.00
7.00	Physical Therapy	40,907	202,641	7.00
8.00	Occupational Therapy	14,113	69,912	8.00
9.00	Speech Pathology	2,033	10,070	9.00
10.00	Medical Social Services	27	132	10.00
11.00	Home Health Aide	14,432	71,492	11.00
12.00	Supplies (see instructions)	0	0	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	0	0	23.00
24.00	Total (sum of lines 1-23)		883,602	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140289 HHA CCN: 147420

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

Worksheet H-1 Part II Date/Time Prepared: 5/19/2015 5:50 pm

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.00	5.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00
2.00	Capital Related - Movable Equipment		0			0		2.00
3.00	Plant Operation & Maintenance	0	0	0		0		3.00
4.00	Transportation (see instructions)	0	0	0	0			4.00
5.00	Administrative and General	0	0	0	0	-178,371	705,231	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	422,496	6.00
7.00	Physical Therapy	0	0	0	0	0	161,734	7.00
8.00	Occupational Therapy	0	0	0	0	0	55,799	8.00
9.00	Speech Pathology	0	0	0	0	0	8,037	9.00
10.00	Medical Social Services	0	0	0	0	0	105	10.00
11.00	Home Health Aide	0	0	0	0	0	57,060	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-178,371	705,231	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		178,371	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.252926	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part I
HHA CCN: 147420 | Date/Time Prepared: 5/19/2015 5:50 pm

Home Health Agency I | PPS

	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	9,229	3,066	38,817	51,112	11,237	1.00
2.00	Skilled Nursing Care	529,355	0	0	99,423	628,778	138,241	2.00
3.00	Physical Therapy	202,641	0	0	31,677	234,318	51,516	3.00
4.00	Occupational Therapy	69,912	0	0	12,609	82,521	18,143	4.00
5.00	Speech Pathology	10,070	0	0	1,816	11,886	2,613	5.00
6.00	Medical Social Services	132	0	0	0	132	29	6.00
7.00	Home Health Aide	71,492	0	0	12,976	84,468	18,571	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	883,602	9,229	3,066	197,318	1,093,215	240,350	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	11,204	16,012	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	11,204	16,012	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

HHA CCN: 147420 | Home Health Agency I | PPS

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM-EMS	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	280	0	7,734	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	280	0	7,734	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	97,579	0	97,579				1.00
2.00	Skilled Nursing Care	767,019	0	767,019	58,877	825,896		2.00
3.00	Physical Therapy	285,834	0	285,834	21,941	307,775		3.00
4.00	Occupational Therapy	100,664	0	100,664	7,727	108,391		4.00
5.00	Speech Pathology	14,499	0	14,499	1,113	15,612		5.00
6.00	Medical Social Services	161	0	161	12	173		6.00
7.00	Home Health Aide	103,039	0	103,039	7,909	110,948		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	1,368,795	0	1,368,795	97,579	1,368,795		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.076760			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289 HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-2 Part II Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		1.00	2.00	4.00	5A	5.00	6.00	
1.00	Administrative and General	1,848	3,026	159,194	0	51,112	1,848	1.00
2.00	Skilled Nursing Care	0	0	407,743	0	628,778	0	2.00
3.00	Physical Therapy	0	0	129,911	0	234,318	0	3.00
4.00	Occupational Therapy	0	0	51,711	0	82,521	0	4.00
5.00	Speech Pathology	0	0	7,449	0	11,886	0	5.00
6.00	Medical Social Services	0	0	0	0	132	0	6.00
7.00	Home Health Aide	0	0	53,216	0	84,468	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,848	3,026	809,224		1,093,215	1,848	20.00
21.00	Total cost to be allocated	9,229	3,066	197,318		240,350	11,204	21.00
22.00	Unit cost multiplier	4.994048	1.013219	0.243836		0.219856	6.062771	22.00

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	1,848	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,848	0	0	0	0	0	20.00
21.00	Total cost to be allocated	16,012	0	0	0	0	0	21.00
22.00	Unit cost multiplier	8.664502	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289 HHA CCN: 147420

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

Worksheet H-2 Part II Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM-EMS (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	23.00		
1.00	Administrative and General	2,140	0	171	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	2,140	0	171	0	0		20.00
21.00	Total cost to be allocated	280	0	7,734	0	0		21.00
22.00	Unit cost multiplier	0.130841	0.000000	45.228070	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	825,896		825,896	3,212	257.13	1.00
2.00	Physical Therapy	3.00	307,775	0	307,775	2,240	137.40	2.00
3.00	Occupational Therapy	4.00	108,391	0	108,391	890	121.79	3.00
4.00	Speech Pathology	5.00	15,612	0	15,612	128	121.97	4.00
5.00	Medical Social Services	6.00	173		173	1	173.00	5.00
6.00	Home Health Aide	7.00	110,948		110,948	837	132.55	6.00
7.00	Total (sum of lines 1-6)		1,368,795	0	1,368,795	7,308		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	0	1,888			8.00
8.01	Skilled Nursing Care		49740	0	6			8.01
9.00	Physical Therapy		41180	0	1,029			9.00
9.01	Physical Therapy		49740	0	9			9.01
10.00	Occupational Therapy		41180	0	434			10.00
10.01	Occupational Therapy		49740	0	2			10.01
11.00	Speech Pathology		41180	0	78			11.00
11.01	Speech Pathology		49740	0	0			11.01
12.00	Medical Social Services		41180	0	1			12.00
12.01	Medical Social Services		49740	0	0			12.01
13.00	Home Health Aide		41180	0	547			13.00
13.01	Home Health Aide		49740	0	0			13.01
14.00	Total (sum of lines 8-13)			0	3,994			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	17,640	17,640	33,085	0.533172	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	1,894		0	487,004		1.00
2.00	Physical Therapy	0	1,038		0	142,621		2.00
3.00	Occupational Therapy	0	436		0	53,100		3.00
4.00	Speech Pathology	0	78		0	9,514		4.00
5.00	Medical Social Services	0	1		0	173		5.00
6.00	Home Health Aide	0	547		0	72,505		6.00
7.00	Total (sum of lines 1-6)	0	3,994		0	764,917		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part I | Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

	Cost Center Description	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	33,085	0				15.00
16.00	Cost of Drugs		0	0		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)		
		12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
	Cost Per Visit Computation			
1.00	Skilled Nursing Care	487,004		1.00
2.00	Physical Therapy	142,621		2.00
3.00	Occupational Therapy	53,100		3.00
4.00	Speech Pathology	9,514		4.00
5.00	Medical Social Services	173		5.00
6.00	Home Health Aide	72,505		6.00
7.00	Total (sum of lines 1-6)	764,917		7.00

	Cost Center Description			
		12.00		
	Limitation Cost Computation			
8.00	Skilled Nursing Care			8.00
8.01	Skilled Nursing Care			8.01
9.00	Physical Therapy			9.00
9.01	Physical Therapy			9.01
10.00	Occupational Therapy			10.00
10.01	Occupational Therapy			10.01
11.00	Speech Pathology			11.00
11.01	Speech Pathology			11.01
12.00	Medical Social Services			12.00
12.01	Medical Social Services			12.01
13.00	Home Health Aide			13.00
13.01	Home Health Aide			13.01
14.00	Total (sum of lines 8-13)			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-3 Part II | Date/Time Prepared: 5/19/2015 5:50 pm

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	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.297656	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.249543	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.518323	0	0	col. 2, line 4.00		3.00
3.01	Speech Pathology 1	68.01	0.274479	0	0	col. 2, line 4.01		3.01
4.00	Cost of Medical Supplies	71.00	0.533163	33,085	17,640	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.449070	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 140289 | HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-4 Part I-II | Date/Time Prepared: 5/19/2015 5:50 pm

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		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	602,194	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	6,239	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	15,452	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	6,955	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	2,937	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	633,777	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	633,777	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	0	633,777	26.00
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	633,777	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	633,777	31.00
31.01	Sequestration adjustment (see instructions)	0	12,676	31.01
32.00	Interim payments (see instructions)	0	621,101	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140289 HHA CCN: 147420 | Period: From 01/01/2014 To 12/31/2014 | Worksheet H-5 | Date/Time Prepared: 5/19/2015 5:50 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		0		621,101	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			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			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. H-4, Part II, column as appropriate, line 32)		0		621,101	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			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		621,101	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140289	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/19/2015 5:50 pm
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		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,242,249	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	9,661	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)	61.68	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)	2.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	19.02	8.00
9.00	Sum of lines 7 and 8	21.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.47	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	55,529	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,307,439	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